

Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.” James 1:27



Bountiful Harvest Ministries

Beauty for Ashes Transitional Home

Process for Admission

Thank you for your interest in Beauty for Ashes Transitional Home! Beauty for Ashes (BFA) exists to bring hope and healing to women of all walks of life who find themselves homeless. We cannot begin to understand what you have endured in your life, but we hope to provide you a place that you can call home and give you a chance for a fresh start. The entire admission process – from time of receipt of application to time of move-in – takes 10 to 14 days to complete. We are not an emergency shelter. If that is your need, please don't hesitate to call and we can refer you to someone who can better meet your needs. However, if you are seeking stability and a fresh start, you've come to the right place! To begin your journey at Beauty for Ashes, please follow these steps:

1. Submit an Application

- Complete the 4-page application
- Fill out and sign both releases included for your most recent social service and mental health providers. We prefer to have a case manager and a therapist.

2. Within 72 hours of receipt of application, the Director will contact you to set up a brief phone interview.

- She will be able to answer any questions you may have.
- You may be asked to complete a background check or health screens if considered a potential candidate. In this event, you will need to sign the release included in the application packet for background check to be sent to Beauty for Ashes.

3. You will be contacted within 48 hours after phone interview to set up a face-to-face interview – to take place within 7-10 days – if considered a potential candidate for the transitional program and if there is space available.

4. At face-to-face interview staff will ask questions to assess your suitability for the transitional program.

- Any forms or actions that were requested at the phone interview need to be present at this interview.
- Potential residents must pass drug and tobacco tests and agree to the terms of the Transitional Living Agreement.

5. Staff will notify you of acceptance within 24 hours and will arrange orientation and move-in dates. Orientation must be completed at least 24 hours before move-in.

*At any point in the admission process, the Director may determine that applicant is not suitable for the program at Beauty for Ashes Transitional Home and will offer referrals to others housing opportunities.

If you have any questions throughout the admission process, please call the office: 765-724-3454. We look forward to the opportunity of working with you!

Please return completed application to:
Case Manager
Beauty for Ashes Transitional Home
PO Box 285
Alexandria, IN 46001

Sincerely,

Handwritten signature of Jan Busby.

Jan Busby, Director

BEAUTY FOR ASHES TRANSITIONAL HOME APPLICATION FOR ADMISSION

As you complete this application, you may need to answer: "NA"="does not apply to me" in some places.
Your confidentiality will be kept by Beauty for Ashes staff.

Personal Information

Today's date _____

Complete Name: _____ Maiden Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact Telephone Number: _____ Social Security #: _____

Date of Birth: _____ Age: _____ Sex: M F

Current Marital status: S M D W Separated Engaged

Are you currently romantically involved? _____

If yes, briefly describe relationship status: _____

Are you presently in an abusive/domestic violence situation? _____

Are you presently in a live-in partner situation? _____ Name of Partner: _____

Have you ever been physically, sexually, or emotionally abused in past relationships? Explain _____

If so, at what age? _____

What is your present housing situation? Own ____ Rent ____ Motel ____

Living w/ family members ____ Living w/ friend ____ Living in shelter ____ Other ____

Religious Preference: _____ How often do you attend church? _____

Who referred you to Beauty for Ashes (BFA)? Please give name: _____

Have you ever received assistance from BFA before? ____ If yes, please briefly explain assistance given and approximate dates: _____

Family

Information about Children:

Name	DOB	Age	Current/Highest		Marital status	Living	with you?
			M/F	Living?			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Do any of your children have special needs? _____

Is DCS involved with any of your children? ____ If yes, please explain: _____

Employment

Are you currently employed? ____yes ____no If no, how long has it been since you held a job? _____

If yes, what are your work hours? _____ Where do you work? _____

What is your job title? _____

Are you currently physically/emotionally able to work? _____

What jobs have you held in the past 3 years? Give dates: _____

What talents &/or skills you are proud of? _____

Education

Do you have a high school diploma? ____ A GED? ____ Highest grade/level of education completed: _____
Your Educational Goal? _____

