



Paul and 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 for men who need long or short-term housing. Our residents focus on overcoming obstacles, building healthy relationships, self-worth, self-esteem, employment and permanent housing. The Paul & Silas Homes are a place where you can make changes in your life and develop a strong relationship with Jesus Christ.

Housing fees are \$150 per week.

Admission Requirements

- **Payment of \$300 is required to be accepted, unless approved by Director**
- Must be able to pay weekly fees of \$150 or \$600 per month.
- Attend church on a weekly basis, Re-Entry Support Group, Bible Study, and BPM events.
- Cannot be a sex offender or have been charged with arson.

What do we offer?

- A Christ-centered sober living healthy environment
- Safe and clean neighborhood located in Northwest Tucson
- Easy public transportation access
- House Manager on-site
- Hygiene/Care Package
- Assistance with resume and employment resources
- Mentors who provide guidance, moral, and spiritual support.
- Graduation Ceremony

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

Name: _____

Date: _____

Please tell us about yourself: _____

Tell us why you desire to live at the men's home. _____

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

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

Where do you see yourself in one year? _____

RESOURCES NEEDED

Employment _____ Housing _____ Mentor _____ Resume _____ Driver's License _____ Social Security Card _____
Hygiene/Care Package: _____ Church _____ Prayer _____

Clothing Size: Pants _____ Shirt _____ Shoes _____ Under Garments _____

Do you have any prayer needs? _____

The Paul and Silas Home 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: M: _____ F: _____ 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 _____
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 _____ Attend the Re-Entry Mentor Program? yes _____ no _____
Work with a Mentor? yes _____ no _____ Go to detox, if needed? yes _____ no _____
How many attempts have you made to get sober? _____ Most sober time attained? _____
Drug of Choice: _____ Date Last Used _____
Are you attending church services in prison? yes _____ no _____
List dates and name of all shelters, and transitional houses you lived at: _____

ALCOHOL AND DRUG USE

Substance	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	Ending Date	Position	Supervisor Name	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? _____

List all past and current psychiatric and physical medical issues: _____

Have you ever been diagnosed with SMI? yes _____ no _____

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, 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 and convictions. _____

Application forms require this information to process. Who can we call to verify this application?

Name _____ Phone #: _____

E-mail _____

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 to; churches, ministries, and volunteers, who may be assisting in this ministry

All information in this application is true to the best of my ability, please initial: _____

Signature: _____ Date: _____

Commitment to Recovery Agreement

I, (print name) _____ "Resident" of the Paul/Silas Home voluntarily enter into this reentry sober living home from the effective date _____ and make the following Commitment to Recovery Agreement between the Paul/Silas Home; understanding it is a Christ-centered, alcohol and drug free residence and 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 \$300.00 non-refundable fee prior to moving in, unless otherwise cleared with Director. I understand that I am responsible for my housing and drug testing fees. I further understand that AHCCCS insurance will not cover my stay, nor be billed for any portion of my stay including lab, drug testing, or housing fees.

I understand that any housing fees paid for in advance (prepaids) beyond the weekly amount outlined above are non-refundable, if resident discharges early.

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 extended based on participation.

I, affirm that:

1. For the first 90 days, the curfew will be 6pm and no overnight passes will be granted.
2. Residents who are unemployed curfew remains at 6:00pm, seven days a week.
3. After 90 days, residents who are **employed** have a 9:00pm curfew Monday-Sunday.
4. Notify the House Manager or Director when running late. Failure to do so may result in a verbal/written write up or discharged from the program.
5. Overnight passes are approved after 90 days, resident must be employed, no disciplinary write-up, housing fees up to date for 30+ days, must have Director, and PO's approval, if you are assigned a P.O.
6. Any use of **illegal drugs, alcohol, or any mind-altering substance** by the resident on or off the premises will result in immediate discharge. Though **marijuana is legal, use is prohibited**. That goes for medical marijuana as well.
7. Overuse of prescribed medication may result in immediate discharge.
8. This is a reentry sober living environment with zero tolerance for alcohol or drug use. Premises shall be, always, alcohol and drug free.
9. **No smoking inside the home.**
10. I will be randomly tested for drugs/alcohol at the sole discretion of BPM.
11. Random bedroom searches can be conducted by the House Manager or Directors.
12. **E-cigarettes or vapes are not allowed** inside the house or outside the premises. No exceptions.
13. Must have full or part-time employment within 15 days of move-in. If not employed within 15 days but actively looking for employment, it will be taken into consideration.
14. To help with my recovery I am required to attend on a weekly basis church, reentry program, and Bible studies.
15. When attending BPM events, do not leave the event without permission.
16. If required by parole/probation officer anonymous meetings (AA, NA, CR,) you may attend and provide documentation of attendance by chair-person of each meeting.
17. I will work with a mentor or sponsor who will help with my recovery.
18. I will attend the mandatory house meetings.
19. I agree to do house chores and participate in assigned work activities,
20. No pets are allowed at the home.
21. No sleeping on the couches at all: **DAY OR NIGHT.**
22. All food must be eaten in the dining, kitchen, and outside areas only. No food in the living room and bedrooms
23. Communicate daily activities by using the sign in/out sheet, if you make a choice not to come home for any reason, you will be discharged from the home.
24. BPM is not liable for loss or theft of any personal property. Keep personal property at a minimum.
25. Do not take another person's property without asking, nor disturb any peaceful enjoyment of the home.
26. Pornographic materials are not allowed on the property, nor watching pornographic material on the TV, internet, or searching any inappropriate websites.
27. No gambling, on the property.

28. Treat the staff and volunteers with respect; do not participate in any criminal conduct, nor threaten or behave inappropriately as to intimidate or harm any person.
29. The only guests allowed on premises are individuals who have been pre-approved by the Director.
Female friends are not allowed in the homes.
30. No sexual activity of any kind in the house. This will result in immediate discharge from the premises.
31. I agree to park in designated parking area.
32. Any violation of the rules will be written up by the House Manager. A serious violation can result in discharge from the premises.
33. I will not deliberately or negligently destroy, deface, damage, or remove any part of the premises or knowingly permit a person to do so.
34. If a relapse occurs, the person named on the Emergency Contact Form will be notified.
35. A lockbox for medication will be provided. Medication is the responsibility of the resident.
36. I will not drill or attach anything to the walls, ceilings, bring in heating, ventilating, A/C units, fans, furniture or a TV.
37. I agree to pay on time my housing fees. If I fall behind and owe too much I may be discharged from the house, at discretion of Director.
38. 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 to discuss the grievance.
39. I agree to abide by the rules and regulations of the home.
40. I agree to allow BPM to use any photographic image of me taken while in the program. Images may be used in promotions or for other related marketing materials.

If at any time during the term of this agreement, the resident abandons the room for a period of two (2) consecutive days, BPM, 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.

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

The undersigned resident agrees to participate and abide by the policies and rules. These policies have been set forth by BPM to maintain a clean, safe, and healthy living environment for those in recovery and ready to transition back into society. As a resident of the Paul/Silas Home, you are required to participate in all areas of your transition and recovery.

I have read and understand that my failure to comply with this agreement may result in discharge from the home.

Signature of Resident: _____ Date: _____

Printed Name of Resident: _____ Date: _____

Witness: _____ Date: _____