

Dear Applicant,

Thank you for taking the time to apply to the **FreedomWorks Reentry & Aftercare program**. Please follow the instructions below and thoroughly and thoughtfully fill out the application including all supporting documents*.

Step One:

- Review the **FreedomWorks Reentry & Aftercare Covenant Agreement**.
- Review the Release of Information Authorization Form.
- Review the Financial Responsibilities and Miscellaneous Information documents.

If you agree to the standards set forth in the Reentry & Aftercare Covenant Agreement, will sign the Release of Information Authorization Form, and accept the terms of our Financial Responsibilities and Miscellaneous Information policies, then proceed to the next step.

Step Two:

- Fill out the **FreedomWorks Reentry & Aftercare Resident Application**.

We cannot process your application until all the documents in this packet are complete. Failure to provide the requested information will delay the screening process and you may not get an interview or accepted into the **FreedomWorks** program.

Step Three:

- Email, fax or send by mail the completed application packet using the contact information provided below.

After we receive your completed application packet, you will be entered into our processing system and notified of your review status within two weeks.

FreedomWorks Reentry & Aftercare

Phone: 612.522.9007 (Office) 612.588.9917 (Fax)

Email: case.manager@myfreedomworks.com **Website:** www.myfreedomworks.com

Mailing Address: PO BOX 11175, Minneapolis, MN 55411

Residence: 2929 Emerson Ave North, Minneapolis, MN 55411

*Supporting documentation includes: Risky places, People & Behaviors, References, Copies of Classes Completed in Prison, Your Written Story of what led you to incarceration and any other relevant documents that directly support your desire to change.

FREEDOMWORKS REENTRY & AFTERCARE COVENANT AGREEMENT

If you will worship God with your life, you will experience a peace, a joy and a contentment that can only come from knowing Him.

The purpose of this covenant is to help you, the resident, grow closer to God through His Son Jesus Christ by following basic biblical principles in; accountability, transparency, and community through new relationships in Christ.

*We want to help you develop the disciplines that will enable you to live an abundant life in Christ. As staff, our call is to assist Him in doing this by guiding you in new relationships and support systems in a safe encouraging living environment, as well as, offer direction to other services whenever possible. When you graduate from **FreedomWorks**, you will be trained up in Christ, have a solid Christ Centered support system and gained independence that will make it possible for you to support yourself spiritually and financially when you leave **FreedomWorks**.*

I agree to participate in the **FreedomWorks** programs for at least **six months**, unless I am terminated in accordance with the terms stated in this covenant agreement. If I decide to leave after six months, I must submit a written notice.

I understand that I will owe **FreedomWorks** the monthly financial obligation through the end of the next full month. (i.e.: With notice given on May 1st, the financial obligation is owed through the end of May. With notice given on May 3rd, the financial obligation is owed through the end of June.) **Initials** _____

I agree to pay the **FreedomWorks** monthly financial obligation

- \$400 for a shared unit for 90 days
- \$450 for a shared unit from 90 days to 6 months
- \$500 for a shared unit 6-8 months or single unit moved into until 8 month period.
- \$550 for a shared or single unit after 8 months while participating in the **Reentry & Aftercare** program.
- I agree to pay an initial security deposit of \$400. I also agree to add to that security deposit as the monthly obligation increases.

Initials _____

I agree to share in the care and maintenance of the **FreedomWorks** building as requested and to do assigned tasks on Thursday Night Connection nights. I also agree to do assigned jobs at outreach functions on or off campus. I will be accountable to the **FreedomWorks** staff and/or appointed persons for my work assignments. **Initials** _____

I understand that \$100 will be credited towards my monthly financial obligation to **FreedomWorks** if I complete the tasks previously described. Warnings will be given for not completing the assigned tasks. Upon the third violation within a 30-day period I will be required to pay the \$100 myself. **Initials** _____

I understand that I will potentially be sharing a room with one other program participant. I also understand that my ability to move into a single room is a privilege that is earned and will only occur after **FreedomWorks** staff has determined that I have earned that privilege. **Initials** _____

