

Refuge of Hope and/or Lydia's House
7566 Hwy. 84 West, Quitman, Ga. 31643

Dear _____,

Thank you for your interest in coming to the Refuge of Hope and/or Lydia's House. We are excited to be a part of God's plan of ministry in these times. The program we have at the Refuge of Hope and/or Lydia's House will focus on Christian discipleship, education and job training. Because of limited space, persons with no other place to go will be given priority.

Certain restrictions have been placed on us. At this time we will not be able to accept those with sexual offences, some violent crimes and those who have health problems requiring constant care or mental health issues. There may be a time in the future where some or all of these restrictions are lifted depending on staff and funding.

The program at the Refuge of Hope and/or Lydia's House is intense but the benefits are enormous. Your stay can be the equivalent of a \$20,000 scholarship. Besides you will be in the most loving, Christian environment that we can provide. We will, however, require careful observance of all rules and regulations!!!!

1. Do you have a personal relationship with Jesus Christ? _____

If so, explain what that means to you. _____

2. Have you ever been arrested for or convicted of a sexual crime in Georgia or any other state? _____

3. Have you ever been classified as mental health- now or in the past? Do you take any medication that is considered a mental health medication. If so, please explain. _____

4a. Parolee's: Due to past problems we do not take anyone who is 'maxing out'. Do you have a minimum of 1 year between your TPM date and your max out date? _____

4b. Probationer's: You must be court mandated by a judge to the Refuge of Hope and/or Lydia's House for at least 1 year. Have you discussed whether this is an option with your lawyer or public defender? _____

Do they believe this is a legal option for you? _____ Lawyer or public defenders name: _____

Address: _____ Phone # _____

Probation Officer's Name _____ Phone # _____

DCS Officer's Name _____ Phone # _____

DO YOU HAVE A COURT DATE? _____

5. Do you have any medical conditions-(TB, HIV, Hepatitis, venereal disease, heart condition, diabetes, etc.) _____

Women (only): Are you pregnant? _____ Could you be pregnant? _____

6. Do you take any medication? If so please list. _____

7. Are you handicapped in any way or would you be on disability were you not incarcerated? _____

8. Do you use any tobacco products now? _____ Have you used any tobacco products in the past? _____
What? _____ Date of last use? _____ How much? _____

9. Are you married _____ single _____ divorced _____. Do you have a boyfriend/girlfriend or father/mother of your children?

Who? _____ Date of last contact (call, letter, visit) _____

10. What are your clothing sizes: Shirt: S M L XL 2X Other: _____ Shoes: _____
Dress size (women only) _____ Pants (waist and length men), size (somen) _____

In His Service,
Bonnie McCoy

Refuge of Hope and/or Lydia's House

7566 Hwy. 84W Quitman, Ga. 31643

Application Information Release Form

In order to better assist you and send a prompt reply to your request for assistance, we ask that you complete this form and return it to our office. We have included a form for your counselor and/or institution chaplain to complete and return to our office. Please give your permission to release any and all information that we require. I hereby authorize any legally authorized entity to access any criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency and which can be accessed lawfully by a non-criminal justice agency in Georgia.



Name: _____ I.D.# _____

Institution Address: _____

Social Security Number: _____ Race: _____ DOB: _____

Nature of Offense: _____ Date of Sentence: _____

Tentative Parole Month: _____ Maximum Release Date: _____

Marital Status: () Married () Divorced () Single

Name of Nearest Relative: _____ Relation: _____

Address: _____

Do you have any other address (other than the Refuge of Hope and/or Lydia's House) to which you can be released? If so, List _____

What address or addresses are currently listed with the pardon and parole board or other legal entity as a potential Parole/release address/es?

List the persons who are currently on your visitation list, their relationship to you, last visit date.

List anyone you write or call:

Counselor: _____ Chaplain: _____

Work Experience: _____ Education: _____

Do you give permission to release information to the Refuge of Hope and/or Lydia's House: () Yes () No

Signature: _____ Date: _____

APPLICATION FOR REFUGE OF HOPE AND/OR LYDIA'S HOUSE

Personal History

Name _____ SS# _____
(first) (middle) (last)

2. List all alias names or alternate SS #'s used. Use back for extra room.

3. Institutional Number GDC _____ EF# _____

4. Probationers: Jail ID number _____

5. Date of Birth _____ Place of Birth _____

6. Where did you live when you were arrested?

7. What other cities and states have you lived in previously in your life?

8. Parent's Name (if living) _____

9. Parent's Address _____

P.O. Box or Street No. City State Zip

10. If not your parents, who is your emergency contact? (relationship to you?)

Name Address City St. Zip

11. Are your parents separated or divorced? _____ Yes _____ No

Reason: _____ Were you adopted? _____ Yes _____ No

12. Other rehabilitation/transition centers attended (other than prisons).

Where _____ When _____

Where _____ When _____

13. Number of times you have stayed in a mission _____

14. Do you have any medical problems? _____ Yes _____ No

List and describe all medical problems & all medication you take:

15. Any physical problems or limitations? _____ Yes _____ No

List and describe all problems: _____

Are you classified mental health? _____ Yes _____ No

If so what is your mental health level? _____

16. Do you or have you used alcoholic beverages? _____ Yes _____ No

17. Do you consider yourself an alcoholic? _____ Yes _____ No

18. Have you ever attended an AA meeting? _____ Yes _____ No

19. Do you/have you used any type(s) drugs? _____ Yes _____ No

If so, explain: _____

20. Are you or have you been a member of a gang?

Which one? _____ How long? _____

21. Do you have tattoos? _____

Gang related? _____

Sexual in nature? _____

20. Are you a legal citizen? _____ Do you have or will you have a detainer by ICE? _____

21. If you are a naturalized citizen, please give the following:

Certificate _____
Date entered the US (month/date): _____
Where issued (city,state): _____
Date of final papers (month/day/year): _____

