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Providing HELP, HOPE and a HOME for hurting women.

Application Packet

Our Purpose:

Tabitha House is a residential discipleship program that rehabilitates women coming out of human-trafficking, with drug and/or alcohol dependency as well as other life-controlling challenges. We show residents how to break down the barriers of self-deception and negative attitudes, rebuild their self-esteem, live a life free from drug and alcohol addiction, and live according to Christian principles as a productive member of society.

Residential Program:

The year residential program consists of classroom assignments, individual and group counseling, education assistance, community service in the ministry's thrift shop, and personal attention by the staff in a structured nurturing and Christ-centered environment. Residents are not permitted to work outside of the ministry. During the initial months, residents are expected to demonstrate progressive improvement in attitude and demonstrate a willingness to be teachable and change their negative behavior. The goals during the final months are to continue the required curriculum work and consistently be self-disciplined, trustworthy, honest, cooperative, responsible, and develop good work habits.

Transition Phase:

After successfully completing the residential program, graduates who demonstrate maturity, good judgment, and consistent positive attitudes and relationships, both in and outside of the program, may be invited to the transition phase. Graduates gain more privileges and responsibilities, including obtaining employment outside of the ministry and paying rent. Graduates are expected to show signs of positive leadership toward graduates and residents.

General Program Guidelines

Tabitha Ministry is designed for women who are sick and tired of the way they have been living and who are determined to pursue a personal relationship with Jesus Christ.

1. The intent of Tabitha Ministry is to remove former areas of temptation and difficulty, helping the resident learn self-discipline and adjust to living in harmony with others.
2. All conduct and activity will complement the purposes of Tabitha Ministry.
3. All speech and conduct will manifest Christian love, compassion, and consideration for others (no fighting, cursing, talking back, glorifying the past, or disrespectful conduct). Our freedom should not offend the freedom of others in Christ Jesus. Residents should seek counsel ONLY from staff. No questioning other students.

4. Since the Spirit of God at work in Tabitha Ministry is constructive, edifying, and creative, there is never to be any type of destructive behavior to the facility or to any of the property. Residents should always help conserve around the ministry. We need to be good stewards of what God has blessed us with.
5. Once the resident has decided to enter the program, she agrees to submit to the program and the staff. Residents are not allowed to leave the property without supervision or approval of staff. Leaving without proper permission is grounds for dismissal.
6. All belongings and persons will be searched upon entrance for drugs or anything that might be harmful to you or another resident's spiritual, emotional, and/or physical well-being. You would not want to jeopardize another resident's commitment.
7. Drugs, alcohol, and/or nicotine are never permitted on the property or in the possession of any resident or graduate. Prescription drugs will be closely monitored and cannot be exchanged among the residents.
8. At no time while enrolled in the program will residents be allowed to date or pursue any relationship with the same or opposite sex. If you are caught pursuing a relationship while enrolled in the program, you may be asked to leave.
9. Probation officers will be contacted (if you are on probation) if you leave the program, whether of your own free will or through involuntary discharge.

What to Bring

1. Clothing suitable for church (casual, but no T-shirts or ripped jeans)
2. Work attire is casual, but modest (shorts below fingertips, jeans, T-shirts/sweatshirts with uplifting messages, Tabitha T-shirts. No leggings)
3. Casual clothing (modest; no low cut or too tight tops; no short shorts)
4. Sleepwear
5. Underwear, bras, socks & hosiery
6. Shoes
7. Make up and personal care products

Note that space is limited to a four-drawer chest. You will sharing a bedroom and a bathroom.

What NOT to Bring

1. No electronics
2. No phones
3. No reading materials unless they support the Christian lifestyle

Medications

Tabitha Ministry has a very limited "allowed medications" list that will be reviewed upon applying to our program. We reserve the right to refuse admission based upon prescribed medications.

