



**Redwood Ministries**  
P.O. Box 13435 Des Moines, WA 98198  
Email Form to: [info@redwoodministry.org](mailto:info@redwoodministry.org)

Our Mission is to help all in need by providing a safe, stable environment.  
within our housing program and who desire to change.

## General Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

### Employment Status

Fulltime ☐ Parttime ☐ Temp. Service ☐ Unemployed ☐ Retired ☐ Student ☐

### Employer Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Sources of Income (include vouchers, EBT, stipends, and any financial support)

DSHS ☐ EBT ☐ Social Security ☐ Veteran ☐ HEN ☐ Family ☐ DOC Voucher ☐

Please explain: \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

### History

Do you have a disability? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

Do you have any medical conditions? Yes ☐ No ☐

If yes, diagnosed with: \_\_\_\_\_

Do you have a mental health condition? Yes ☐ No ☐

If yes, diagnosed with: \_\_\_\_\_

### List all Medication you take:

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Medication: \_\_\_\_\_

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Religion, Sex, Marital status, Sexual Orientation, National Origin, Age, or Disability within the  
Redwood Ministries employment, volunteer, project, or programs.

Have you ever been diagnosed with substance abuse disorder? Yes ☐ No ☐

Are you currently receiving treatment? Yes ☐ No ☐

If yes, the name of the treatment facility \_\_\_\_\_

Counselors name \_\_\_\_\_ Phone \_\_\_\_\_

Past Treatment Providers:

Treatment Center: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment Center: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment Center: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☐

Criminal History (if yes)

Convicted of: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Length of Sentence: \_\_\_\_\_ Are you currently under supervision? Yes ☐ No ☐

Comments: \_\_\_\_\_

Criminal History (if yes)

Convicted of: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Length of Sentence: \_\_\_\_\_ Are you currently under supervision? Yes ☐ No ☐

Comments: \_\_\_\_\_

Are you a Sex Offender? Yes ☐ No ☐ If yes, what Level? \_\_\_\_\_

Security Threat Group? Yes ☐ No ☐ If yes, what Affiliation? \_\_\_\_\_

Please include on a separate piece of paper a testimonial. This can be anything you want to say about your past, present, and future hopes about this program working for you.

Comments: \_\_\_\_\_

By signing this application, you agree that all statements are factual. Any false information may be grounds for denial or dismissal from Redwood Ministries' programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Clean & Sober Housing Program Agreement**

I, \_\_\_\_\_, hereby understand that Redwood Ministries operates a clean and sober housing program. Upon my acceptance into our housing program, I agree to comply with the following terms of participation. Failure to do so could result in my immediate termination from our housing program.

### **Please read and initial each of the following stipulations**

***NOTE: Redwood Ministries Clean & Sober Housing Program homes are  
NOT ADA-compliant or accessible.***

1. I understand my participation is for a minimum of THREE MONTHS. (Long-term residency is acceptable)
2. I understand that my clean and sober housing is contingent upon my active participation and compliance with all program stipulations and that Landlord/Tenant rights do not apply. I understand if I terminate or terminated there will be no refund from the Housing Program Fees, and I must leave the premises immediately upon request.
3. I understand I may be terminated immediately for NON-PAYMENT and/or LATE PAYMENT of PROGRAM FEES, INSUBORDINATION, A THREAT OF VIOLENCE, POSSESSION OF WEAPONS, PROPERTY ABUSE, LYING, STEALING, PORNOGRAPHY, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY.
4. I understand if I self-terminate or am terminated, I must take all my belongings with me. Anything left becomes the property of Redwood Ministries and may be immediately disposed of unless otherwise agreed upon -- in writing --by Ministry Staff.
5. Under no circumstance are non-prescribed drugs, alcohol, or THC to be on the premises, possessed, or consumed. The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Arrangements for possession and distribution are to be made with the House Leader.
6. We do not accept anyone who is actively on opioid treatment i.e., MAT Program, Suboxone, Methadone, Buprenorphine, or any other similar narcotic-based drug.
7. Applicants must have 30 days of sobriety prior to acceptance.
8. I understand that any overnight stay must be reported in advance, including informing staff of your planned return date and time.
9. I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises.
10. I understand pets are not allowed.
11. I understand I will consider the needs of others and strive to be a positive influence.