22. Do you receive any of the following:

Social security check _____ b. Veterans check _____
Disability check _____ d. Other _____

Prison/Arrest History

1. Present Institution Name: _____

Address: _____
City: _____ State: _____ Zip: _____

2. Check one of the following: Are you already on parole _____ probation _____

Probation _____ Parole _____ Contract Parole _____ Work Release _____
Proposed release or parole date _____
Probationers: When is your court date: _____ **
How long will you be on parole, probation, etc. _____

3. How many times have you been incarcerated (list below):

| Institution | City | State | Date |
|-------------|------|-------|------|
| | | | |
| | | | |

4. Give three references in the institution (not inmates):

| Name | Position |
|------|----------|
| | |
| | |

5. List all charges, convictions, and other depositions received , giving dates,

Places, outcome:

| Offense | Place | Date | Sentence |
|---------|-------|------|----------|
| | | | |
| | | | |
| | | | |

6. Do you have any charges from another state? _____

7. Do you have any open warrants, holds or detainers local, state or federal? _____ **

9. Do you have any open probations? _____ Where? _____
If probation, where what county or counties (or City) Misd. Or Felony _____ **

10. Do you have a split sentence? _____

11. Have you been to any transitional center in the past? If so, when? _____
Where _____

12. Have you been to any other detox/recovery residence or aftercare program? _____

13. Why were you unsuccessful during previously granted paroles/probations or upon completion of previous sentences to say out of prison? _____

Employment History

1. What job training did you have before incarceration?
Job corp _____ Manpower _____ Vocational Training _____
Other _____

Explain each training and where:

2. What was your last legal job before incarceration?
Job Title _____ Employer _____
City _____ State _____ Zip _____ Phone# _____

Duties performed: _____

3. What jobs have your worked on in the institution?
Institution _____ Job _____ How long? _____

4. What vocational training program did you participate in?

How long? _____ Did your receive a certificate _____

5. List all courses taken while incarcerated (if shorthand or typing, give speed at course completion) _____

6. Prior to incarceration, how many hours per day did you work?

7. List your preferences of employment:

1st preference _____
2nd preference _____
3rd preference _____

List all skills you have below:

8. List all machines, equipment, tools you have experience with:

9. Have you ever been fired for drinking or quit because of alcohol?

Explain: _____

10. Have you ever received Workman's Compensation? Yes ___ No ___

11. Have you ever taken a Civil Service examination? Yes ___ No ___

Financial Status

1. Do you own any property? _____ Yes _____ No; List all _____
2. Do you have any money in any account in your name or anyone else's name? ___ Yes ___ No
(Answer honestly: even if being held by someone else)
Explain: _____
3. Do you have any inheritance that you have or should receive? _____
4. Do you owe fines, fees (probation or other) that you legally owe? _____
5. Driver's License: Do you have a valid driver's license? _____ Is it expired? _____
Is it suspended? _____ If you know what you must do and/or how much it will cost you
to get your license please describe: _____
6. Do you owe anything to IRS? _____ How Much? _____
7. Do you owe any college loans? _____ How Much? _____
8. Do you owe any child support? _____ How Much per month? _____
Past due amount? _____

Family History

1. Marital Status: ___ married ___ single ___ separated ___ divorced ___ widower
Husband/boyfriend's or Wife/girlfriends name _____
Date of Birth _____ Phone # _____
Address _____ Phone _____
 2. How long separated? _____ How long divorced? _____
 3. Has your ex-husband/wife remarried? Yes ___ No ___
What was the reason for your divorce? _____
 4. How long have you been married? _____
 5. Number of times you have been married _____
 6. If more than once complete the information below:

| | |
|--------------|---------------|
| When married | When divorced |
| _____ | _____ |
 7. Reasons for divorce: _____
 8. Number of children (state which marriage)
Names _____
Ages _____
Sex _____
Where are your children Now? _____
 9. If a widower, what was the date of your spouse's death? _____
- List all brothers/sisters:
- | | | | |
|-------|--------------|-------|----------------------------------|
| Name | Relationship | Age | We are close/get along/not close |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
10. Have you ever used drugs or alcohol with a relative? Describe.

- Have you ever been mentally, sexually or physically abused? _____
(If you want to discuss in person please note: _____)

Military History

1. Have you been in the military? _____ When _____ Where _____
2. Which branch of service have you been with? _____
3. What length of time were you in the Armed Forces? _____
5. Which of the following are you? Korean Vet ___ Vietnam Vet ___ Other _____
6. Type of discharge _____
7. Reserve status: Active ___ Inactive ___ None ___
8. Do you have a service connected disability income? Yes ___ No ___
9. Were you ever court-martialed? Yes ___ No ___ If yes, please tell why,
What was the result of your court-martial? _____

Education History

1. Can you read? _____ Can you write? _____
Do you have any learning disabilities? _____
What language do you use? _____ Can you read/write in English? _____
2. What was the last grade you completed? ___ grade school ___ Jr. High
___ high school ___ GED ___ College
Did you take special education classes _____ Reg. classes _____ Adv. Classes _____
List year and date of graduation: _____
3. If you completed college, list your degree (type/year) _____

(major/minor) _____ (post-graduate) _____
4. Did you ever attend any trade schools? Yes ___ No ___
What type _____
Did you graduate? _____
What years did you attend? _____
5. List all colleges or trade schools attended: _____

6. What specialized training did you receive? _____

Medical History

1. What is the state of your physical health? ___ excellent ___ good ___ fair ___ poor ___ declining
2. What is your height _____ weight _____ usual weight _____
3. List all illnesses for which you are now being treated and the medicine &/or
medical treatment now being given.

