

MERCY MANOR

RECOVERY HOUSE FOR WOMEN

25 Grosvenor Avenue
 Dayton, Ohio 45417
 Phone: 937.268.0282
 Fax: 937.268.0297
 E-mail: mercymanor@sbcglobal.net
 Website: www.mercymanordayton.com



RESIDENT APPLICATION

Please complete and sign the attached application.

IMPORTANT: Clients receiving medication at your facility will be required to include a medical statement with this application. The statement must list all drugs the client is currently taking and signed by the administering nurse or doctor. Clients must submit mental health diagnosis statement, if applicable.

Date:	
To:	From:
Attn:	Attn:
Phone:	Phone No.: (937) 268-0282
Fax:	Fax No.: (937) 268-0297
CC:	E-Mail: mercymanor@sbcglobal.net

- Urgent
 For your review
 Reply ASAP
 Please Comment

Comments:

Mercy Manor's main goals are to help the residents have a safe place to start over. Housing is shared bedrooms. Help is provided to stay clean, sober, get permanent housing by job hunting, and saving money in a disciplined, living a more ordered way of life. Assistance is given to get benefits of food stamps (as needed), medical insurance, state identification card, social security card, etc. Chores of the house are done daily by the residents who also must cook their individual meals. Visitors are limited to weekends or off days if resident is working. Usage of telephones, computers or watching television is restricted to certain times of day or night. Curfews are in place for all residents and based on length of time and progress of meeting goals.

Mercy Manor's Residential Application

October 2019

Date: _____		
Name of agency, institution or facility: _____		
Name and title of person making the referral: _____		
Contact phone number(s): _____		
Name of client being referred: _____		EXIT DATE: _____
Date of Birth: _____	State of Birth: _____	Social Security Number: _____
Check any of the following identification that client possesses. <input type="checkbox"/> Driver's License Driver's License #: _____ <input type="checkbox"/> State ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____		
Marital status: _____ number of children _____ age(s) _____		
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Multiple ethnicity / Other (please specify) _____		
If minors, who has custody? _____		
When did you start using drugs? _____		
Primary Drug(s) of choice: <input type="checkbox"/> Alcohol <input type="checkbox"/> Ayahuasca <input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Cocaine <input type="checkbox"/> DMT <input type="checkbox"/> GHB <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Heroin <input type="checkbox"/> Inhalants	<input type="checkbox"/> Ketamine <input type="checkbox"/> LSD <input type="checkbox"/> Marijuana <input type="checkbox"/> MDMA <input type="checkbox"/> Mescaline <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Over-the-Counter Cough/Cold Medicine <input type="checkbox"/> PCP <input type="checkbox"/> Prescription Opioids	<input type="checkbox"/> Prescription Stimulants <input type="checkbox"/> Psilocybin <input type="checkbox"/> Rohypnol <input type="checkbox"/> Salvia <input type="checkbox"/> Synthetic Cannabinoids <input type="checkbox"/> Bath Salts <input type="checkbox"/> Tobacco <input type="checkbox"/> Other (please specify) _____

What is the highest level of school completed / highest degree received?

- Less than High School Degree
- High School Degree or Equivalent
- Some College but no Degree
- Associate Degree
- Bachelor's degree
- Graduate Degree
- Trade School

What types of employment have you had in the past?

- Retail
- Food Service Industry
- Lawn Care / Outside Labor
- Factory
- Professional
- Other (please specify) _____

Incarceration History and Offense: *(Please describe the type(s) misdemeanor or felony, if applicable)*

- Misdemeanor
- Felony
- Both
- Neither

Do you have any current warrants? Yes ___ or No ___

If yes, please list county(s):

Are you on probation or parole? Yes ___ or No _____

If Yes, please provide your officers information:

Name: _____ County _____

Contact Number(s): _____

Do you have a sponsor? Yes ____ or No ____

If yes, please provide sponsor's name and how long you have had this sponsor.

How long have you been sober as of today? _____

Substance abuse history & rehabilitation programs:

Do you have insurance? Yes ____ or No ____ If yes, what type of insurance do you have? _____

Do you receive any of the following benefits?

- None
- Food Stamps
- VA Benefits
- WIC
- Disability Waiver (MyCare Ohio, Ohio Home Care, PASSPORT, Assisted Living, Transitions DD, Individual Options, Level One, S.E.L.F)
- Cash Assistance
- Workman's Comp
- Unemployment Payout
- Other (please specify)

Have you been diagnosed with a physical or mental health condition? If yes, please list the condition and a list of medications you are currently taking. Please list details of physical limitations/disabilities:

Have you ever experienced any trauma in your life? Yes ____ or No ____

If yes, please explain:

Mercy Manor's Residential Application

October 2019

What was your housing situation before you arrived at your current location? — Homeless — Other _____
What will be your housing situation be upon your release from your current location? I will be or will be homeless? ____ Yes or ____ No
What is your greatest need? _____ _____
What back bills are you responsible for currently? (DMHA, Vectren, DP & L, Court Fines, etc.) _____ _____ _____
Explain what course of action will enable you to eventually live independently? _____ _____ _____
What is your religious/spiritual/church connection experience? _____
Do you have a source of income? If yes, what and how much do/will you receive? _____
Why do YOU want to be considered for Mercy Manor? _____
Please name 2 things you have learned about yourself while in your current location: _____ _____ _____
Please list the things you <u>are good</u> at doing. _____ _____ _____
Please list the things you are <u>not good</u> at doing: _____ _____ _____

Who are the important/support people in your life?