Tabitha Ministry Application for Enrollment

Section 1 – Personal Information

Today's Date: _____

Full Name: _____ Address: _____

Age: _____ Birthdate: ___/___/___ Race: _____ Height: _____ Weight: _____

IDENTIFICATION: *Required Information*

Driver's License #: _____ State: _____ Exp.: ___/___/___ SS# _____ - _____ - _____

Hair color: _____ Eye color: _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____ Home phone: _____

Cell: _____ Work phone: _____ Address: _____

FINANCIAL INFORMATION

Do any of these situations apply?

| Financial Situation | No | Yes - Explain |
|-----------------------|--------------------------|--------------------------|
| Child/spousal support | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability/pension | <input type="checkbox"/> | <input type="checkbox"/> |
| Food stamps/EBT | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicaid/Medicare | <input type="checkbox"/> | <input type="checkbox"/> |
| Social security | <input type="checkbox"/> | <input type="checkbox"/> |
| Welfare | <input type="checkbox"/> | <input type="checkbox"/> |
| Other income | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2 – Educational Information

Graduated high school: Yes, graduation year _____ No, last grade completed _____

My ability to read is: Excellent Average Poor

Are you interested in obtaining a G.E.D. Certificate? Yes No Not applicable

Other Degrees or Diplomas: _____

Special abilities or training: _____

Learning disabilities: _____

EMPLOYMENT HISTORY

Please list jobs beginning with the most current. Go back at least five years.

- 1. Employer: _____ Job Title: _____ Years worked: _____
- 2. Employer: _____ Job Title: _____ Years worked: _____
- 3. Employer: _____ Job Title: _____ Years worked: _____

Section 3 – Family Information

Marital Status: Single Married Separated Divorced Widowed Other: _____

IF YOU ARE MARRIED:

Spouse’s full name: _____ Phone: _____

Address: _____

Describe any problems or concerns related with your spouse or boyfriend: _____

IF YOU HAVE CHILDREN:

- 1. Child’s Name: _____ Age: _____ Birthdate: ___/___/___
- 2. Child’s Name: _____ Age: _____ Birthdate: ___/___/___
- 3. Child’s Name: _____ Age: _____ Birthdate: ___/___/___
- 4. Child’s Name: _____ Age: _____ Birthdate: ___/___/___
- 5. Child’s Name: _____ Age: _____ Birthdate: ___/___/___

Do you currently have custody? No Yes – Please explain: _____

Describe any positive or negative aspects of your relationship with your children: _____

Were you raised by your parents? Yes No – Please explain:_____

Have you experienced any deaths in your family or close friend in the past year? No Yes – Explain.

Who and when?_____

Describe your relationship with your parents:_____

Sexual lifestyle (please check all that apply):

Bisexual Heterosexual Homosexual Pornography Prostitution

Are you currently in a romantic or sexual relationship? Yes No

Describe any problems or concerns in any of your recent relationships:_____

Have you been held against your will or put in controlling/abusive situations where basic freedoms and necessary functions were withheld? Yes No

Have you been drugged to force compliance against your will? Yes No

Have you been forced to work without being allowed to keep your wages? Yes No

Have you been forced to have sex with someone you did not want to be with? Yes No

Section 4 – Legal Information

Do you have any restraining orders? No Yes – Against whom and why?

Have you ever been incarcerated? Yes No

Parole or probation officer's name: _____ Phone #: _____

Address: _____ How often do you report? _____

Pending criminal charges? Yes No Civil lawsuits? Yes No Divorce? Yes No

Required to register as sex offender? Yes No

Attorney/public defender's name: _____

Attorney address: _____ Attorney phone: _____

Social worker's name: _____

Social worker address: _____ Social worker phone: _____

Section 5 – Health Information

Rate your health (circle response; 10 = Excellent; 1 = Poor) 10 9 8 7 6 5 4 3 2 1

Recent weight change? No Yes – # pounds lost ___ gained ___ How long? _____

Date last medical exam: ___/___/___ Report: _____

Physician name: _____ Address: _____

Phone: _____ Medical Facility: _____

Are you presently taking medication? No Yes – Complete table.

| Medication | Reason | Prescriber | Address | Phone |
|------------|--------|------------|---------|-------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Drug allergies? No Yes: _____

List important present or past allergies, illnesses, injuries or handicaps: _____

Do you have any physical limitations? No Yes (specify): _____

Can you easily climb stairs carrying 20 lbs? No Yes

Do you have any dietary restrictions? No Yes (specify): _____

Past pregnancy? Yes No Pregnant now? Yes No Past abortion? Yes No

Sexually molested, abused, or raped? Yes No

Age this happened: _____

Have you ever had any problems or been diagnosed with any of these conditions?