4. Are you listed as mental health? _____ What level? _____
Have you been diagnosed with any mental health issue? If so, what? _____
What medication/s do you take for it? _____
5. List all major illnesses or surgeries you have ever had or have:

6. Are you handicapped in any way? Yes ___ No ___ If yes, what type of
handicap do you have? _____
7. Do you have any special profiles? _____
8. Are you allergic to any medications? _____
9. Do you have any food allergies? _____
10. Are there any foods which you cannot or do not eat? _____
11. Do you presently have or have you ever had, emphysema, HIV, hepatitis,
venereal disease (STD), tuberculosis, staph? Yes ___ No ___
Which ones? _____

12. Have you ever been hospitalized for alcoholism or drug addiction?

Yes ___ No ___ (Also list related illnesses.)

Where _____

When _____

Why _____

13. Have you ever used drugs other than for medical purposes?

What

How old when you began

How long

Where

Smoking _____

Alcohol _____

Marijuana _____

Huffing _____

LSD/PCP/Hallucinogens _____

GHB _____

Estacy _____

Cocaine/ Crack _____

Heroin _____

Meth _____

Prescription Drugs _____

Flakka, molly _____

Kratom, K2, _____

Any other "gas station drugs"?? _____

Any thing not listed above _____

13. Have drugs, alcohol or other stressful situations caused you to feel depressed or contemplate suicide? _____

Have you ever been committed to a psychiatric hospital? Yes ___ No ___

Have you admitted yourself voluntarily? Yes ___ No ___

Where were you admitted? _____ Date _____

What was the reason? _____

14. Have you ever had a severe emotional upset? Yes ___ No ___

What was the cause? _____

15. How have drugs/alcohol affected your mind/thinking? _____

Religious History

1. Do you have a personal relationship with Jesus Christ? _____

2. Have you ever been a church member? _____

3. What denomination? _____ Where? _____

4. What is your pastor's name? _____ Chaplain's Name? _____

5. How often did you attend? _____

6. Are you a Christian? Yes ___ No ___ Not sure ___ When did you get saved? _____

7. Have you ever believed or professed any other faith? Yes ___ No ___

If so, what religion? _____

8. How often do you read the Bible? _____

9. Have you ever been baptized? _____

10. Do you pray? _____ When? _____

11. Please give the religious background of you/your family when you were growing up: _____

I hereby attest that I have answered all questions honestly and to the best of my ability. Giving false information on the application or it's attachments can constitute being turned down for residence. Should you be accepted and we find that you have lied about critical information you will be dismissed from the program.

Name _____ Date _____

Covenant Agreement with the Refuge of Hope and/or Lydia's House

We understand that our most important mission is to enter into a covenant agreement that includes an explanation of our mutual spiritual goals. We are, first and foremost, a Christian ministry. Your signature on this document signifies your understanding and willingness to come to and enter a Christian environment. While we are inter-denominational in nature, we do not have staff or means to take each individual to their preferred denominational church of choice. Our desire is to provide you an environment to focus on your spiritual needs and grow spiritually.

Some questions concerning the implementation of this statement have occurred, so we will try to clarify them.

1. All classes are taught from the Biblical viewpoint regardless of the material being covered.
2. Instructors come from various denominational backgrounds. Our classes are taught by including the truths and instruction from the Bible. Therefore, non-Christian doctrines are not allowed to be part of discussions in any classes.
3. We have not tried to hide our purpose to help those who profess to be Christians or to teach Christian doctrine. **We are not funded by the state or federal government.** We are totally funded by Christian churches, individuals and companies.
4. Church services are held weekly at the chapel. Various ministers speak at our chapel from various denominations. The ministers and churches cross almost all races and ethnicities in our area. Occasionally we may visit another church. When attending services everyone attends the same church at the same time. This allows staff or board members to make sure that rules are being followed.
5. When visiting various churches respect is required by the resident but participation or agreement with doctrine is not required.

It is true that we provide food and shelter and opportunities for education and jobs but we are not a “half-way house”. We are a “whole-way house”. We want to allow you the opportunity to find wholeness through the love of Christ and the love of our volunteers. This program requires twelve months minimum time.

(Init. __)

If you desire only to get out of prison or jail you will come only to find rules, regulations and schedules. These are facts of every persons life! Freedom comes when we are made free through Christ. We are not under any obligation other than the commands of Christ.

We ask that you submit to us as those who care for your souls. We take very seriously our instructions from Christ. We have no other motive except to love you as Christ loves you. We don't have time and more importantly have no desire to be "hall monitors"- do this, don't do that. We can and will, should you prove to be one of those who require constant correction, or if you fail to show a cooperative attitude, **we will have no choice but to terminate your stay at the Refuge of Hope and/or Lydia's House.** We can provide three things for you- **accountability, structure and discipline.** We cannot accomplish the spiritual goals we all have without your permission and complete cooperation. Please consider these things carefully. If you have any problems participating in Christian activities (various denominations), **if you are not serious about spiritual growth (not just intellectual knowledge but everyday living), or if you want to come to the program with only the desire to rush through and get out, please do not sign this document or continue your pursuit of acceptance to the Refuge of Hope and/or Lydia's House.**

I have read the above covenant statement and it is my desire to come and participate in the program at the Refuge of Hope and/or Lydia's House.

