

**HOPE
PRISON MINISTRIES, INC.**
...MORE THAN REDEMPTION!

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Communication. Accountability. Aftercare.

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Transitional Housing Locators

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Program Cost

HOPE's Houses (Fort Worth, TX) provide full-service aftercare. We or our partners provide a semi-private room, food, limited transportation, smart phone on an unlimited service plan, local, unlimited bus pass, Bible studies, individual counseling, educational and employment training and opportunities, Christian fellowship and accountability in the context of the program and a church home! Though some of these may be at an additional cost, the base cost of the program varies depending on location and availability and includes at least the following:

- \$300 application fee for sex offenders, \$150 for all others
- \$2,000, non-refundable, Administrative fee, varies depending on location and availability
- \$300 non-refundable room setup (sheets, linens, etc.)
- \$1,650 90-days of program fees (which includes the cost of their living space)
- \$900 for 90-days of groceries (\$75/week)
- \$280 cell phone and unlimited plan
- \$240 local, unlimited bus pass and/or transportation provided by the ministry until employed

The full amount is required in advance to ensure we have the funds on hand to assist the person under our care. A portion is non-refundable but should we use less than the remaining in hard costs, for whatever reasons, we will offer to refund the difference. (Out of gratitude for our assistance, you and/or your loved ones may consider donating the difference as well.)

Upon receipt of funding or arrangement for a sponsor, we do provide letters of acceptance to you and the required authorities. All of this information is available, and payments may be made securely, online at...

www.HopeAfterPrison.com

Scholarships may be available on a limited basis for people 1) with whom we have extended interaction and a strong belief in their desire for change or 2) have been referred to us by a trusted source. Do not let your perceived lack of funding deter you from completing and returning this form unless you are unwilling to comply with our rules.

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Mailing: 3515 Sycamore School Road • Suite 125 – PMB 172 • Fort Worth, TX 76133

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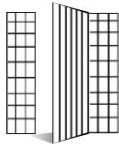
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Rules, Terms and Conditions

The following rules, terms and conditions apply to all Participant desiring to receive services from Hope Prison Ministries or its partners. Any violation, at the sole discretion of the staff, may be cause for immediate termination from the program. **Please initial each rule signifying that you have read and fully understand it.* Exceptions to some rules may be considered but may only be granted by THE MENTOR and must be in writing. Please print your initials in the blank line at the end of each rule.

1. If applicable, in consideration of receiving room and board from the ministry or one of its partners, Participant agrees and understands that they are considered Participants, not residents, and that violation of any of the rules and conditions will result in termination of the host/Participant relationship between the Ministry and the Participant (regardless of and without a refund of any money paid). Upon request by the Staff of the Ministry, the Participant will immediately vacate the premises of the Ministry. The refusal of the Participant to vacate the premises will subject them to arrest. _____
2. The Scripture states that if a man doesn't work, he shouldn't eat (2 Thessalonians 3:10). Unless an exception is granted, any Participant receiving a scholarship from Hope Prison Ministries to cover any portion of the cost of their care, will be obligated by this Agreement and their acceptance of that provision to commit to and document (with dates, times, lesson information and notes) a minimum of 30 hours a week while unemployed and 15 hours a week after employment. While unemployed and being provided for by the ministry, completing the ministry curriculum and looking for work should be considered their primary job. Any Participant failing to do this will not receive their weekly grocery stipend and, after 3 warnings, will be asked to leave the ministry. _____
3. For as long as the Participant is under the care of Hope Prison Ministries, living in one of its properties or receiving financial assistance from it, the Participant agrees to the release of their confidential information by and between their mentor, probation or parole officer, therapist, medical doctors, etc. _____
4. With the understanding that Participant will never be asked to do anything Scripture or the legal system would forbid, and that all instructions are given with the eternal good of the Participant in mind and to the glory of God, Participant agrees to do what they are told, when they are told, how they are told. _____
5. Participant agrees to comply with all the terms of the court, probation or parole. As required, this includes reporting, attending mandated classes, testing, paying all fees, costs, registering, etc. _____
6. By God's grace, trusting in Christ alone for your salvation yet relying on the Holy Spirit, Participant will endeavor to honor the moral law of God: Participant will worship the Christian

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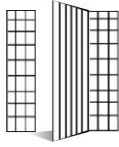
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God as revealed in The Holy Bible, in keeping with the historic, Orthodox, Christian faith, will not take the Lord's name in vain, will avoid working on Sunday except in the event of an emergency; honoring your parents; will not kill; will wait until married to have sex and, if dating or married, Participant will not be unfaithful to their partner; Participant will not steal, lie or gossip; Participant will not desire what belongs to someone else. In sum, by God's grace and with the Holy Spirit, Participant will love God with all their heart, soul, mind and strength and Participant will love your neighbor as much as you love yourself! _____