12. I will maintain neat, sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If an agreement is not reached or the premises are not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
13. I agree to maintain healthy hygiene practices including regular showers, shaving, and dental hygiene.
14. I agree that I will be home every night by 11 p.m. unless working or other pre-arranged terms have been made with the house leader.
15. I agree to participate in all required house meetings. Any request to miss a meeting must be approved by the House leader in advance.
16. I grant permission for the Department of Corrections and/or any other program/treatment provider/employer to release records to be reviewed by the Redwood Ministry Staff, including mental health/therapy reports, and financial, and employer performance reports.
17. I authorize the ministry leadership to confer with my CCO, employer, and/or any other treatment provider(s).
18. I agree not to hold Redwood Ministries responsible for any injury occurring on or off properties owned, maintained, used, or leased by Redwood Ministries.
19. I understand that all internet-capable devices are to be utilized only by the owner and that they are not to be sold, traded, borrowed, bartered, shared, loaned, or accessed by any Redwood Ministries participant other than the owner of the device.
20. All Program Fees are due on the 1st of each month for the current month. The Redwood Ministries Clean & Sober Program/Housing is dependent upon the payment of program fees by the participant; any delays or non-payment of fees poses a substantial burden upon the program/housing, therefore, past due accounts for non-payment may be asked to relinquish their place in the residence to make room for a new participant. Any payment received after the 5<sup>th</sup> of the month is past due and a \$35 late fee may be assessed, and program residency may be terminated.
21. I agree to give Redwood Ministries staff a 30-day written notice of my intent to move prior to leaving. If I move prior to the 30 days or fail to give notice, I will be responsible for the current month's program fees, if not paid, and will forfeit any paid program fees.
22. I agree to abide by any additional stipulations as implemented by the ministry leadership. These guidelines have been read and/or explained to me. I have initialed each stipulation and have affixed my signature below. I understand that I am responsible for complying with these stipulations and any others that might be added.

## Emergency Contact Information

**Name of Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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# Consent for Drug and Alcohol Testing

I, \_\_\_\_\_ do hereby consent to submit to urinalysis and/or Breathalyzer tests solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while on any properties used by and/or owned by REDWOOD MINISTRIES. I understand that the results of these tests will be reviewed and evaluated by the staff of the Ministry. If the results positively indicate that I am under the influence of alcohol or illegal drugs or that the sample was altered, I further understand that REDWOOD MINISTRIES may, at its sole discretion, terminate me from the Program. Finally, I understand that failure to submit to the above-described testing upon request of REDWOOD MINISTRIES staff may also result in the termination of the Program. I, the undersigned, have read this Consent for Testing of Alcohol and/or Drug Use and understand its meaning.

**By signing this document below, you consent to and agree with all the stipulations that Redwood Ministries set forth in this legally binding document. To include Drug and Alcohol testing at random or on suspicion by the Redwood Ministries staff and that any resulting consequences are your responsibility.**

**Print Full Name:** \_\_\_\_\_

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I agree and understand that writing on the above Participant Signature line is equivalent to an Electronic Signature. This is an Acknowledgment and Consent of approval of the Housing Program Agreement and the Drug and Alcohol Testing form, pages 1, 2, and 3. All electronic signatures are the legal equivalent of a manually handwritten signature and I consent to be legally bound to this agreement.*

## Redwood Ministries Staff Only Below

**RM Staff Name:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_ **Approved:** Yes No **Program Entry Date:** \_\_\_\_\_

**Release Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**RM Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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