

ALPHA & OMEGA MINISTRIES
RESIDENT INTAKE INFORMATION 1 OF 2 PAGES

OFFICE USE ONLY: _____
DATE REVIEWED: _____
DATE ACCEPTED/DENIED: _____

Date: _____

Name: _____ Social Security # _____

Previous Address: _____

City/State: _____ Zip: _____

Telephone number: Home: _____ Cellular: _____

Do you own a vehicle Y/N _____ If yes, are you expecting to have it at A & O _____

Make of car: _____ Plate # _____

Do you have a driver's license? If yes: D/L # _____

Are you: Married (), Single (), Divorced (), Separated (), Widowed ().

Date of Birth: _____ Age: _____

Number of children: _____ Ages: _____

What arrangements are being made for these children?: _____

What (is/are) your source(s) of income? SDA () ADC () SSI () Other _____

Are you employed? Where?: _____ Phone #: _____

In case of emergency, who is to be contacted?: Name: _____ Relationship: _____

Address: _____ Phone #: _____

Where can you be contacted regarding the council's decision: Phone # _____

Since we are Christian based Ministry and not a shelter, we do expect appropriate behavior while you are a resident at Alpha & Omega Ministries.

THE FOLLOWING INFORMATION WILL BE HELD IN CONFIDENCE, IT WILL BE REVIEWED BY THE A & O COUCIL SO THAT THEY CAN MAKE A DECISION ON YOUR REQUEST FOR RESIDENCE. TO OMIT OR GIVE FALSE INFORMATION WILL BE GROUNDS FOR REFUSAL OF RESIDENCE OR IF DISCOVERED AFTER YOU ARE APPROVED MAY CAUSE TERMINATION OF RESIDENCE.

1. Are you currently under the care of a physician for any of the following:

Emotional/mental stress (), Allergies (), Other () Please explain:

Medications taken and what they are taken for:

Name of physician/counselor: _____

2. Have you ever been institutionalized for mental or emotional problems (Y / N) _____

Where and Why:

3. Do you now or have you ever used alcohol or illegal drugs? (Y / N) _____

If yes, what is your drug(s) of choice? _____

4. Have you ever been convicted of any of the following, misdemeanor _____ felony _____ or CSC _____?

A. Nature of offence: _____

B. Do you have charges or warrants pending (Y/N): _____ If yes, what are they?

C. Are you currently on parole or probation(Y/N): _____ If yes, how long will you be on parole?

D. Name of parole/probation officer: _____

E. Phone # _____ State/County: _____

5. Who referred you to A & O: Church (), Social agency (), Court (), Family member (), Other ().

6. Do you follow a spiritual practice? (Y / N) _____ If yes, what is it: Catholic (), Baptist (), Pentecostal (), Methodist (),
Other: _____ ()

7. Are you currently an active member of a Church (Y/N) _____

8. What Church do you attend: _____

How often: _____ Pastors name: _____

9. Do you have any goals: (use back if necessary)

Short term: _____

Long term: _____

10. What reasons brought you to A & O?

11. In your own words, why do you feel we should approve your application?

12. I have read and understand the rules (next two sheets) and application (Y/N) _____

Comments:

I certify that all my answers to the questions on this form are accurate and truthful to the best of my knowledge.

Date: _____ Signature: _____

ALPHA & OMEGA MINISTRIES
RULES AND POLICIES 1 OF 2 PAGES

Please Initial:

____ I agree to obey all house rules posted, campus policies given by counsel, and enforced by the house leaders. I will abide by the ministry rules of conduct and behavior.

____ I understand that intentional deception or avoidance of the rules will be considered a violation of these rules and will be treated as such. The penalties for such an offence may include termination of residence.

____ I understand that there is to be no alcohol or illegal drugs on ministry property at any time, and that consumption of such while in residence, whether on the property or off, will be grounds for immediate termination of residence.