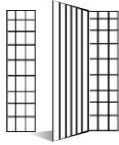
7. Participant agrees to meet/attend/view classes as instructed covering topics such as theology, the Christian worldview, communication, anger management, marriage, family, parenting, budgeting, life skills, addictions, etc. for the purpose of being transformed by the renewing of their minds that they may know God's will for their life (Romans 12:1-3). Participant should be prepared to provide notes and summaries of what they've learned upon request. _____
8. Participant agrees to the installation of software on all electronic devices on the property which allows for the tracking of all messages, phone calls, applications, their location, etc. _____
9. Unless purchased by the Participant, the Participant understands that the mobile phone is the property of the ministry until such time as the Participant pays for the phone and/or the Participant is authorized to keep it by the Ministry. Unless an exception is granted, the Participant understands he/she must return the phone to the Ministry. _____
10. All Participants agree to worship at the church of their assigned mentor's choosing on Sunday morning. No exceptions will be made. If a Participant desires to worship at another church this will require finding a new place to live before doing so. _____
11. Participant is required to track the time spent in educational classes and/or seeking employment. A lack of effort from the Participant is grounds for being terminated from the Program and immediately asked to leave. _____
12. Participant is required to introduce any friends, relatives and associates to THE MENTOR for orientation and approval as an "Approved, Positive Influence" of the Participant. Participant agrees NOT to continue association with anyone THE MENTOR deems unacceptable, and further understands that continued association with such may be grounds for immediate dismissal from THE MENTOR. _____
13. Representatives of the ministry will enter and inspect the residence of the Participant unit with or without notice. _____
14. No illegal activity of any kind will be permitted. _____
15. Alcohol, drugs, firearms or weapons of any kind are strictly prohibited. Participant may not be on the premises with drugs or alcohol in your system even though they were consumed elsewhere. **Participant also agrees, at their own expense, to random drug and alcohol testing at the discretion of the ministry. Any visitor will be expected to abide by the same rules.** Refusal by a Participant or visitor of the Participant to drug/alcohol testing will result in immediate eviction. _____

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16. Smoking is allowed in permitted areas only. **The ministry will NOT purchase tobacco for the Participant. DO NOT ASK.** _____
17. If allowed, Participant agrees to use electronic devices and the Internet for allowable purposes only. Participant MUST NOT use electronic devices or the Internet for inappropriate activities such as viewing pornography, "hooking up," gaming, unbiblical or illegal activity. _____
18. If instructed, Participant agrees to log in and log out of the apartment and to make your whereabouts known at all times, including any changes. _____
19. Unless an exception is granted, a 10 pm curfew is enforced every day. _____
20. Quiet hours exist between 10:00pm and 7:00am. During these hours, keep noise levels to a minimum. Unless an exception is granted, no outside activities after 10:00pm. _____
21. Participant must agree to seek and maintain employment, and to communicate to their employer that they must comply with their probation, parole and HOPE's House mandatory programming. When you are not working you will be expected, when necessary, to volunteer your services to THE MENTOR in any way the staff feels appropriate. _____
22. Unless an exception is granted, the Participant is required to report any income and/or payroll information and to deposit said funds in a bank account in their name, to avoid using prepaid cards, The Cash App, etc. _____
23. Participant agrees to submit regular financial statements from the Participant's bank account and to seek approval for all expenses *before spending any money*. **Cashing checks or depositing them in any other account is a direct violation of THIS AGREEMENT and could lead to termination from the program.** _____
24. After employment is obtained, Participant agrees to begin tithing 10% to the local church and giving a regular offering to Hope Prison Ministries, Inc., toward the end that the ministry may continue to help others. _____
25. Participant agrees to save at least \$1,000 plus the cost of the item to be purchased **before** making any purchases other than providing for their food, essential clothing and shelter. Participant also understands he or she must seek approval of THE MINISTRY before making any non-essential purchase exceeding \$100. _____
26. The Participant understands that THE MINISTRY does not offer health insurance and is not liable for seeking or providing medical treatment of any kind. The Participant shall be 100% liable for all medical treatment and/or expenses. THE MINISTRY will make every effort to provide transportation to said appointments but will in no way be liable for such transportation. If the Participant is experiencing a medical emergency, the Participant should call 911 from their cell phone. _____
27. In consideration of the services provided by HOPE PRISON MINISTRIES, all Participant must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against the Ministry, Board of Directors, staff, volunteers, the church with which THE MINISTRY or MENTOR is affiliated, for negligence or any other reason,

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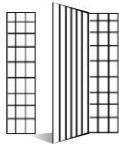
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and hereby releases, by signing this application, HOPE PRISON MINISTRIES, THE MENTOR, its Board of Directors, staff, volunteers, and The MENTOR'S CHURCH, from any such claim, complaint, or suit. _____

28. Participant understands that HOPE PRISON MINISTRIES will not prorate program fees. The month someone moves in, regardless of the day, is considered a full month of program fees. The reason for this is that the ministry holds bed space for those being released for months without charging the person. This policy applies to anyone who comes to HOPE PRISON MINISTRIES, whether from a prison or already free. _____

Rules, Terms & Conditions Signature Page

I understand the above rules, conditions and release. I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I further authorize any individual, business or organization listed in this application to furnish HOPE PRISON MINISTRIES any information (including opinions) that they may have regarding me. I authorize HOPE PRISON MINISTRIES to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background as required by the ministry. I understand this is required to receive assistance from the ministry or its partners. In consideration of this assistance, I hereby release any reference, including individual, church, youth organization, charity, employer, both collectively and individually, from any and all liability for claims or damages arising from the release of said information.