If you have education/vocational training beyond high school, please explain when, where, and final degree or certification earned: _____

Health

What are your current Medical

Problems/Concerns _____

Do you have any handicaps or disabling conditions? **Y N** If yes, have you applied for disability? **Y N**

Are you able to take care of yourself and live independently? **Y N**

Please explain any hospitalizations--dates & reasons—within the last 5 years _____

Have you ever been hospitalized for psychological problems? ____

What are your current mental health diagnoses? _____

Current Medications

Dosage

Condition treated:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently in counseling? ____ If yes, with whom and for what condition? _____

Do you use tobacco? ____ Alcohol? ____ If so, how much/often? _____

Are you a recovering addict of any kind? ____

Is addiction (food, alcohol, codependency, drugs, sex, etc.) a current problem? ____

What is your drug of choice? _____ How long have you been dealing with this addiction? ____ How many days have you been clean of substance abuse? ____ Are you participating in an intensive recovery program (IOP)? _____

When & where are you/have you been in treatment for this addiction? _____

Doctors' names and phone numbers: (Include psychiatrists, therapists, dentists, medical doctors, etc.)

Pregnant? **Y N** If yes, what is your due date: _____ OB/GYN: _____

Allergies: _____ Interested in STD/HIV test? _____

Legal/Social Service

What assistance are you currently receiving?

- Operation Love/ERF (Food Pantry Assistance)
- WIC
- Salvation Army
- Township Trustee
- Coats for Kids
- TANF
- Energy Assistance
- Food Stamps (SNAP)
- Other Shelter: _____
- Medical Insurance: _____
- Other: _____

Have you applied for HUD (Housing Authority) or Section 8 Housing? Y N If yes, current status: _____

Please list the other social services agencies are you currently working with? _____

Have you ever been arrested? If yes, why? _____

Are you currently involved in the legal system—charges pending, probation, drug court, Child Protective Services, debts/evictions etc.? If yes, please explain _____

Do you have a valid driver's license? _____

Check any of the following areas that you need assistance with:

- Transportation _____
- Budgeting finances _____
- Smoking cessation _____
- Mental health counseling _____
- Health Insurance _____
- Childcare _____
- Employment _____
- Food _____
- Sleeping habits _____
- Acquiring GED/Furthering Education _____
- Time management _____
- Spiritual growth _____
- Nutrition/eating habits _____
- Self-esteem _____

Current Situation

Reasons for homelessness: _____

Check any of the following behaviors that often apply to you:

Concentration problems	Insomnia	Low self-esteem	Vengeful
Procrastination	Outbursts of anger	Bed wetting	Bullying
Withdrawal	Menstrual pain	Nausea	Phobic reactions
Coarse language	Shortness of breath	Constipation	Fear
Unassertive	Impulsive	Can't keep a job	Take drugs
Crying	Perfectionist		

Circle any of the following which seem to best describe you now:

- Active
- Moody
- Serious
- Calm
- Quiet
- Tough
- Ambitious
- Impulsive
- Easy-going
- Likeable
- Stubborn
- Sensitive
- Self-Confident
- Often blue
- Good-natured
- Nervous
- Submissive
- Confrontational
- Persistent
- Excitable
- Peace-keeper
- Lonely
- Self-conscious
- Shy
- Hard-working
- Imaginative
- Introverted
- Leader
- Hot-Tempered
- Assertive
- Short-fused
- Extroverted
- Compliant
- Fearful

Which of the following problems do you want us to help you with?