Signature

Date

We are not a state funded transitional program or rehabilitation center. We are a serious recovery residence that focuses on life controlling problems. We accept those on parole up to and including violent offenders (excluding sex offenders and those with mental health issues or life threatening illnesses.) We also accept probationers who would otherwise be in jail or prison. You need to know that our rules are strict and our program supervised by individuals, camera systems and audio systems.

Signature

Date

I agree to abide by the policies governing the program and the rules of the house realizing that non-compliance will result in disciplinary action or dismissal. **Violation of any program rule will be reported to your parole/ probation officer and may be considered as a parole/probation violation as well. The Refuge of Hope and/or Lydia's House staff will call legal authorities and charges will be made against any resident who commits any illegal act. This will include theft from the Refuge of Hope and/or Lydia's House, residents or staff members. Also, anyone bringing any drugs or alcohol onto the property, it's vehicles, or any resident vehicles, personal or otherwise that enters the property.**

A. Immediate dismissal and/or Board Referral for immediate action:

1. Leaving the Refuge of Hope/Lydia's House property or work and/or school location. If a person absconds, any personal property will become the property of the Refuge of Hope/Lydia's House. If a person returns to jail, they will have 30 days to have their personal property picked up.
2. Possession of a weapon; will be thoroughly investigated and determined by the board for final determination.
3. Physical abuse and/or verbal abuse of any staff member or other resident. Disputes will be thoroughly investigated, determined by the board and reviewed in a community meeting; if deemed necessary. You MUST make every effort to live in harmony with the other residents. **NO CURSING IS ALLOWED.**
4. Stealing from staff, other residents or the Refuge of Hope/Lydia House is forbidden.
5. Bringing, using, or possession of drugs or alcohol or paraphernalia on the property. Alcohol, illegal drugs, or addictive drugs even if legal are forbidden. Random drug tests will be required. Failure to pass a drug/alcohol tests and/or obvious intoxication could result in dismissal or restarting the program in Phase 1. If that is allowed, the individual will pay all costs from the restart of the program.
6. **Sexual activity of any kind is not permitted. The resident will not be allowed to begin or seek A relationships while at the Refuge of Hope and/or Lydia House. No contact is allowed with males/females by letters, phone calls, visitation, other means other than proven family members. No homosexual or overt sexual activity will be tolerated. Females may never be alone with a male without a female staff present or a females without a male staff present. This includes male staff from the Refuge of Hope, female staff from the Lydia's House or workers who may have to come onto the property for necessary reasons. It is YOUR responsibility to remove yourself from the area and alert staff! Everyone must obey all property signs regarding entry to the property and any other posted signs.**
****STAFF ARE PROHIBITED FROM ROMANTIC RELATIONSHIPS WITH RESIDENTS OF REFUGE OF HOPE AND LYDIA'S HOUSE!**
7. Terroristic threats can be grounds for immediate dismissal if proven and legal authorities will be called.
8. Residents must carry out all verbal or written instructions and/or requests from the Refuge of Hope/Lydia House staff. Failing to carry out these instructions is a violation of the program rules & will result in dismissal.
9. Failure to fully participate in classes, complete assignments and cooperate with your recovery goals and work assignments.
10. No gang activity including gang signs or clicks will be tolerated.
11. An accumulation of 5 disciplinary reports.

B. Other rules resulting in disciplinary report and possible dismissal Rules and Disciplinary actions to be taken (with no exceptions), but not limited to, the House Rules, Room Rules, Chores, Misbehavior, are as followed:

- 1). First time, receive a written warning
- 2). Second time, receive a disciplinary report (DR) and 2 weeks restriction; which consists of no money, phone calls, store, recreation time and must be within 25 feet of the Dorm at all times unless otherwise instructed by staff.
- 3). Third time, receive a disciplinary report (DR) and 1 month restriction; which consist of no money, phone calls, store, recreation time and must be within 25 feet of the Dorm at all times unless otherwise instructed by staff and a \$50 fine.
- 4). Forth time, receive disciplinary report (DR) and 1 month restriction; which consist of no money, phone calls, store, recreation time and must be within 25 feet of the Dorm at all times unless otherwise instructed by staff, a \$50 fine and 2 weeks extension for the day program, before going to work and those who are already working will get 2 weeks of nightly clean up of the kitchen, if not already cleaned and/or other assigned cleaning, as instructed by staff, before class if time permits or either after class to be completed by 9:30 curfew.
- 5) A peer group assigned by the board will review any disciplinary action. They will submit their findings to the board if need be for consideration.
- 6). If circumstances are warranted the resident will be referred for board decision.

Signature

Revised A-5 1/2/23

VEHICLE RULES: You may purchase a vehicle & begin driving at the beginning of your 12th month. You must have a valid driver's license, insurance and available funds in your account, after all other living expenses, to include, but limited to deposits for housing, lights, gas, and/or 2-3 months paid rent, lights, gas and/or any other expenses that may occur for living expense, have been taken care of. You must log in and out of the property; you will be allowed adequate driving time to and from work. Stops other than for an emergency, without prior approval, is not acceptable. Final curfew for drivers is 6:30 pm unless pre-approved for work. Keys must be kept at the administration building in provided lock boxes at night. Vehicles will be regularly inspected. Failure to follow the rules & time limitations & attend required activities will result in revocation of these privileges.

ONE KEY HAS TO BE RETAINED AT THE OFFICE AT ALL TIMES AND WE RETAIN THE RIGHT TO SEARCH THE VEHICLE AT ANY TIME.