WITH MY SIGNATURE BELOW, I HEREBY ATTEST THAT I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE RULES, TERMS AND CONDITIONS OF THIS AFTERCARE AND MENTORING AGREEMENT.

PRINT NAME

SIGN NAME

DATE

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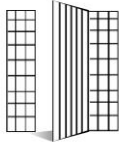
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All questions must be fully completed before the application will be considered. If something does not apply, simply write NA for "not applicable."

Date of Application: _____

Name of Applicant: _____ TDC#: _____

Identification - Please indicate the status of each form of identification:

IDENTIFICATION	NUMBER (write it in)	HAVE	APPLY/REPLACE
Birth Certificate	DOB:	Y N	Y N
Social Security Card		Y N	Y N
State Identification		Y N	Y N
Drivers License		Y N	Y N

Expected Released Date: _____ Type of Release: Probation Parole Discharge
If probation or parole, has it actually been granted: YES NO (a decision is pending)

Current Address/Facility: _____

Current Phone: _____ Current Email: _____

Marital Status: Married Single Divorced/Separated

Spouse's Name: _____

Spouse's Address: _____

Spouse's Phone: _____ Spouse's Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact's Phone: _____ Contact's Email: _____

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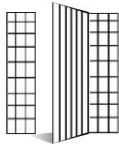
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Religious Background - Please tell us more about your faith. When and how did you become a Christian? What does it mean to be a Christian?

Briefly explain why you desire to stay with us:

Are you currently or have you ever been a church member? Yes No When / Where?

If YES, what denomination? _____

How does your faith show in the life you lead?

What religious activities/programs have you participated in while incarcerated?

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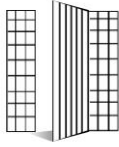
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Goals - Please list short- and long-term goals following your release from prison:

1. _____
2. _____
3. _____

Please list any perceived/expected obstacles to living the Christian life or achieving your goals (past or current pet sins, other obstacles such as financial stress, etc.) _____

References

NAME	RELATION	COMPANY	CONTACT INFO (PHONE, EMAIL OR TDCJ ID)

Financial Support – Please provide the contact information for anyone you know who may be willing to contribute toward the cost of your aftercare.

NAME	RELATION	COMPANY	CONTACT INFO (PHONE, EMAIL OR TDCJ ID)

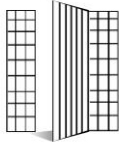
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Personal History

Previous Address: _____
City: _____ ST: _____ Zip: _____ Ph: _____

If any, please provide the names and ages of your children (If more, please continue on separate piece of paper):

Name	Age	Where are they now?

If married or separated, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

If a parent, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

Education History

LEVEL	SUBJECT / DEGREE	COMPLETED
HIGH SCHOOL / GED	DIPLOMA	Y N
COLLEGE		Y N
TRADE / VO-TECH		Y N

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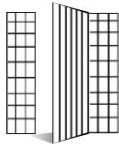
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Family Information

Mother Living: Y N Father Living: Y N Grandparent's Living: Y N

Who Raised You? _____

Friend or Family Contact Information You Expect Will Be Involved in Your Aftercare

NAME	RELATION	PHONE	EMAIL

Transportation Information

Do you own a car? Y N Year/Make/Model: _____

Sin History

Present alcohol use? Yes No Do you smoke? Yes No Present drug use? Yes No
 Pornography? Yes No Sexual Sin (Acted upon)? Yes No

Additional Information: _____

Drug History

SUBSTANCE	QUANTITY	LENGTH OF USE (YEARS)

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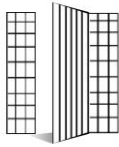
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Have you ever been in a drug rehabilitation center? Yes No (Include programs while incarcerated)

Is yes, when: _____ Where? _____

Have you ever completed a sex offender treatment program (SOTP)? Yes No (Include programs while incarcerated)

Is yes, when: _____ Where? _____

Do you currently smoke? Yes No

Criminal History (Please provide as complete of history as possible.)

Charge(s)/Conviction(s): _____ Prosecuting County: _____
Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____
Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____
Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____
Details: _____

Health History

Please list any known medical conditions: _____

Is there anything in your past or current mental or physical health history that will prevent you from seeking, finding and maintaining employment? YES NO If YES, please provide additional information:

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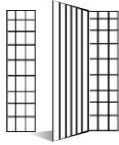
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Please list any mental health history / diagnoses: _____

Please list any prescribed medications you are currently taking:

PRESCRIPTION	DOSAGE	REASON

If you need additional space, please check this box and write the information on the back of this page using the format given here: prescription name, dosage and the reason.

Employment History

COMPANY	POSITION	ESTIMATED DATES	ELIGIBLE FOR REHIRE
			Y N
			Y N
			Y N
			Y N
			Y N

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