I understand that FreedomWorks is NOT housing. Initials _____

I agree to provide a urine analysis (UA) upon entering **FreedomWorks**' Resident Discipleship Program. I also agree to provide UA's at staff's request. (UA's must be given within one hour of request or it will be considered positive. A positive UA can result in immediate termination. Once a UA has been requested, residents cannot leave the main floor until the UA has been provided). **Initials** _____

I understand that **FreedomWorks** desires to be a smoke free ministry. If I do smoke, I agree to smoke only at designated times and locations either on the property or at any program event. **Initials** _____

I will not use any beverages containing alcohol (beer, wine, or spirits) or abuse any non-prescription drugs at any time while at **FreedomWorks**. **Initials** _____

I agree to inform **FreedomWorks** staff of any medications that I have been prescribed before and during my stay at **FreedomWorks**. I also agree to sign a release of medical information prior to moving in to the **FreedomWorks** apartment. I agree to inform **FreedomWorks** staff of any medications due to mental illness and the name of the medication and the prescribing doctor's name. **Initials** _____

I agree to make all curfew times while I am at **FreedomWorks**. I further agree to get permission from the designated staff person before making any commitments to overnight elsewhere. I understand that my key will be deactivated if I miss a curfew. **Initials** _____

I understand that female guests are not allowed in residents' apartments at **FreedomWorks**. All visiting will be held in the Welcome Back Center. Only **FreedomWorks** residents are allowed to stay overnight. **Initials** _____

I agree not to be involved in a relationship that will hinder my relationship with Christ. If I do become involved in an unhealthy relationship, I may be asked to end the relationship as a contingency to remain at **FreedomWorks**.

Initials _____

I agree to comply with all requirements of Phases 1 through 4. I understand that failure to comply with these requirements may result in immediate termination. **Initials** _____

I agree to meet one-on-one with my biblical mentor weekly. If I do not have a mentor, I will accept the mentor **FreedomWorks** assists in providing. I also agree as part of my participation that my mentor will be assuming a role of holding me accountable towards fulfilling and completing the **FreedomWorks** Phases. **Initials** _____

I agree to build, maintain and follow a monthly budget plan while at **FreedomWorks**. **Initials** _____

I agree to obtain suitable, full-time employment within one month of residing at **FreedomWorks**. I agree to comply with the daily Employment Verification Sheets (EVS) until I find full-time employment. I also know that failure to comply with terms of seeking employment and/or EVS will be grounds for termination from **FreedomWorks**.

Initials _____

I agree to participate in all required activities of the **FreedomWorks** Ministry. **Initials** _____

I understand that **FreedomWorks** reserves the right to make changes and or adjustments to the covenant as needed. **Initials** _____

I, (Print Name) _____, have read and understand the above Covenant. It is my desire to abide by the terms set forth in this agreement during my stay at **FreedomWorks**. I also understand that not keeping this covenant will mean termination from **FreedomWorks**, in which I will be asked to return my keys and to leave immediately. If terminated, I will have 24 hours to gather my personal property. If personal property is not picked up within 24 hours, it will be put in storage and I agree to pay any storage and any associated fees in order to get my property back.

Signature _____ Date _____

FW Staff Signature _____ Date _____

Now fear the Lord and serve him with all faithfulness. Throw away the gods your forefathers worshipped beyond the river and in Egypt, and serve the Lord. But if serving the Lord seems undesirable to you, then choose for yourselves this day what you will serve, whether the gods your forefathers served beyond the river or the gods of the Amorites, in whose land you are living. But as for this house, we will serve the Lord. Joshua 24:14-15



RELEASE OF INFORMATION AUTHORIZATION FORM

Applicant's full name _____

First

Middle Initial

Last

Date of birth ____/____/____

Last four of SSN: 000-00-_____

I _____ authorize **FreedomWorks** staff to speak to individuals, referrals and agencies regarding my acceptance to **FreedomWorks**.

I also authorize **FreedomWorks** staff to review and receive mental health, physical health and probation/parole records upon request.