WORK RULES: We will provide transportation to and from work at appropriate times. A cost of 25 cents per mile is charged for transportation. (This can be adjusted if needed.) Transportation will be provided to and from program required activities. Any other transportation may be provided if deemed necessary for the health and well being of the resident and if practical for the staff. The cost of this transportation must be paid for by the resident. No resident will be allowed to be self-employed during the program. Also, those paid by cash must have the employer turn in a document with each pay period showing the hours worked, amount paid & signed by the employer. Parole policy says that full time employment is 32+ hours per week.

NICOTINE RULES: No use of tobacco products is permitted. This applies on or off the premises. The first infraction of this rule will result in (1) DR (\$500 fine), 1 mo. restriction. The second infraction will result in (5) DR's (\$1000 fine) & 2 mo. Restriction. The third infraction of this rule could result in dismissal.

VISITATION/PHONE CALL RULES: You must fill out a call/visitors/mail list. **Only those approved persons on the list will be allowed Visitation (after 30 days), mail privileges, or phone calls to or from you. NO VISITORS ALLOWED WITHOUT EXPRESS PERMISSION.** They will be required to show ID and log in. Personal phone calls are limited to 30 minutes no more than once a week.

MAIL RULES: All mail coming to or leaving the property **must come through administration** and will be opened and inspected when coming in or going out. No post office boxes or sending/receiving mail at any other address. Failure can result in dismissal.

TATTOOING RULES: Tattooing is **NOT** allowed. \$500 fine & 1 mo. restriction for anyone getting a tattoo. \$1000 fine & 1 mo. Restriction for possessing tattooing equipment or putting a tattoo on anyone.

MEDICATION RULES: All pre-approved chronic medication will be kept in a locked medication box, that will be issued to the resident(s). The resident must request over the counter medication and must be logged out & signed for. This cannot be purchased by you at a store without our knowledge.

MEDICAL FORM REQUIREMENT: The program will require that each resident sign a document giving the Refuge of Hope/Lydia's House and its authorized staff permission to obtain any and all medical records that pertain to the resident from hospitals, doctors, pharmacies and other service providers. This document will also give the program staff access to information concerning any legal matters that are active during the term of their residency and permission to search any and all property brought on the Refuge of Hope/Lydia's House. The term of this document will expire upon completion or dismissal from the program.

MEDICAL/DENTAL EXPENSE RULES: All medical and dental expenses will be taken care of by you, if you have money in your account, a family member, and/or other means if necessary, unless it is an emergency, then you will be taken to the local emergency room (Brooks County Hospital). In the event that the resident has to be transferred to another facility, they must request transfer to Arch Bold Memorial Hospital in Thomasville, GA, unless the Emergency Room Physician states it necessary to go to another facility. **You will be required to sign a release of indemnity holding the Refuge of Hope/Lydia House harmless in case of injury or illness.**

CURFEW RULES: Curfew- All residents are required to observe curfew- 9:30 PM. No one is permitted to leave the residence without express permission. The residents are to be quiet after curfew. There must be QUIET IN THE DORM!!!! Use your inside voice and talk quietly. The dorm is for rest, relaxation and study.

BARDER/LOAN/TRADE RULES: Residents are not allowed to sell, barter, loan or trade anything; there will be a \$100 fine and 1 mo. Restriction the first time and \$500 fine and 3 mo. The second time for any resident that fails to comply to this rule. **(This can be any item provided by the Refuge of Hope and/or any item you consider to be your property.)**

NO CELL PHONES ALLOWED! \$1000 fine and 2 mo. Restriction may be levied or dismissal may result.. (This includes use of any one else's cell phone or phone on or off the property unless you have been given specific permission by the staff. An infraction of the cell phone rule can include information posted to social media, and/or finding evidence of a cell phone in your property or living quarters- ie. Cell phone charger.)

COMPLAINT OR REQUEST: Should you have complaints or requests you must fill out the available forms, they will be reviewed by staff. The peer board will review and submit any needed information the board if necessary and you will receive a reply.

VOLUNTEER RULES: All volunteers are required to report disciplinary problems, complaints or requests to the administration. Volunteers may not give the residents anything or receive anything from a resident except as designated by the Refuge of Hope/Lydia's House at Christmas or graduation.

PERSONAL GOALS/RULES:

1. Cooperate fully with the staff. Refusal to follow instructions, attempts to disrupt class, complaining & causing discord with others in the program will be a sign that you were not serious when you committed to come to the Refuge of Hope/Lydia's House & change your life with Christ's help. As soon as we recognize these signs we will take disciplinary action that can lead to dismissal. We will ask that the judge in your case to issue a suspended sentence.
2. Attend & participate in all program meetings & workshops. Attention & positive attitude are required.
3. Meet with the program administrations as required.
4. Work toward your personal short-term and long-term goals.
5. Meet established deadlines.
6. Follow the three phases of progress at the Refuge of Hope/Lydia's House. I understand that I will be assessed before proceeding to the next stage.
7. Attend morning prayer and devotion every morning and church on Sunday and other scheduled Bible Studies or weekly services must be attended.
8. You will have chores and work assigned each day and must be completed. Community service hours will be given for all work that you are assigned.
9. Credit for completion of classes **will not** be given for attendance, cooperation & participation are a must.
10. You will be required to rotate dorm cleaning and cooking on weekly and/or weekend schedules.
11. On occasion you may be required after assessment to have special sessions with counselors or ministers regarding specific needs whether they be personal in nature or due to some disciplinary problem. We reserve the right to alter your classes or program structure after discussion with you to suit your needs.

