

Redwood Ministries
P.O. Box 13435 Des Moines, WA 98198
Email Form: info@redwoodministry.org

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

Housing Application

Name: _____ **Date:** _____

DOC# _____ **SSN:** _____

DOB: _____ **ERD:** _____ **Max Date:** _____

Institution: _____ **Counselor:** _____

Please note we are looking for an honest and complete disclosure of all criminal history. Your criminal history will not cause you to be denied, however, withholding information will be grounds for denial of application.

Criminal History: Include the Type of offense (Felony or Misdemeanor), the Charge you were convicted of, the Date of the offense, and the length of the sentence.

Current Charges:

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Previous Criminal History:

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Charge Convicted Of: _____

Date of Offense: _____ Length of Sentence: _____

Sex Offender Level (If Applicable): _____ **ISRB:** **Yes:** **NO:**

Security Threat Group: **Yes:** **No:** **If Yes: Affiliation:** _____

Medical Conditions: **Yes:** **No:** If Yes, Description of Diagnose (s):

1. Condition: _____
2. Condition: _____
3. Condition: _____

Mental Health Conditions: **Yes:** **No:** If Yes, Description of Diagnose (s):

1. Condition: _____
2. Condition: _____
3. Condition: _____

Medications List:

- | | |
|----------------------|---------------|
| 1. Medication: _____ | Reason: _____ |
| 2. Medication: _____ | Reason: _____ |
| 3. Medication: _____ | Reason: _____ |
| 4. Medication: _____ | Reason: _____ |
| 5. Medication: _____ | Reason: _____ |

Have you been diagnosed with a substance abuse disorder: **Yes:** **No:**

If yes, please describe: _____

Substance Abuse Treatment: **Yes:** **No:** **If Yes, Date(s) and Locations:**

- | | |
|----------------|-------------------------|
| 1. Date: _____ | Treatment Center: _____ |
| 2. Date: _____ | Treatment Center: _____ |
| 3. Date: _____ | Treatment Center: _____ |

Comments: _____

Please include your written testimony with this application.

Applicants Signature: _____ **Date:** _____

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

It is the policy of Redwood Ministries that there will be no discrimination or harassment on the grounds of Race, Color, Religion, Sex, Marital status, Sexual Orientation, National Origin, Age, or Disability within the Redwood Ministries programs.

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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 5th 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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