I understand that:

1. My health information is protected by Federal Confidentiality Rules (42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances as outlined in **FreedomWorks** policies. I also understand that I have the right to inspect and receive a copy of my treatment records that may be disclosed to others as provided under applicable state and federal laws.
2. I can revoke this authorization in writing at any time by providing a written notification to **FreedomWorks**, except to the extent that action has been taken in reliance on it. This authorization will expire two years from the date below, unless I request an earlier revocation in writing.
3. Communications resulting from this authorization will reveal that I have received or have attempted to receive services at **FreedomWorks**.
4. Federal confidentiality regulations prohibit disclosure of information.
5. While participating at **FreedomWorks** I cannot revoke the authorization release of information. I can however revoke this authorization upon leaving **FreedomWorks**.

Applicant Signature _____ Date _____

FreedomWorks Staff Signature _____ Date _____

Do not write below this line.

I revoke this release of information authorization.

Participant Signature _____ Date _____

FINANCIAL RESPONSIBILITIES

Security Deposit Return Policy

FreedomWorks will return the \$400 Security Deposit only when you meet the following criteria:

1. Participate at **FreedomWorks** a minimum of 6 months.
2. Provide a written 30-day notice to leave **FreedomWorks** on or before the first day of a month prior to moving out. (i.e.: notice on or before April 1 to leave on May 1) The full financial obligation must accompany the notice. Proper notice and the final month's payment must be made on time.
3. Be financially responsible for any damages that you caused to the building or property beyond normal wear and tear.
4. Clean out the entire living unit, including closets, carpet and window treatments, bathroom and kitchen, including refrigerator and stove, must be cleaned, in cooperation with your apartment mates.
5. Pay all late charges or delinquent financial obligations in full.
6. Properly dispose of any debris, rubbish and discards that you do not take with you.
7. Return all keys. There is a \$25.00 fee for each non-returned key.
8. Provide a forwarding address for **FreedomWorks** to mail the full/partial security deposit to you within two weeks.

60% Payment Policy

We understand that most men will come to **FreedomWorks** without much money or income. Because of this, we will allow you to pay 60% of what you have when you come in and 60% of any money you take in during the following month. This money will be put on hold in your name. You will be expected to provide copies of your check stubs.

In the meantime, we will keep track of what you owe to **FreedomWorks**. When you arrive, your account will be charged \$400 for a Security Deposit and a portion of the \$400 monthly obligation based on the number of days in your first month. The account will also be charged the \$400 obligation each month following.

Once you have employment, you can apply for Emergency Assistant from Hennepin County. This process will take some time. Any money that comes through this (which could be up to \$800) will be credited to your account.

After Emergency Assistance has been granted/denied, the money you have put on hold goes towards the amount you still owe on your account; any excess amount left on hold will be returned to you.

Late Payment Policy

If you are unable to pay your monthly financial obligation on time, there is a late fee of \$5 per day charged to your account until the total amount due is paid in full. It is possible to avoid paying the late fee by presenting a thoughtful and thoroughly written Late Payment Plan (LPP). The LPP must be submitted 2 days prior to when your payment is due. Submitting a LPP does not guarantee approval and if approved it is valid for only one month.

Requirements of the Late Payment Plan:

- Drafted by you and submitted to the Administrative Coordinator.
- Describe the reason(s) that your financial obligation will be late, and explain the circumstances surrounding the default that are out of your control (lay-off, a large unexpected expense, etc.).
- Create a timeline showing how and when you will bring your account up to date.
- Include copies of your check stubs and any other relevant documentation to support your situation (child support payments, car insurance bill, phone bill, etc.)
- Develop a feasible budget and provide a copy.

MISCELLANEOUS INFORMATION

Release of Media Information

FreedomWorks requires you sign a media release that authorizes the organization to use photographic images taken of you, videos, and portions of your story for the purpose of publication, promotion, and illustration in any manner or in any medium.