| Condition | No | Yes - Explain |
|-------------------------|--------------------------|--------------------------|
| AIDS/HIV | <input type="checkbox"/> | <input type="checkbox"/> |
| Anemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Back problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Black out spells | <input type="checkbox"/> | <input type="checkbox"/> |
| Bladder infections | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| Crabs | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Gonorrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis A, B, or C | <input type="checkbox"/> | <input type="checkbox"/> |
| Herpes | <input type="checkbox"/> | <input type="checkbox"/> |
| High/low blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| HPV | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney/bladder disease | <input type="checkbox"/> | <input type="checkbox"/> |

| Condition | No | Yes - Explain |
|--------------------------|--------------------------|--------------------------|
| Lice | <input type="checkbox"/> | <input type="checkbox"/> |
| Liver problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Malaria | <input type="checkbox"/> | <input type="checkbox"/> |
| Mouth pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| Scabies | <input type="checkbox"/> | <input type="checkbox"/> |
| Sinus problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin infection | <input type="checkbox"/> | <input type="checkbox"/> |
| Stomach/peptic ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| Syphilis | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Venereal disease (other) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Section 6 – Substance Abuse Information

Identify all substances you have used in the past or present.

| Substance | No | Yes | Age started | Date last used | Typical amount |
|------------------|--------------------------|--------------------------|-------------|----------------|----------------|
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Antidepressants | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Barbiturates | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Crack | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Fentanyl | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Hallucinogens | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Hash | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Heroin | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| LSD | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Marijuana | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Methadone | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Methamphetamine | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Nicotine | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Opiates | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Over-the-counter | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| Substance | No | Yes | Age started | Date last used | Typical amount |
|-----------------|--------------------------|--------------------------|-------------|----------------|----------------|
| Stimulants | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Suboxone | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Subutex | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | | | |

What is your drug(s) of choice? _____

How did you support your drug/alcohol use? Stealing Dealing Friends Family Working
Sexual favors Other: _____

List other programs you have been in, including Tabitha Ministry, if applicable.

| Program Name | Dates | Reason(s) for Termination |
|--------------|-------|---------------------------|
| | | |
| | | |
| | | |

Anything else Tabitha Ministry should know about your alcohol/drug history? _____

Section 7 – Mental Health Information

Check any of the following words that best describe you:

- | | | | |
|------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Leader | <input type="checkbox"/> Rebellious |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Emotional | <input type="checkbox"/> Likable | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Excitable | <input type="checkbox"/> Lonely | <input type="checkbox"/> Self-absorbed |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Good-natured | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Self-conscious |
| <input type="checkbox"/> Bitter | <input type="checkbox"/> Hardened | <input type="checkbox"/> Moody | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Hard-working | <input type="checkbox"/> Nervous | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Impatient | <input type="checkbox"/> Passive-aggressive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Dreamer | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Persistent | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Earthy | <input type="checkbox"/> Introvert | <input type="checkbox"/> Quiet | <input type="checkbox"/> Talkative |

What occurred in your life to cause you to come to Tabitha Ministry? _____

Past suicide attempt? No Yes – Why?: _____

Ever prescribed a mental health medication not already listed? No Yes – Explain.

Reason prescribed: _____

Medication & dosage: _____

Ever had a “bad trip” that resulted in a major mental break? No Yes

Ever required Narcan or other method to be revived after heart had stopped? No Yes

How many times? _____

History of psychological or psychiatric care of any kind? No Yes – Complete below.

| Where treated | Dates/Length | Therapy type | Outcome |
|---------------|--------------|--|---------|
| | | <input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization | |
| | | <input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization | |
| | | <input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization | |
| | | <input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization | |
| | | <input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization | |

Have you ever had any problems or been diagnosed with any of these conditions?

| Condition | No | Yes - Explain |
|---------------------------------|--------------------------|--------------------------|
| Abandonment issues | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD/ADHD | <input type="checkbox"/> | <input type="checkbox"/> |
| Alzheimer's | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| Autism spectrum | <input type="checkbox"/> | <input type="checkbox"/> |
| Bipolar disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Body image issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Borderline personality disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Compulsive behavior | <input type="checkbox"/> | <input type="checkbox"/> |
| Dementia | <input type="checkbox"/> | <input type="checkbox"/> |
| Dissociative identity disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning disability (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Nervous breakdown | <input type="checkbox"/> | <input type="checkbox"/> |
| Panic attacks | <input type="checkbox"/> | <input type="checkbox"/> |
| Paranoia | <input type="checkbox"/> | <input type="checkbox"/> |
| Phobias | <input type="checkbox"/> | <input type="checkbox"/> |
| PTSD | <input type="checkbox"/> | <input type="checkbox"/> |
| Schizophrenia | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-harm | <input type="checkbox"/> | <input type="checkbox"/> |
| Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Is there any other information Tabitha Ministry should know? _____