____ I understand that I shall have no weapons of any kind in my possession or in storage.

____ I understand that I am required to give due respect to all staff members, visitors, and fellow residents and conduct myself in a proper manner at all times. This does not allow for vulgar language, verbal abuse, or obscene gestures. **ABSOLUTLY NO PHYSICAL ABUSE OR THREATENING BEHAVIOR WILL BE TOLERATED TOWARDS ANYONE!**

____ I understand that if I am physically able, I must actively seek employment or job training; if working, keep good attendance, and report promptly any changes in work schedule or employer to the house leader. Work hours will be limited to 40 hours per week except by special permission and then only for a very limited time. This permission must be sought in advance from the council.

____ I understand that I will be required to do 24 hours of ministry service while not working, and 12 hours after I become employed. This is work done to further the ministry such as cleaning, mowing the lawn, cooking, repair work, etc... This is at the discretion of the leadership.

____ In some cases at the discretion of the counsel, the new resident will be asked to wait a period of one month before seeking employment in order to allow the resident to make a good adjustment to the living situation.

____ I understand that while living at the ministry I must contribute 17% of the gross amount of any income I receive or \$25.00 per week (whichever is more), due and payable the day I receive the pay. I will present a pay stub or other suitable proof of income and will receive a receipt for the money paid. I agree to contribute \$25.00 per week for the time I am not employed. Payment for the arrears will begin on the second paycheck after I find employment. This means that I will then pay my 17% plus some toward the arrears until the arrears are paid. This obligation is not related to church tithes and offerings in any way—that is a matter between you and God. Payments under this paragraph are contributions and shall not be construed or considered as rent.

____ I understand that termination of my residence (whatever the reason) does not terminate my financial obligations to Alpha & Omega Ministries.

____ I understand that, unless arrangements have been made, my belongings will be stored no longer than 30 days after the time that I leave A & O.

**ALPHA & OMEGA MINISTRIES
RULES AND POLICIES 2OF 2 PAGES**

____ I understand that the director must be made aware of all medications.

____ I understand that any and all medications that are a narcotic or could be used to alter ones state of mind will be stored in the safe at the director's house.

____ I will not willingly receive food stamps or other forms of public assistance payments while living at A & O. Disability and Medicaid are allowed.

____ Smoking or use of any tobacco products is not allowed in any of our houses or on any of the porches and grounds except for in designated areas. (**Behind** the houses).

____ The community room, (living room), is available for entertaining guests between 10:00am and 7:00pm (at the discretion of the house leader). Visits will be limited to three hours except by approval of the house leader. All guests must be gone by 9:00pm.

____ I am responsible for my own laundry including bedding and towels which I will wash at least once a week.

____ I will be assigned a bed and dresser. My personal belongings are my responsibility, and I will not tamper with another resident's bed or belongings. The ministry is not responsible for any lost or stolen items.

____ I understand that using, borrowing, or otherwise taking another resident's belongings without permission, including food that is marked, is considered stealing and is grounds for termination of residence.

____ I understand that any and all electronic equipment such as computers, etc... must be approved by the director.

____ I understand that, upon acceptance, I will be asked to commit to at least six months in the program.

____ I understand that bible studies are mandatory. If I am not working I must attend all studies. If I am working, I must attend five per week.

____ I understand that I will eat my evening meal with the public in the ministry building.

____ I have read and understand the above rules and agree to comply with them.

Resident (name/signature)

A & O Director

Head Pastor

Date

Praise Baptist
Church

Alpha & Omega Ministries
829 Rose Court
Kalamazoo, Mi 49001
Phone: 345-5100



DATE _____

To whom it may concern:

_____ has been accepted as a resident at Alpha and Omega Ministries. As a resident there is an obligation to pay a minimum of \$25.00 per week as a contribution to living expenses from the date of beginning residency. After becoming employed, or becoming eligible for regular disability payments, pensions, or any other regular income, the obligation will be 17% of any income or \$25.00 (whichever is greater) due and payable the day it is received. An arrangement for the payment of arrears will be expected by your second paycheck. During periods of unemployment, the \$25.00 per week will again accrue.

I agree to the above statements and will comply.

_____ signature

witness _____