Items Brought Into the Facility

Staff inspect all used items of clothing, bedding, linens, pillows etc. prior to bringing them into the facility. We ask you to prearrange a time to get the items inspected. Items purchased from second-hand/thrift stores, garage sales, received from friends and family, or brought from a personal storage locker must go through the **FreedomWorks** clothes dryer and get heat treated before they enter the resident's apartment. All non-inspected items are quarantined in the laundry room until residential staff approves them.

- Brand new clothing items that are from FIRST SALE retailers are OK if the item has an original price tag.
- No furniture or electronics are allowed into the building without prior approval.
- The **FreedomWorks** House Manager will routinely check for restricted and unfamiliar items during regular house inspections. Any items that do not meet this policy are removed immediately.

Visitors to the Facility

Visiting Policy

- NO VISITORS DURING PROGRAMMING.
- Residents must be with visitors at all times
- Unemployed resident visiting times:
 - Monday thru Thursday from 4:30 pm to 10:00 pm. (Except during Programming)
 - Friday from 4:30 pm to 11:00 pm. (Except during Programming)
 - Saturday from 9:00 am to 11:00 pm (Except during Programming)
 - Sunday from 9:00 am to 10:00 pm
- Employed residents visiting times:
 - Monday thru Thursday from 8:00 am to 10:00 pm (Except during Programming)
 - Friday and Saturday from 9:00 am to 11:00 pm (Except during Programming)
 - Sunday from 9:00 am to 10:00 pm
- Any visiting outside of these times must be approved ahead of time by staff.
- **FreedomWorks** staff use of the community room for various reasons throughout the week and will be given priority.

Upon arrival to **FreedomWorks**, you will be required to sign a form indicating that you have read, understand, and will abide by the Financial Responsibility and Miscellaneous Information policies.

FREEDOMWORKS REENTRY & AFTERCARE RESIDENT APPLICATION

FreedomWorks staff will review the application materials. An interview with you may be requested. At the end of the review process, **FreedomWorks** staff will promptly send you a letter to advise you of their decision.

Please Print Clearly

Personal Information

Applicant name _____ OID # _____
First Middle Initial Last

Date of birth: ____/____/____ **Phone** _____ - _____ - _____ **Email** _____

Criminal History

*Due to insurance restrictions, those convicted of level three sexual offenses and/or arson are **not** eligible to be part of **FreedomWorks**. You may, however, continue to apply for all other services. **All information must be filled out.***

Supervised Release Date (SRD): ____/____/____ **Expiration Date:** ____/____/____

Conditions of release _____

On a separate sheet of paper please tell your story of what led you to your current and past incarcerations.

Conviction(s): _____ Date _____

Conviction(s): _____ Date _____

Conviction(s): _____ Date _____

Current County of commit: _____ Are you on Intensive Supervised Release? Y / N

Do you have any current or pending charges? _____

Case Worker's name _____ **Phone/email:** _____

Parole/Probation Officer's name _____ **Phone/email:** _____

Medical History

You must sign a release of medical information form prior to an interview for possible acceptance into **FreedomWorks**, which allows **FreedomWorks** to communicate with medical personnel in emergency cases or for other reasons relevant to your consideration for the program. **All information must be filled out.**

Doctor(s) name: _____

Name(s) of prescription(s) medications you are currently taking:

Have you ever been treated for mental health issues? Y / N If yes, please list all dates, locations and the conditions you were treated for: _____

Addictions

Have you ever been addicted to any form of drugs or alcohol? Y / N **Date of last alcohol/drug use:** ____/____/____

List your drug(s) of choice: _____

Have you been in a drug or alcohol treatment program? Y / N **Date:** ____/____/____

Program name & location: _____ Did you complete it? Y / N

Program name & location: _____ Did you complete it? Y / N

Addictive Behaviors (co-dependency, overeating, spending, sex, impulsive behavior, etc.)