Section 8 – Spiritual Background

Do you believe in God? Yes No What do you call God? _____

What are your spiritual beliefs? _____

Have you ever been involved in a cult? No Yes – Explain: _____

Did your family attend church/religious services when you were a child? Yes No

Which religion/denomination? _____

Describe any recent change in your spiritual life: _____

Section 9 – Miscellaneous

Briefly answer the following questions:

1. List three life goals:

a. _____

b. _____

c. _____

2. What is something that people mistakenly think about you? Why is this assumption wrong?

I have filled out the above information to the best of my ability.

To my knowledge, all information is correct.

Applicant's signature

Date

Legal Release

Print Name: _____

Please initial after reading each point.

_____ I understand that Tabitha Ministry cannot be held responsible for any personal property left, lost, or stolen while I am in the Tabitha Ministry program. When leaving Tabitha House, I will take all personal property with me.

_____ I will not steal any property that does not belong to me. In the event this occurs, I understand it is immediate grounds for dismissal from the program.

_____ I understand that any personal property left at Tabitha House will be disposed of.

_____ I give the right to Tabitha Ministry to conduct room and/or physical searches.

_____ I release Tabitha Ministry from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

_____ I give Tabitha Ministry permission to open both incoming and outgoing mail to check for anything that might be harmful to the welfare of the program and the residents.

_____ I give permission for Tabitha Ministry staff to monitor incoming and outgoing telephone conversations.

_____ I give Tabitha Ministry permission to take my photograph and publish my image on Tabitha Ministry publications, both print and digital, including social media.

_____ I understand that I am not permitted to access the internet or use a smart phone without staff supervision while enrolled in the residential program.

_____ I understand that I am not permitted to work outside of community service for Tabitha Ministry while enrolled in the residential program.

_____ All necessary medical and dental expenses are NOT the responsibility of Tabitha Ministry.

_____ I may be accompanied during doctors' visits for the following reasons:

- a. Tabitha Ministry wants to be sure that your medical needs are understood, as you have entrusted us with your care.
- b. To prevent "drug seeking" behaviors.

_____ If I damage any property, it is my responsibility to pay the repair costs for the damaged property.

_____ While in the program, I will participate in Tabitha Ministry events.

_____ I understand that 10% of ALL money I receive belongs to God, and I must tithe to a church or to Tabitha Ministry.

_____ **FINANCIAL AGREEMENT:** I understand that Tabitha Ministry charges no costs or fees to residents. In consideration for participating in the residential program free of charge, I am to complete a minimum of 20 hours per week of community service at Tabitha's Closet, Furniture Nook, and/or Treasures in exchange for room, board, and other rehabilitative services.

_____ Tabitha Ministry **is not a medical care facility** and is unable to provide 24-hour on-site medical care. Therefore, all residents entering the program must be in good health and able to participate in all program activities. If a resident's health deteriorates to the point where she is no longer able to participate in daily activities, or the medical condition requires 24-hour care, the resident should leave the program.

_____ **SUBSTANCE ABUSE WITHDRAWAL:** It is understood that the applicant will be subject to Tabitha Ministry policy for withdrawal from substance abuse. Upon entering the program, the resident understands and agrees that withdrawal will be without the aid of any type of medication.

_____ **VEHICLE RELEASE:** In consideration of being accepted into the Tabitha Ministry residential program, I will not hold Tabitha Ministry responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles are described as follows:

1. Staff vehicles
2. Approved volunteers' vehicles
3. Residents and/or their families' vehicles
4. Graduates and/or their families vehicles

ADMISSION AGREEMENT:

I, _____, desire to enter the Tabitha Ministry program. I understand that it is a Christian discipleship training program consisting of Bible-based teaching and spiritual emphasis and will adhere to its policies. I understand that many of the people who enter the Tabitha Ministry program have histories including, but not necessarily limited to, drug and/or alcohol abuse, incarceration, and/or mental or emotional problems. I also understand that Tabitha Ministry is not licensed by the State of North Carolina as a Drug and Alcohol Treatment Program or as a Mental Health Facility. In consideration of being accepted into the residential program, I agree to all of the terms of this agreement.

