



## ***Flo's House of Faith***

### ***Reentry Housing for Women***

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

#### **PLEASE READ CAREFULLY:**

We offer safe housing for women 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. Flo's House of Faith is 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.

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**Housing fees are \$150 per week.**

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#### **Admission Requirements**

- **Payment of \$250 is required to be accepted, unless approved by Director**
- Must be able to pay weekly fees of \$150 or \$600 per month.
- Be clean and free of all substances and alcohol
- Attend house meetings as required.
- Attend church on a weekly basis, Re-Entry Mentor Program, Bible Study, and BPM events.
- Cannot be a sex offender or have been charged with arson.

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#### **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
- Reentry Mentor Support Group
- Mentors who walk alongside and provide guidance, moral, and spiritual support.
- Graduation Ceremony from BPM's program.
- 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: **Who you are, where you came from, and where you want to go in life.** \_\_\_\_\_

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Please tell us why you desire to live at the women's home. \_\_\_\_\_

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What skills do you have that will help you be successful? \_\_\_\_\_

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What actions will you take to accomplish the goal of independent living?

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Where do you see yourself in one year? \_\_\_\_\_

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#### **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?** \_\_\_\_\_

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## Flo's House of Faith Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Case/DOC# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Current Contact Phone: \_\_\_\_\_

Identification Needed: Driver's License \_\_\_\_\_ State ID \_\_\_\_\_ SS Card \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Tribal \_\_\_\_\_

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

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 attend church? Yes \_\_\_\_\_ No \_\_\_\_\_ Willing to attend the Re-Entry Mentor Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work with a Mentor? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you willing to detox if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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 \_\_\_\_\_

Are you attending church services? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you enrolled in any services while in Prison that will

continue after you are released? Yes \_\_\_\_\_ No \_\_\_\_\_ Service Program: \_\_\_\_\_

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

<b>ALCOHOL AND DRUG USE (if any)</b>						
Substance	Frequently Used	Age First Used	Date Last Used	Smoked	Inhaled	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 psychiatric and physical medical issues: \_\_\_\_\_

Are you under the care of a behavior health facility: Yes \_\_\_\_\_ No \_\_\_\_\_ Agency Name \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

Are you on Suboxone? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you on Methadone? Yes \_\_\_\_\_ No \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_

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

Name \_\_\_\_\_ 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 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

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I, (print name) \_\_\_\_\_ "Resident" of the Flo's House of Faith voluntarily enters into this reentry sober living home from the effective date \_\_\_\_\_ and make the following Commitment to Recovery Agreement between Flo's House of Faith; 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 \$150.00 per week with a \$250.00 non-refundable fee prior to moving in, unless otherwise cleared with Director. Program fees of \$150.00 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 (prepays) 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 as well.
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 inside the home.**
9. I understand that I will be randomly tested for drugs/alcohol at the sole discretion of Bridge Prison Ministry.
10. I understand that random bedroom searches can be conducted by the House Manager or Directors.
11. I understand that **E-cigarettes or vapes are not allowed** inside the house or outside the premises. No exceptions.
12. I understand that I must have full-time or part time employment within 15 days of move-in. If you, are not employed within 15 days but actively looking for employment, it will be taken into consideration.
13. I understand that to help with my recovery I am required to attend on a weekly basis church, the Reentry Mentor Program, and Bible studies.
14. When attending BPM events, I will not leave the event without permission.
15. 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.
16. I will work with a mentor and/or sponsor who will help with my recovery.
17. I understand and will attend the mandatory house meetings.
18. I agree to do house chores and participate in assigned work activities,
19. I understand there is no sleeping on couches at all: **DAY OR NIGHT.** Everyone sleeps in their beds.
20. I understand food will be eaten in the dining, kitchen, and outside areas only. No food in living room and bedrooms