List your addictive behaviors: _____

Have you been treated for your addictive behavior(s)? Y / N **Do you feel you need treatment for an addiction?** Y / N

Support (Sponsor, accountability partners, mentor, others)

Person/Group _____ Relationship _____

Person/Group _____ Relationship _____

Person/Group _____ Relationship _____

Employment

Do you have a resume? Y / N **Do you need help creating a resume?** Y / N

Most recent job: 1 _____ 2 _____

3 _____ 4 _____

Professional Skills: _____

Type of job and career would you like to pursue: _____

Education

Do you have a High School Diploma or GED? Y / N **Date received:** ____/____/____

Do you have a College Degree? Y / N **College Credits?** _____ **Date received:** ____/____/____

List the classes you have completed while in prison: *Attach a copy of any certificates you received.*

Faith Journey (circle one) **Seeking** **Avoiding** **Growing**

List activities involving faith that you are currently involved in. _____

Describe your faith journey: _____

Goals and Action Plans

Faith Action Plan: _____

Recovery Action Plan: _____

Employment Action Plan: _____

Reconciling with Family/Children Action Plan: _____

Other Goals: _____

Other Goals Action Plan: _____

Why are you interested in participating at FreedomWorks? _____

What are your other alternatives for housing? _____

Write a brief story about your upbringing: _____

Personal Assessment

Do you have a valid MN Driver's License? Y / N If no, what is your action plan to make it valid? _____

Do you owe community service? Y / N, Number of Hours: _____ Do you owe restitution? Y / N, Amount: _____

Have you ever been involved with a gang? Y / N Are you involved with a gang now? Y / N

Do you have personal challenges living in north Minneapolis? Y / N, What are they? _____

Marital status: _____ married _____ single _____ involved _____ separated _____ divorced

Number of Children: _____ Child support in place Y / N Do you owe arrears Y / N, Arrears \$ _____

References

Attach written references from at least 2 people on the list below; Biblical counselor, caseworker, chaplain, pastor, mentor, Bible study leader, job supervisor, or another program staff person.

Referrals

All information requested should be filled out to the best of your ability.

Counselor: _____ Phone/email: _____

Corrections Chaplin: _____ Phone/email: _____

Caseworker: _____ Phone/email: _____

Parole Officer: _____ Phone/email: _____

Mentor: _____ Phone/email: _____

Sponsor: _____ Phone/email: _____

Home Church: _____ Phone/email: _____

Pastor: _____ Phone/email: _____

Other: _____ Phone/email: _____

I have read the **FreedomWorks** Resident Discipleship Covenant Agreement and agree to live by the guidelines set forth within. I authorize you to contact my counselors, caseworkers, parole officer and any other supportive team member for additional information if needed.

Applicant Signature _____ **Date** _____

Include copies of the following documents with this application:

1. Signed **Covenant Agreement**.
2. Signed "**Release of Information**" for (medical, support team and references).
3. **References** (2 written references or contact information).
4. List of **classes, seminars and support groups** you attended during your incarceration and or treatment.
5. Your **written story** of what led you to your incarceration or situation.
6. Completed "**Risky Relationships, Places and Behaviors**".
7. Copy of your "**Release Plan and Relapse Prevention Plan**"

Risky Relationships, Places and Behaviors

Applicant: _____ **Date** _____

People you need to stay away from: People that either trigger you towards relapse or enable you to in live an unhealthy lifestyle. (We are not looking for general titles: drug dealers, bartenders etc... We are looking for specific first name and last initial).

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Places you need to stay away from: These are parts of town that promote relapse, trigger old behaviors and lifestyle; and are most likely associated to the names above.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Behaviors you need to stay away from: These are unhealthy attitudes, emotions or impulses when displayed could lead to relapse.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

People that should be contacted when you are involved in any of the above:

- | | | |
|----------|---------------------|--------------|
| 1. _____ | Relationship: _____ | Phone: _____ |
| 2. _____ | Relationship: _____ | Phone: _____ |
| 3. _____ | Relationship: _____ | Phone: _____ |
| 4. _____ | Relationship: _____ | Phone: _____ |
| 5. _____ | Relationship: _____ | Phone: _____ |
| 6. _____ | Relationship: _____ | Phone: _____ |

My Story

What Led Me to My Current and Past Incarceration(s)?