_____ Date: _____
Applicant Signature

Please attach a list of all psychological and/or medical evaluations in the last 5 years. Send all psychological reports, either with this packet or directly from the Doctor.

HIPAA Privacy Authorization Form

1. I authorize _____ (healthcare provider) to disclose protected health information described below to Tabitha Ministry, PO Box 514, Summerfield, NC 27358; fax 336-370-6321; email tabithaministryncinfo@gmail.com.

2. This authorization for release of information covers the period of healthcare from ____/____/____ to ____/____/____.

3. I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

4. This authorization shall be in force and effect for one year.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

6. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative

Date

Tabitha Resident Expectations

We are so thrilled that you have decided to take on the most rewarding experience of your life. That is to regain your dignity, self-control, and respect of your physical body, mental health and spiritual condition. This means discipline in ALL areas to bring unity and purpose to your life. The following are not suggestions, but requirements we have found necessary to serve this endeavor.

- Be teachable and willing to follow directions
- Be physically capable to participate in all programs, activities, and work.
- You are expected to participate in every class and complete homework.
 - *Be ready with all materials and dressed when the teacher arrives.
 - *Be respectful of all volunteers and teachers.
 - *Do not argue.
 - *Do not cut up or have side conversations in class.
 - *Go to the restroom before class and do not get up during class for any reason other than emergency.
 - *If you have an issue with a teacher or class, please bring it to leadership. Do not discuss with other teachers under any circumstance or gossip with residents or graduates.
- Do not take calls during class.
- NO visits or phone privileges for 30 days.
 - *Only immediate family members with exception for sponsors and support people who have been vetted. Must submit names and numbers of people you will have contact with. They will have to agree with our rules to have contact with you.
 - *ABSOLUTELY NO FAMILY UNDER THE INFLUENCE OR WITH CURRENT SUBSTANCE CHARGES ALLOWED TO VISIT.
 - *No one you have used with or been in jail/prison with is allowed to visit.
 - *No visitors can bring bags or purses in unless willing to be searched. Please let them know that any medications or other banned substances in their possession must be locked in car or visitation privilege will be revoked.
 - *Visitors are not to vape or smoke within sight of Tabitha properties.

*After 9 months, off property visits allowed but approval necessary. If trust has been compromised this may be revoked.

- Visitation is Saturday 5pm-7pm and Sunday 2pm-5pm. No more than 2 visits a month unless special circumstances.
- No visits at Tabitha's Closet.
- Family or friends are not allowed to attend court proceedings unless they are court ordered or testifying.
- Phone privileges are only allowed to communicate with people who are not a danger or trigger to your recovery. Phone calls limited to 15 minutes and no consecutive calls so that the phone is not tied up by one resident.
- Calls are supervised and during call times only.
- Absolutely no personal phones allowed. If found, the resident loses all phone privileges and may risk dismissal.
- No personal phone calls at work unless permission granted. You will lose phone privileges.
- No contact with fellow residents who have been released. You will lose phone privileges.
- No romantic relationships allowed. If you have a current relationship that cannot be cut off for a year, this is not the place for you.
- Must be accompanied at all times, including church.
- Must shop with supervising staff member for first 4 weeks.
- You are required to shop with an accountability partner at all times in stores. If found roaming alone, you will have to go back to shopping with leadership.
- No purses allowed in stores. Only wallets. Clear purses or backpacks allowed at work. All personal bags subject to search at any time.
- No products containing alcohol permitted. Please read ingredient label or you will lose your product. (Mouthwashes, rubbing alcohol, nail polish remover, hairspray, etc.)
- All over the counter medications must be shown to Myra and approved.
- Money is closely monitored. No more than \$40 in your possession at any time. Myra will hold your money in a safe place and will keep track of it.
- No bank cards or food stamp cards allowed. No Western Union transfers unless only option and must be picked up by a staff member.