FRESH START-The first five months is a probationary period. Activities off campus will be staff lead activities and supervision is required constantly. Classes outlined must be taken and completed. After board approval you will graduate to the next level. See Attached Curriculum List.

SEEKING GOD'S PLAN- Approx. five months. All residents can begin online college classes.

Parolees can begin 4 hour/8 hour passes (See pass rules.) and can get an outside job. After nine months Parolees can get a vehicle to go to and return from work.

Probationers can go to work if allowed by the court but must be supervised at other times. (No passes.) Transportation will be provided to work & from work until Refuge of Hope/Lydia House approves purchase of a personal vehicle.

NEW BEGINNINGS- Last three months. You continue to work. We help you with plans to leave Refuge of Hope/Lydia's House. A job, home and place of worship is sought in the area of your choice.

_____ (initials)

House Rules

1. You will have an assigned room. This room will be occupied by yourself and other residents. Do not rearrange it or put anything up on the walls.
2. You will be required to keep your room and your personal items clean and neat at all times. Hampers will be provided for dirty clothing. Shoes will be stored neatly under the head of the bed.
3. You will rotate with other residents on general housekeeping duties and cooking responsibilities; Due to possible infectious diseases. **gloves must be worn when cooking, serving food or cleaning restrooms.** (Assigned by the resident manager and approved by staff.) However, **when you use any part of the house and make a mess YOU are required to clean it up.**
4. All articles in the house have “a place”. You will be required to return them to their place when you finish using them.
5. YOU must clean the shower, sink or toilet (as needed) after personal use. Towels, washcloths, soap and any other personal items are to be put away after use. Please limit your time in the bathroom to allow everyone opportunity to shower, shave, etc. in a timely manner.
6. **NO food or eating in the bedrooms or living room.**
7. No dishes are to be left in the sink. They should be rinsed and put into the dishwasher to be sanitized.
8. Menus and grocery lists will be prepared on Friday for the following week (Monday-Sunday). The menu will be cooked each day by those assigned. There will be plenty of variety. Should you choose not to eat the assigned meals that is your choice but you will not be allowed to prepare other food. **NO COOKING AFTER SUPPER MEAL!** There will be no eating from the refrigerator or cabinets after supper. Getting water is allowed.
9. CLEAN all appliances after EACH use. Make sure the dryer vent is cleaned before EACH use.
10. DO NOT overload the washer or dryer or wash a load so small that it is a waste of electricity (i.e. a pair of pants and one shirt.). A washing schedule is posted by room. You may wash and dry clothes on that day only unless the person in the assigned room gives you permission.
11. CONSERVE ENERGY by keeping lights off when not in the room.
12. This is a CHRISTIAN FACILITY. Do not bring any video or audio materials on the property without permission. All videos must be approved by staff and should not be rated more than PG-13. Television watched should have no profanity, not be sexually oriented nor contain any references to witchcraft or the occult.
14. Music should not contain any profanity, hate language, sexual references. **Therefore, you will only be allowed to listen to Christian music.** This applies on or off the premises.
15. **DO NOT go into anyone else’s room.** DO NOT “borrow” anything that does not belong To you.
16. Each person’s identity and any information shared by them is to be kept confidential. Do not disclose any information about residents to anyone outside the residence.

_____(Initials)
Rev. 1/2/23

17. The dormitory WILL BE QUIET and LIGHTS WILL BE OUT after curfew.
18. Appropriate dress is required at all times. SEE MODESTY RULES!
19. Due to limited space and availability of clothing, and in the interest of treating each individual equally, you will be given a list of clothing that will be distributed to you upon arrival. While the Refuge of Hope/Lydia's House is not required to provide all of these items, we will make every effort to obtain them for you. They will not all be new but will be in good usable condition. When you go to work (approx. end of 5 months) and again when you reach 9 months you will be given 3 sets of cloths.
20. Everyone is to be **out of bed and dressed for the day as scheduled**. You must shower at least once each day (morning or evening as scheduled). You will be required to wear your bathrobe to and from the shower. Brush your teeth a minimum of twice per day. Please keep neat and clean.
21. REPORT ANY INJURY OR SICKNESS IMMEDIATELY. We want to make sure that anyone needing medical care is taken care of immediately.
22. The residence is clearly marked with EXITS. Fire extinguishers and smoke detectors are provided. Please leave immediately if a fire occurs. Do not attempt to remove personal items. Assemble at the front of the residence so that everyone can be accounted for..
23. Personal conflicts between residents should be brought to the directors attention immediately.
24. Personal vehicles will only be allowed once a valid driver's license is obtained and proper insurance is purchased. This step will occur in the NEW BEGINNING phase as your are preparing to leave the Refuge of Hope/Lydia's House.
25. **There must be QUIET IN THE DORM!!!!** Use your inside voice and talk quietly. The dorm is for rest, relaxation and study.

I agree to discuss my situation with my parole/probation officer and depart immediately from the facility in the event that the staff determines that I am not fulfilling the terms of my agreement at the Refuge of Hope/Lydia's House. I have read, understand and agree to abide by the above rules.(Page 1-7)

Resident's Signature

FINANCIAL ARRANGEMENTS: There is a \$500 admin. Fee up front plus \$50 per month for drug test, etc..(Special consideration may be given for those absolutely indigent.)