21. I will communicate my daily activities using the sign in/out sheet, if I do not come home for any reason, I may be discharged from the property
22. I understand that Bridge Prison Ministry is not liable for loss or theft of any personal property. Keep personal property at a minimum.
23. I will not take another person's property without asking, nor disturb any other resident's peaceful enjoyment of the home.
24. 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.
25. I will not gamble, in any form, on the property.
26. 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.
27. I understand the only guests allowed on premises are those individuals who have been preapproved by the House Manager or Director in advance. **No male friends are allowed in the house.**
28. 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.
29. I understand and agree to park in designated parking areas only.
30. 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.
31. 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.
32. I understand that if a relapse occurs, the person named on the Emergency Contact and/or The Release of Information Form will be notified.
33. 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.
34. 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 heating, ventilating, or air conditioning units. Put in any shades, blinds, window guards, in or outside of the premises. No one is allowed to bring outside furniture, TV, or fans.
35. 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.
36. 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.
37. I understand and agree to abide by the rules and regulations of the home.

The staff/volunteers of Bridge Prison Ministry reserve 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, Bridge Prison Ministry, 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 are allowed on the premises. No fireworks or candle burning is allowed. If hazardous items are found they will be removed immediately and depending upon the item found.

Resident acknowledges that Bridge Prison Ministry will not provide insurance coverage for resident's property, nor the Flo's House of Faith is 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 Bridge Prison Ministry. 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 Bridge Prison Ministry 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 Flo's House of Faith, you are required to participate in all areas of your transition and recovery.

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**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

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I, (please print) \_\_\_\_\_, voluntarily want to reside at Flo's House of Faith, 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 Flo's House of Faith.

1. \_\_\_\_\_ I will not use drugs or alcohol, or any mind-altering substances.  
Any overuse/abuse of prescribed medication may result in immediate discharge.
2. \_\_\_\_\_ I will submit to random drug test when asked.
3. \_\_\_\_\_ I will not smoke E-cigarettes or vape inside the home or outside the premises. No exceptions.
4. \_\_\_\_\_ I will pay weekly the housing fees.
5. \_\_\_\_\_ I will not borrow money, take, or use another resident's property without their permission.
6. \_\_\_\_\_ I will attend the mandatory scheduled in-house weekly meeting.
7. \_\_\_\_\_ I will attend church on a weekly basis.
8. \_\_\_\_\_ I will attend and participate in the weekly Re-Entry Mentor Program, Bible study, and BPM events.
9. \_\_\_\_\_ When attending BPM events, I will not leave the event without permission.
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 Flo's House of Faith 72 hours after my departure shall be the property of Bridge Prison Ministry, and will be donated.
14. \_\_\_\_\_ I agree to adhere to curfew regulation as discussed in housing agreement.
15. \_\_\_\_\_ I will give at least one weeks' notice before vacating.
16. \_\_\_\_\_ I understand that Bridge Prison Ministry is not liable for loss or theft of personal property, including money.
17. \_\_\_\_\_ I understand that I will treat all residents and staff with courtesy and respect; in return I will be treated the same.
18. \_\_\_\_\_ I have NEVER been arrested or convicted of any sex crimes or arson.  
Only visitors allowed on the property are PO's, mentors, sponsors, volunteers, or anyone approved by the Director. **No men are allowed at Flo's House of Faith, unless approved by the Director.**
19. \_\_\_\_\_ No sexual activity in the house at any time.
20. \_\_\_\_\_ 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.
21. \_\_\_\_\_ I understand NO guns, weapons, explosives, hazardous substances are allowed inside the home or outside the premises No exceptions.
22. \_\_\_\_\_ I understand no pets are allowed inside the home or outside the premises.
23. \_\_\_\_\_ I agree to abide by the rules and regulations of Bridge Prison Ministry as outlined in the housing agreement, which I have signed and that any violation will result in discharge and termination as a resident.
24. \_\_\_\_\_ I agree to allow Bridge Prison Ministry to use 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 home.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_