



The Paul & Silas Homes

Reentry Housing for Men

Mailing Address: BPM, 7320 N La Cholla Blvd, Suite 154, PMB 157 Tucson, Arizona 85741
E-mail: bridgeprisonministry@gmail.com

PLEASE READ CAREFULLY:

We offer safe housing opportunity for men who need long or short-term housing. Our residents focus on overcoming obstacles, healing from the past, building healthy relationships, self-worth, self-esteem, employment and/or school, and work towards future permanent housing. The Paul & Silas Homes are a place where you can be disciplined, make changes in your life, and develop a relationship with Jesus Christ. Our location is close to the city bus lines. All prospective residents are screened for enrollment in person, by mail, or telephonically.

Housing fees are \$125 per week.

Admission Requirements

- **Payment of \$250 is required to be accepted, unless pre-approved by Director**
- Must be able to pay weekly fees
- Must be clean and free of all substances and alcohol
- Must attend one house meeting per week or as required.
- Must attend church on a weekly basis.
- Must attend BPM's Re-Entry Mentor Program, 12 Steps Life Recover and Overcomers Program
- Must not be a sex offender or have been charged with arson.

What do we offer?

- A Christ-centered sober living non-smoking environment
- Safe and clean neighborhood located in Northwest Tucson
- House Manager on-site
- Meet Client At The Gate
- Hygiene/Care Package
- Assistance with Resume and Employment Resources
- Substance Abuse Counseling
- 12 Steps Life Recovery and Overcomers Program
- Reentry Mentor Support Group
- Mentors who walk alongside and provide guidance, moral, and spiritual support.
- Graduation Ceremony from The Silas Home
- Residents will be equipped for long-term success

Please fill-out completely – Required for acceptance **Please write clearly.**

Last Name: _____ First Name: _____ Date: _____

Please tell us about yourself: **We want to know who you are, where you came from, and where you want to go in life.** _____

Please tell us why you desire to live at The Paul & Silas Homes: _____

What skills do you have that will help you be successful? _____

What are your reasons for applying? _____

What actions do you think you will need to take in order to accomplish the goal of independent living? _____

Where do you see yourself in one year? _____

RESOURCES NEEDED

Employment: ___ Housing: ___ Meet me at the gate upon release ___ Mentor ___ Letter Writer ___ Resume ___
Driver's License: ___ Social Security Card: ___ Church ___ Prayer ___ Hygiene/Care Package: ___
Clothing Size: Pants ___ Shirt ___ Shoes ___ Under Garments ___

Do you have any prayer need? _____

The Paul and Silas Home Application

Name: _____ Date: _____

Case/DOC# _____ Date of Birth: _____ Age: _____

Place of Birth: _____ Current Contact Phone: _____

Identification: (circle) Driver's License AZID Card DD-214 SS Card Birth Certificate Tribal Other _____

Gender: Male _____ Female _____ Ethnicity: _____ Veteran Yes _____ No _____ DD214 Yes _____ No _____

How did you hear about us? _____ Are you receiving benefits? Yes _____ No _____

Circle all that apply SSD SSI Unemployment Workman's Comp Food By when do you need housing?

Do you have the financial means to pay your first 2 weeks' fees? Yes _____ No _____

Current Living Situation: Jail/Prison: _____ Shelter: _____ Transitional Living: _____ Detox: _____ Family: _____ Streets: _____

Residing at: _____

Address: _____ State: _____ Zip Code: _____

County of conviction: _____ County of Release: _____

Anticipated date of release: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Do you have children? Yes _____ No _____

If yes, please list their names and ages: _____

In case of emergency notify: Name _____ Relationship _____

Phone: _____ Address _____ City _____ State _____

Are you willing to detox if needed? Yes _____ No _____ Have you attended addiction support groups? Yes _____ No _____

Are you willing to attend the Re-Entry Mentor Program? Yes _____ No _____

Are you willing to work with a Mentor? Yes _____ No _____ Are you willing to attend church? Yes _____ No _____

If required to attend a 12 step AA/NA group are you willing to work with a sponsor? Yes _____ No _____

How many attempts have you made to get clean/sober? _____ Most clean/sober time attained? _____

Drug of Choice: _____ Date Last Used _____

Have you enrolled in any services while in Prison that will continue after you are released? Yes _____ No _____