The monthly rate is \$850 (beginning 1/1/23)per month. However, the first five months will be reserved in assessment and forgiven if a resident completes the program. If a person leaves before completion of the program the \$850 monthly fee can be deducted from any assets at the Refuge of Hope/Lydia’s House. The last seven months must be paid by the resident. In addition, you will pay 10% weekly based on your gross pay to the Refuge of Hope/Lydia’s House. We consider this to be tithes. **All gifts and income must be reported.** Tithes are also paid on any other gifts or income. After 90 days you will be given \$5 per week from your account. Should you not have any funds from income we can advance (loan) this to you. We will also advance uncovered medical expenses or and other **absolutely necessary** expenses that cannot wait until a job is obtained. Once you receive your first check you may receive \$10 per week for personal expense. Do not accumulate **ANY** money; if advancement is not needed, return to staff. That money should remain on your person at all times. The balance will be placed in an trust account to pay fines, fees, child support and save money towards housing, driver’s license, and transportation. Since we are bearing the expense of shelter and food (except where government programs can assist with these expenses), we reserve the right to make sure that savings are spent for these stated expenses– a lease and 3 months rent is prioritized, a vehicle if money allows. Signed receipts will be given and money is held in an established trust fund for the individual. Should you owe the Refuge of Hope/Lydia’s House anything upon early termination the judge in your case will be asked to assign restitution to the Refuge of Hope/Lydia’s House for the balance owed.

Residents who are 62 or older and/or will receive social security will be required to pay the \$850 per month or 70% of their social security amount whichever is less beginning from their arrival. If their health deteriorates they may be released early for health reasons

- A). Before graduating from the program any resident wishing to obtain new address and leave the program MUST discuss this proposed change with her officer at least 15 days prior to the planned departure.
- B). Residents can serve community service at the Refuge of Hope/Lydia’s House
- C). Any resident seeking an extension beyond the normal twelve month program period will be required to petition the board six weeks prior to the end of his program period. The board (minimum of three members) will meet personally with them and make a determination of their request. If accepted the resident will be required to sign a covenant extension. Basically the covenant will be the exact same rules and regulations as before and the resident would be subject to return to DCS custody should they fail to keep the covenant the same as in the original covenant period. Also they would be required to pay a sum of \$850 per month plus electricity, during the additional time period.

Resident’s Signature

Notary Signature

Date

Modesty Rules Lydia's House

Please read and sign if you are a woman.

**1 Cor. 6:19-20; 1 Timothy 2:9-10; 1 Peter 3:3-4; Prov. 31:30; Matthew 5:28;
1 Cor. 12:23; 1 Cor. 10:31; Lev. 19:28; Rev. 3:18; Is. 3:16-24; Ex. 28:42;
1 Cor. 11:15; Ez. 23: Ez. 23:1-4; Ex. 20:25-26.**

- A. Dresses or Skirts - Must not be tight. Must come to the bottom of the knee standing. Must come to top of knee sitting. When legs are crossed must not show thighs.**
- B. Pants- Must be loose fitting. Must come up to waist.**
- C. Shirts must completely cover breasts, midriff and have sleeves. Undershirts will be provided to be worn under shirts or dresses to assure coverage. Shirts should be long enough to cover hips.**
- D. Clothing cannot be tight, revealing or thin. Proper undergarments must be worn- bra, panties (no thongs), and slip if needed.**
- E. Shorts- Must come up to waist and come to the top of knee. Loose fitting. Can not be worn to church or meetings off campus.**
- F. Haircuts- Should be simple and easy to care for. We do not have the funding to keep up extravagant hair styles . Length should come at least to the top of your collar.**
- G. No hair coloring other than blonde, brown, natural red, black or grey.**
- H. Make up and jewelry will not be furnished. Make up allowed – Light foundation, natural to light lipstick and nail polish. Mascara- eyelashes only. No eye-liner or shadow.**
- I. Jewelry- no more than one necklace, one bracelet and one ring should be worn at a given time.**
- M. No jewelry will be allowed that pierces the body or has occult signs or symbols. (Small earrings will be allowed.)**
- N. Pajamas must be worn at night. A bathrobe must be worn if you leave your room during the night. In the morning you dress and leave your room by 6 am.**

Modesty Rules Refuge of Hope

**1 Cor. 6:19-20; 1 Timothy 2:9-10; 1 Peter 3:3-4; Prov. 31:30; Matthew 5:28;
1 Cor. 12:23; 1 Cor. 10:31; Lev. 19:28; Rev. 3:18; Is. 3:16-24; Ex. 28:42;
1 Cor. 11:15; Ez. 23: Ez. 23:1-4; Ex. 20:25-26.**

1. Work Days: Dress appropriate for the work day.
2. Church Services: Dress attire. Dress pants, collard shirt, tucked in, dress shoes.
3. Maintain a neat appearance.
4. Hair must be kept neat and off the collar.
5. No tank tops or sleeveless shirts.
6. Belt must be fastened at the waist, this means the bottom of yor belt must be above the highest point of your hip bone.
7. No sagging pants.
8. Underwear cannot be showing. Clothes should fit so as not to expose yourself when you sit or bend.
9. No tight clothing.
10. Hat/caps are not to be worn inside the buildings.
11. Shorts must be to the knee.

Print your name

Name

Date

STATE OF GEORGIA
COUNTY OF BROOKS.

REFUGE OF HOPE AND/OR LYDIA'S HOUSE CONTRACT

For and in consideration of one year resident stay at the Refuge of Hope/Lydia's House, a division of Azalea City Prison Ministry, Inc., to _____ DOB _____, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and for his/her estate, heirs and assigns, does hereby agree to reside at the Refuge of Hope/Lydia's House for ONE YEAR and abide by the terms of the attached covenant unless released by the Refuge of Hope/Lydia's House for inappropriate conduct. Should the aforementioned be dismissed from the Refuge of Hope/Lydia's House the resident will pay a sum of \$500 admission fee, \$50 drug test fee (months 2-5) & \$850 per month before being released. Should the resident complete the program the resident will only pay the \$500 admission fee, the \$50 drug test fee (months 2-5) and \$850 for the last seven months of their stay. Additionally the resident will pay 10% of earnings once the resident goes to work, this is considered tithes. The resident will pay their own medical expense, fines, fees and transportation to and from work.