- No borrowing money from other residents, staff, teachers, or volunteers.
- Do not hint or ask customers at store for gifts or needs. They will not be allowed to give to just one lady unless approved.
- No one is allowed to run errands or buy you anything without approval from leadership.
- Bags will be subject to search and substance tests given after off campus visits.
- Random testing for drugs, alcohol, and nicotine will be required.
- Walking and physical exercise is encouraged. You must stay within visual range of the houses (corner of Shadyside and Rhondan and stop at turn at Tab 2). Please wear appropriate exercise attire and not extremely tight or revealing clothes.
- Conflict is natural, but name calling, cussing, bullying, or threats will not be tolerated.
- NEVER discuss personal information that may come out in class outside of class. This is a serious breach of trust and honor.
- Gossip is not allowed and may lead to consequences with privileges.
- Everyone will be expected to maintain control of their language at all times. Absolutely no foul or aggressive language allowed, especially at work.
- No mail or packages are allowed to come to the house. All mail is to remain unsealed and given to Myra. All incoming mail will be opened and scanned. If anyone asks others to mail items or have items shipped to them, they will lose all mail privileges for a determined period of time.
- All transportation and medication pick up requests must be submitted the week before unless an unavoidable circumstance.

- Church attendance is mandatory since our home is run on Christian principles.
 - *Go to the restroom before service. It is disruptive and inappropriate if one section is constantly exiting, especially through doors that are marked closed during service.
 - *We all sit together for accountability.
 - *It is inappropriate to have conversations, draw attention to yourself, or in

any other way disrupt the service.

*Do not leave anything behind such as cups, tissues, or trash.

- Dress code enforced. No revealing clothes (too tight, too low, too short). No vulgar words or sayings. No advertisement of alcohol or other inappropriate items.
- Do not walk around the house or go outside in underwear, revealing nightwear, or without bra (during times when someone could stop by).
- Bedroom doors are not allowed to be locked.
- Entertainment must be wholesome. Christian, classical, or jazz music only. TV shows must be rated PG-13. Should not glorify or overly delve into murder, drugs, or crime. Also, some shows can trigger your housemates who may have PTSD from what you are being entertained by.
- Everyone is to sit at the table and eat as a family unless ill. No eating separately or separate meals unless there is a dietary conflict.
- Wear gloves when preparing food.
- You are responsible to clean up your dishes from the table and RINSE them before placing in the dishwasher. It is no one else's responsibility to clean up after you.
- Run the dishwasher once daily. Do not handwash the dishes for sanitation reasons.
- All food is for all residents unless an individual purchases something and writes their name on it. Food donations are NOT allowed to have names written on them.
- Be inside the house before 10pm if sitting on the porch. Alarm will be set.
- Quiet time is between 11pm-6am. No one is to be cooking, cleaning, or making noise. No radios or TV on.
- Everyone will be assigned and required to complete their weekly chores. Not completing your chores will be subject to staying home Monday to complete it.
- Pick up after yourself daily. Do not leave cups, books, clothing, etc. laying around in common areas.
- Do not touch or borrow anything that does not belong to you. This can be grounds for dismissal.
- **RESPECT YOURSELF AND OTHERS ALWAYS!**

Morning Routine

Wake up by 7:30.

Start your day with a glass of water before coffee or breakfast. This is so important to set your body in motion after going without for hours.

Everyone is to find a personal devotion book or plan.

Find a place where you can focus without distraction.

Spend the first 30 minutes of the day in prayer, meditation, and personal reading. This is not social time.

Gather in the living room no later than 8:00am for chapel.

This is NOT a time for drama, personal venting, praying for someone in the house to change, or self-righteous behavior. Praying out loud is not to be a forced behavior or shaming anyone for opting out. Make sure you are honoring Jesus especially during the time you are setting aside for Him.

Pray for your day to be pleasing to God.

Pray for Him to send someone your way to be encouraged.

Pray for the fruits of the Spirit to be shown through your life.

Pray that the words of your mouth and meditations of your heart be pleasing to Him.

Everyone should be ready for their day, beds made and dressed for work when the morning teacher arrives. After class, be sure you are not holding up the teacher from having you to work on time.

I, _____, agree to the expectations and terms of Tabitha Ministry Resident Program. I understand these are in place to protect me and the others I will be sharing my life with for this year. I will work harder on my recovery than I expect the ministry to work for me. At any point that I cannot live within these boundaries, I understand that dismissal will be necessary.

Signature _____

Date _____