Service Program: _____ Agency: _____ Start Date: _____

List dates and name of all shelters, and transitional houses you lived at: _____

Have you attended substance abuse support groups? Yes _____ No _____ How Long: _____

ALCOHOL AND DRUG USE (if any)

Substance	Frequently Used	Age First Used	Date Last Used	Smoked Inhaled Injected, other	Other Drugs Used
Fentanyl					
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					

EMPLOYMENT HISTORY (List Most Recent Employer First)

Employer Name	Phone	Start Date	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Work Skills/Trades: _____

EDUCATION

Highest grade completed: Elementary (K-5): _____ Middle School (6-8): _____ High School (9-12): _____
GED _____ Junior College _____ University _____
Are you currently in school working on a degree? Yes _____ No _____
Received vocational training/apprenticeship? Yes _____ No _____

HISTORY

Are you under physician's care? Yes _____ No _____ If yes, why? _____
Dr. Name: _____ Phone: _____ Agency: _____
List all past and current physical medical issues: _____

List all past and current psychiatric issues: _____

Are you under the care of a behavior health facility: Yes _____ No _____
Agency Name _____ How long? _____
List ALL Medications Prescribed: _____

Have you ever attempted suicide? Yes _____ No _____ If yes, explain: Date: _____ Where: _____
Circumstances: _____
Are you suicidal now? Yes _____ No _____
Do you have court fines? Yes _____ No _____ How much? _____
If yes, explain? _____ If yes, next court date: _____
Are you on supervision? IPS _____ Probation _____ Parole _____ No Supervision _____
PO's Name _____ Phone _____ Office Location _____
Have you ever been arrested for sex crimes? Yes _____ No _____ If yes, explain _____
List most recent arrest, convictions, sentences, prior prison or jail and probation history:

Application forms require this information to process. Who can we call to verify this application? (Circle One)
Parole/Probation Public Defender Attorney Case Manager COIII Pretrial Family Member Case Manager
Other _____ Name _____ Fax (Required) _____
Phone #: _____ E-mail _____

All information in this application is true to the best of my ability, please initial: _____
I _____ the undersigned participant, desire and agree to volunteer
any information written on this application to The Paul & Silas Homes to use in connection with Bridge Prison
Ministry and to disclose any such information (in whatever way(s) and form Bridge Prison Ministry chooses) to
such as; churches, ministries, and individual volunteers, who may be participating or assisting in this ministry

Signature: _____ Date: _____

Commitment to Recovery Agreement

I, (print name) _____ the "Resident" of The Paul & Silas Homes voluntarily enters into this reentry sober living home from the effective date _____ and make the following Commitment to Recovery Agreement between The Paul & Silas Homes; understanding it is a Christ-centered non-smoking, alcohol and drug free residence, that I am a participant in a program of recovery and not as a tenant and therefore have no rights or possession of space exclusively.

The housing fees are \$125.00 per week with a \$250.00 non-refundable fee prior to moving in, unless otherwise cleared with Director. Program fees of \$125.00 are **due weekly**. I, the Participant, understand that I am responsible for my sober living fees and drug testing fees and further understand that AHCCCS insurance will not cover my stay, nor be billed for any portion of my stay including lab, drug testing or sober living fees.

I understand that any sober living fees paid for in advance (prepaids) beyond the weekly amount outlined above are non-refundable if resident discharges early. It is strongly recommended to pay either week to week as all sober living fees are non-refundable.

While our preferred length of stay is **180 days**, it is completely dependent on the Participant's motivation to do the work and participate in one's own recovery. This length of stay can be retracted and/or extended based on participation.

I, affirm that:

1. I understand that for the first 90 days, the curfew will be 6pm and no overnight passes will be granted.
2. For those unemployed resident's curfew is 6:00 pm seven days a week.
3. After 90 days, all employed residents will be expected to return to the house by 9:00 pm Monday through Sunday.
4. If you are going to be late, notify the House Manager or Director immediately. Failure to do so may result in a verbal/write up or discharged from the property.
5. Family overnight passes are approved after 90 days, must be employed, no disciplinary write-up, housing fees up to date, must have Director, House Manager, and PO's approval, if you are assigned a P.O. All Pass requests are open for discussion at the House meeting.
6. **I will not use illegal drugs or alcohol, or any mind-altering substances.** Any use will result in immediate discharge from the premises. Any consumption of alcohol or drugs by the resident on or off the premises will terminate this agreement. Even though **marijuana is legal, use is prohibited**. That goes for medical marijuana also.
7. Any overuse/abuse of prescribed medication may result in immediate discharge.
8. I understand this is a reentry sober living environment with zero tolerance for alcohol or drug use. Premises shall be, always, alcohol and drug free. No smoking or vaping in rooms.
9. I understand that I will be randomly tested for drugs/alcohol at the sole discretion of The Paul & Silas Homes.
10. I understand that random bedroom searches can be conducted by the House Manager at the sole discretion of The Paul & Silas Homes.
11. I understand that there is no smoking of cigarettes, E-cigarettes or vapes in the house or outside the premises. No exceptions.
12. I understand that I must have full-time employment within 30 days of move-in or part time, if attending IOP, outpatient or enrolled in school.
13. I understand that to help with my recovery I am required to attend on a weekly basis church, the Reentry Mentor Program, Bible studies and the 12 Steps Overcomers Program.

14. I understand that if required by parole/probation officer anonymous meetings (AA, NA, SMART, Celebrate Recovery) I will attend and provide documentation of attendance by chair-person of each meeting.
15. I will work with a mentor and/or sponsor who will help with my recovery.
16. I understand and will attend the mandatory weekly house meeting.
17. I agree to do house chores and participate in assigned work activities at The Paul & Silas Homes.
18. I understand there is no sleeping on couches at all: **DAY OR NIGHT**. Everyone **WILL** sleep in their beds.
19. I understand food will be eaten in the dining, kitchen, and outside areas only. No food in living room and bedrooms
20. I understand I need to communicate my daily activities using the Sign In/Sign Out sheet, if I do not come home for any reason, I may be discharged from the property
21. I understand that The Paul & Silas Homes is not liable for loss or theft of any personal property. Keep personal property at a minimum.
22. I will not take another person's property without asking, nor disturb any other resident's peaceful enjoyment of The Paul & Silas Homes.
23. I understand that I will not have any pornographic materials on the property, nor will I watch pornographic material either on the television or internet and will refrain from searching any inappropriate websites.
24. I will not gamble, in any form, on the property.
25. I understand that I will treat the staff and volunteers with courtesy and respect; I will not participate in any criminal conduct, nor threaten or behave inappropriately as to intimidate or harm any person.
26. I understand the only guests allowed on premises are those individuals who have been preapproved by the House Manager or Director in advance. No female friends are allowed in the house.
27. I understand there is no sexual activity of any kind in the house at any time. This will result in immediate discharge from the premises.
28. I understand and agree to park in designated parking areas only.
29. I understand that any violation of the rules will be written up by the House Manager and placed in my file. A serious violation can result in discharge from the premises.
30. I will not deliberately or negligently destroy, deface, damage, impair or remove any part of the premises or knowingly permit a person to do so.
31. I understand that if a relapse occurs, the person named on the Emergency Contact and/or The Release of Information Form will be notified.
32. I understand that I will be provided a lockbox for medication. The lockbox will remain locked in the resident's bedroom. Medication is the responsibility of the resident and resident is required to sign the Medication Statement. In the event of a rule violation, the following form shall be completed.
33. I understand that without the Director's written permission I will not drill or attach anything to the floors, walls, or ceiling of the house. Bring in any dish washing, heating, ventilating, or air conditioning units, or any water filled furniture. Put in any shades, blinds, window guards, in or outside of the premises. No one is allowed to bring in outside furniture.
34. I agree to pay weekly and on time my housing fees. If I owe too much housing fees I may be discharged from the house, at discretion of Director.
35. I understand that if a resident feels that another resident is not doing their share of the chores, or has any other grievances towards another resident, one may call a meeting with the house manager and/or Director to discuss the grievance.
36. I understand and agree to abide by the rules and regulations of The Paul & Silas Homes.

The staff of The Paul & Silas Homes reserves the right to enforce the above rules. Any infractions of the agreement may include discharge from the house.

If at any time during the term of this agreement, the resident abandons the room for a period of two (2) consecutive days, The Paul & Silas Homes, without liability for damages may remove personal property and dispose any of resident's abandoned personal property if arrangements are not made within 72 hours from the date of the abandonment. If Abandonment occurs, any prepaid fees will be forfeited.