This contract notifies the Department of Correctional Services of the resident's intent to stay and may not be changed or revoked after arrival at the Refuge of Hope/Lydia's House.

This _____ day of _____, 20____.

Signed, sealed and delivered
In my presence:

Resident of the Lydia's House/
Refuge of Hope

Notary

INDIGENT FORM- REFUGE OF HOPE/LYDIA'S HOUSE

NAME:

DATE OF BIRTH

SSN

PHONE;

ADDRESS PRIOR TO INCARCERATION

CURRENT ADDRESS:

CITY

STATE

ZIP CODE

WAS THIS YOUR ADDRESS OR SOMEONE ELSE? _____

IF NOT YOUR, WHO'S ADDRESS AND RELATIONSHIP. _____

LAST EMPLOYER

ADDRESS:

CITY

STATE:

ZIP CODE

PHONE

EMAIL

POSITION

PAY:

WEEKLY INCOME

IF YOU WERE NOT WORKING, WHERE HAVE YOU BEEN RECEIVING YOUR SUPPORT:

HAVE YOU RECEIVED MONEY WHILE INCARCERATED? HOW MUCH?

FROM WHOM: _____

WHO WILL AGREE TO ASSIST YOU WITH FEES AND OTHER COSTS UNTIL YOU GO TO WORK?

NAME:

RELATIONSHIP

ADDRESS:

CITY:

STATE

ZIP CODE

PHONE NUMBER:

SIGNATUE

DATE

Refuge of Hope and/or Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643 229-263-4034 Fax- 229-263-4035
Medical Information Request Form

In order to better assist you and send a prompt reply to your request for assistance, we ask that you sign this form and request that medical records complete and return it to our office. Please give your permission to release any and all information that we require.

I hereby request that the medical records department release all information requested by the Refuge of Hope and/or Lydia's House. This release applies to medical records held by the Department of Correction or any other medical facility or doctor by which I have been treated.

Print Name (Inmate) _____

Sign Name (Inmate) _____

Date _____

Sign and date this document and give it to your medical department. They must fill it out and submit it to the Refuge of Hope.

Mental Health: Is this person considered mental health? Level: _____

Chronic Care— List all illnesses for which the potential resident is being treated and medicines and/or treatment required.

The next 2 questions are for women only

(1). Is this person pregnant? _____

(2). Have they been tested for pregnancy? _____

Infectious/Communicable disease- (Please note any indication of the below disease even if minimal results)

HIV— Yes ___ No ___ **Hepatitis A** ___ **B** ___ **C** ___

TB- Yes ___ No ___ - Has the inmate been treated in the past? ___ When _____

Last test given? _____

Venereal Disease— List disease, treatment, and note if still active.

Surgeries- (List all past surgeries and any surgeries needed but not performed.)

Allergies (Food or Medicines) _____

Handicaps? _____

Back Problems? _____

Mental Health- Yes ___ No ___ Level ___ Medication? _____

Dental problems? _____

Other medical issues not listed above _____

Completed by (Dr or Nurse) _____ Date _____

Refuge of Hope and/or Lydia's House

7566 Hwy. 84W Quitman, Ga. 31643

Counselor's Form
Parolees Only

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

.....
Inmate Name: _____ I.D.# _____

Counselor's Name: _____ Phone # _____

Institution Address: _____

Nature of Offense(s): _____

Tentative Parole Month: _____ Maximum Release Date: _____

Does the inmate have a resident plan? () Yes () No

Who is listed in his file for resident plan _____

Does the inmate have any detainers or holds? () Yes () No

If yes, describe: _____

Has inmate had any disciplinary problems during their incarceration? () Yes () No

If yes please explain: (list or attach list) _____

Is the inmate listed as a gang member, which gang?

Is he a current or past member?

Does the inmate have a substance abuse problem: () Yes () No

If yes, what type of treatment has he had during his incarceration? _____

Does the inmate require any special treatment/attention? () Yes () No

Does he require any medical/ mental health attention? () Yes () No

If yes please list: _____

In your opinion, should we accept this inmate: () Yes () No

Please explain: _____

Comments/Suggestions: _____

I have reviewed the inmates files and found the above information to be accurate.

Counselor's Signature _____

Date: _____

THIS FORM MUST BE RETURNED BY THE COUNSELOR IN A SEPARATE ENVELOPE!

Refuge of Hope and/or Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643

Chaplain's Form
Parolees Only

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

.....

Inmate Name: _____ I.D.# _____

Chaplain's Name: _____ Phone # _____

Institution Address: _____

When did you meet with the inmate? _____

Does the inmate attend Christian services at your institution? () Yes () No
How often? _____

Does the inmate attend additional Bible studies or participate in any Bible courses?
If yes, please list? _____

Does the inmate have an immediate need for our services? () Yes () No

What assistance does the inmate require: _____

Does the inmate have any outside support from his family? () Yes () No

If yes please list: _____

Does the inmate have any gang ties? _____ Now? _____ In the past? _____

Do you believe we should provide the inmate with a resident plan? () Yes () No

Please explain: _____

Comments/Suggestions/Observations: _____

Chaplain's Signature _____

Date: _____

THIS FORM MUST BE RETURNED BY THE CHAPLAIN IN A SEPARATE ENVELOPE!