Alcohol use	Drug use	Depression	Family relationships
History of childhood abuse	Feeling better physically	Dealing with work problems	Emotional management
Spiritual growth	Loneliness	Grief—adjusting to loss	Adjusting to separation
Anxiety/fears	Lack of assertiveness skills	Lack of friends/support	Making vocational decisions
Learning to be better parent	Debt	Mental health issues	Legal situations
Co-dependence	Hopelessness	Victim mentality	Letting others take advantage
Evaluation of Court Hearing	Strange thoughts, sounds, etc.	Suicidal Thoughts	Other:

What things about yourself would you like to change? What personality traits or feelings would you like to improve? _____

What are your biggest barriers to success? _____

What are your special strengths & skills? _____

What are your immediate needs? _____

Why are you seeking help? _____

How do you feel that staying at Beauty for Ashes will benefit you? _____

How long do you plan to stay at Beauty for Ashes? _____

What housing, transportation, and income goals do you want to accomplish while at BFA? _____

What is your career goal? _____

What personal goals do you want to accomplish during your stay at Beauty for Ashes?

1. _____
2. _____
3. _____
4. _____
5. _____

What are your long-term goals? (2 years)

1. _____
2. _____
3. _____

Have you read the House Rules & Transitional Living Agreement of Beauty for Ashes? _____

Can you abide by these requirements? _____

Phone: 765-724-3454 ~ Email: srbountifulharvest@yahoo.com

Website: www.bountifulharvestministries.org ~ Facebook: <http://www.facebook.com/BHMBeautyForAshes>



Bountiful Harvest Ministries

Beauty for Ashes Transitional Home

P.O. Box 285, 216 W. Washington Street
Alexandria, IN 46001 ~ PH. (765) 724-3454
www.bountifulharvestministries.org

Permission for Release of Information

I hereby declare that the purpose of this consent/release form has been explained to me and I am satisfied that I understand it and can accept its terms. I also declare that I have been given the right to refuse to sign this form but have deemed that it is in my own best interests and the interests of all who may be concerned, to do so. I understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance upon this consent, by giving written notice to the person/organization making the disclosure. It is also understood that this consent, unless otherwise specified, will expire one year from the date of signature.

To Whom It May Concern:

I hereby give my permission to _____
(Psychologist or Social Worker or Therapist or Case Manager, etc)
to release the following information to _____
(Address & Phone)

Beauty for Ashes Transitional Home
216 W. Washington Street
Alexandria, IN 46001

For the purpose of sharing information, to assist Beauty for Ashes staff in deciding whether I am a potential candidate for residency at Beauty for Ashes Transitional Home. It is understood that this information will be kept in confidence and exchanged only for better understanding of my needs if accepted at Beauty for Ashes or in case of referral to another professional.

Please indicate which of the following may/may not be released:	Yes	No	Initials
Summary of Social/Family History	X		
Summary of Psychiatric History	X		
Summary of Medical History	X		
Probation Records	X		
Other (Specify): Info related to applicant's suitability for transitional housing	X		

I understand that I may revoke this consent at anytime and that upon fulfillment of the above stated purpose(s), this consent will automatically expire without my express revocation.

Applicant's Signature Date Signed _____

Witness Signature Date Signed _____

Specification of date or event upon which this consent expires (if different from above): _____

If the client is a minor, physically or mentally incompetent, this authorization must be signed by the legal parent or guardian, whichever is applicable.

Parent/Guardian Signature Date Signed _____

(State Relationship)



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CRIMINAL WARRANT & HISTORY CHECK

I give my permission for Beauty for Ashes Transitional Home to have the Madison County Sheriffs Department run a *State-wide Criminal Warrant Check and Criminal Records Check*. I also give my permission for Beauty for Ashes to work with any area agencies concerning me and my family's situation.

Signature: _____

Date: _____

Printed Name: _____

DOB: _____ Race _____

Social Security No. _____ License or ID # _____

Most recent street address _____

I have verified this information from a Driver's License or Picture Identification and witnessed the above signature.

Witness: _____

Date _____

This person **IS** / **IS NOT** on a CRIMINAL WARRANT list.

This person **HAS** / **DOES NOT HAVE** a CRIMINAL RECORD.

If a criminal record exist - list offenses on record below or fax report to Beauty For Ashes Transitional Home (724-3468)

Sheriff Department Authorization Signature

Date