Resident agree to have their belongings searched if there is reason to believe there are hazardous items or dangerous items in the resident's possession. Resident shall not keep on the premises, any article or thing of a dangerous, flammable, or explosive character that might unreasonably increase the danger of fire or that might be considered hazardous. No guns, weapons, explosives, hazardous substances and or materials are allowed on the premises. No fireworks are allowed. No candle burning is allowed. If hazardous items are found they must be removed immediately and depending upon the item found.

Resident acknowledges that The Paul & Silas Homes will not provide insurance coverage for resident's property, nor shall The Paul & Silas Homes be responsible for any loss of resident's property, whether by theft, fire, acts of God, or otherwise.

The undersigned resident agrees to participate in and abide by the policies and rules set by The Paul & Silas Homes. The undersigned agrees to vacate the shared accommodation when rules are violated. The following house policies are to be observed by all residents. These policies have been set forth by The Paul & Silas Homes to maintain a clean, safe, and healthy living environment for those in recovery and to those who are willing and ready to transition back into society. As a resident of The Paul & Silas Homes, you are required to participate in all areas of your transition and recovery.

Did you read and understand the agreement and responsibility statement? YES ____ NO ____

Signature of Resident: _____ Date: _____

Printed Name of Resident: _____ Date: _____

Witness: _____ Date: _____

Responsibility Statement

I, (please print) _____, voluntarily want to reside at The Paul & Silas Homes of Bridge Prison Ministry, understanding it is a Christ-centered, non-smoking, alcohol and drug free house program. Please initial each line item that you understand your responsibilities while housed at The Paul & Silas Home.

1. _____ I will not use drugs or alcohol, or any mind-altering substances.
2. _____ Any overuse/abuse of prescribed medication may result in immediate discharge.
3. _____ I will submit to random drug test when asked.
4. _____ I will not smoke cigarettes, E—cigarettes or vape inside The Paul & Silas Home or outside the premises.
No exceptions.
5. _____ I will pay weekly the housing fees.
6. _____ I will not borrow money, take, or use another resident's property without their permission.
7. _____ I will attend the mandatory scheduled in-house weekly meeting.
8. _____ I will attend church (1-2 times per week).
9. _____ I will attend and participate in the weekly Re-Entry Mentor Program, Bible studies and events.
10. _____ If required by parole/probation officer I will attend and participate in anonymous meetings (AA, NA, SMART, Celebrate Recovery) and provide documentation of attendance by chair-person of each meeting.
11. _____ I agree to work with a mentor and/or sponsor to help with my recovery.
12. _____ I agree to voluntarily do my chores and participate in assigned work activities at the house.
13. _____ I understand that when I vacate the premises, I must take all my belongings. Any personal belongings left at The Paul & Silas Homes 30 days after my departure shall be the property of The Paul & Silas homes, and will be donated.
10. _____ I agree to adhere to curfew regulation as discussed in housing agreement.
11. _____ I will give at least one weeks' notice before vacating.
12. _____ I understand that The Paul & Silas Homes are not liable for loss or theft of personal property, including money.
13. _____ I understand that I will treat all residents and staff with courtesy and respect; in return I will be treated the same.
14. _____ I have NEVER been arrested or convicted of any sex crimes or arson.
15. _____ The only visitors allowed on the property are PO's, mentors, sponsors, volunteers, or anyone approved by the Director. **No woman is allowed at The Paul & Silas Homes, unless approved by the Director.**
16. _____ No sexual activity in the house at any time.
17. _____ I understand that I will not have any pornographic materials on the property, nor will I watch pornographic material either on the television or internet and will refrain from searching any inappropriate websites.
18. _____ I understand NO guns, weapons, explosives, hazardous substances and or materials are allowed inside The Paul & Silas Homes or outside the premises No exceptions.
19. _____ I understand no pets are allowed inside The Paul & Silas Homes or outside the premises.
20. _____ I agree to abide by the rules and regulations of The Paul & Silas Homes as outlined in the housing agreement, which I have signed and that any violation will result in discharge and termination as a resident.
21. _____ I agree to allow The Paul & Silas Homes of Bridge Prison Ministry to us any photographic image of me taken while participating as a participant. Images may be used in promotions or for other related marketing materials.

I have read and understand the foregoing, and I have initialed all line items, and understand that my failure to comply with this agreement may result in discharge from The Paul & Silas Home.

Participant's Signature: _____ Date: _____

Staff Witness: _____ Date: _____