Name	Contact Number	Relationship to you

EMERGENCY CONTACT INFORMATION

Name	Contact Number	Relationship to you

VISITOR'S LIST

Name	Relationship to you	Location

Applicant Signature _____ Date _____

Witness _____ Date _____

Consent for Release of Information (ROI)

Name:		Date of Birth:	
Address:			
City		State:	Zip Code:
Social Security Number:			
I permit the release of information about myself to Mercy Manor, the agency listed above, in order that the staff of Mercy Manor might better evaluate my readiness for admission into their program.			
Note: I may cancel my permission at any time by informing my counselor.			
Please check the information to be released about myself:			
<input type="checkbox"/> Physical Condition <input type="checkbox"/> Mental/Emotional State <input type="checkbox"/> Vocational Assessment		<input type="checkbox"/> Social/Interpersonal Skills <input type="checkbox"/> Educational Assessment <input type="checkbox"/> Other _____	
The agency or person to release the information to is: Mercy Manor, Inc. 25 Grosvenor Ave. Dayton, OH 45417 (937) 268-0282 mercymanor@sbcglobal.net			

Signature _____ Date _____

Staff Signature _____ Date _____

MERCY MANOR'S AGREEMENT FOR PROSPECTIVE RESIDENT

Revised 10-2019

If you are accepted to Mercy Manor, these are the expectations of you:

1. Respect Staff, no profanity used toward Staff or other residents.
2. Service pets are allowed, how ever we do not support other pets.
3. Live cooperatively with the other residents and Staff of Mercy Manor. Do not touch other's property.
4. Follow the rules of the house including following the times for rising and going to bed.
5. Use personal cell phones while away from Mercy Manor or unless permission is given by staff to use personal phones. Use the Mercy Manor business phones for business or personal calls with staff permission.
6. Program participant will meet with manager weekly to discuss and review resident's long and short term goals/objectives, to express needs, to evaluate progress and to have schedules approved.
7. Participant agrees to further her education specifically GED, job training; seeks employment, if applicable.
8. Follow staff recommendations when securing food stamps, appropriate benefits for which you may be eligible to receive or making doctor appointments.
9. Medication: The resident gets their medication with the assistance of staff as needed and the house manager facilitates the residents' access to their medication at the designated times...
10. All medication, prescription and non-prescription is to be taken in front of house manager.
11. Keep Mercy Manor clean, orderly and do other chores as requested by staff.
12. Actively work a drug/alcohol recovery program because it will assist you in maintaining a job and caring for your own financial responsibilities.
13. Sponsor: Find a sponsor within 30 days after arriving at Mercy Manor.
14. Attend regular meetings and staying clean and sober will be expected.
15. Drug Testing: Random drug testing will also be done at Mercy Manor, with no additional cost to the client. A positive drug test will result in a dismissal.
16. **Financial Responsibility:**
 - a. Program/occupancy fee: After securing employment or obtaining legal income, pay a monthly program fee/occupancy fee to Mercy Manor. Program fees are due the first day of the month. Program fees are due on your first pay check or social security check and will be prorated based on the day of your arrival. It will be one-third (1/3) of your gross income not to exceed \$300. Example if you earn \$1,500 per month, one-third would be \$500, however your program fee will be \$300. Another example, if your income is \$800, your program fee would be \$267 per month.
 - b. Savings - With staff assistance, you will be required to save a third of your income (whether from employment or benefits) to be used for your own moving expenses when the time for moving into your own housing occurs.
 - c. Obligated Fees: If you have an obligation for fines or parole fees, and /or child support, you will be beginning to pay when you get a steady income.
 - d. All transportation - (bus passes; pay staff 30 cents a mile). If we transport a resident to family home/vist, there is a \$20 fee to cover resident drop off and pick up.

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Revised 10-2019

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- e. Residents that have bus transportation, who wish to be picked up from work or appointments, will be charged a \$5 fee. If staff members must use their personal transportation, the fee still applies.
 - f. Deposit / Exit Fee - We **do not** require a deposit. However if you leave and your room is not clean, you will be charged a \$50 fee.
17. Paid Work Agreement: Resident's are not responsible for paying program/occupanction fees unless they have an income. Resident's are not permitted to work or be employed by Mercy Manor.
 18. Work to build healthy relationships with children and family members, if this is appropriate or possible. Make new friends in recovery and those who are clean and sober and model healthier or spiritually based lifestyles.
 19. To participate in groups at Mercy Manor that is geared for growing stronger and healthier to gain more knowledge of you.
 20. To work within the rules of the house and to know that consequences accompany any breaking of the rules.
 21. To remain drug/alcohol free while at Mercy Manor or understand that being dismissed from the program will result.
 22. Mercy Manor does not allow smoking inside of the house. If you smoke, you will smoke in the designated location outside. Cigarettes are not supplied by Mercy Manor and should not be bummed from other residents.
 23. All Mercy Manor residents are expected to use their Food Stamp card on regular grocery shopping days, cook for themselves and participate with the other residents on special occasions. Staff can provide a safe place for resident's food stamps
 24. Mercy Manor is a spiritually based program, but no specific religious affiliation is promoted. Each person will be allowed to choose your own spiritual direction and is expected to become grounded in the religious practice of your choosing.
 25. Any contacts through visits, telephone calls, or online, will be those that are positive and that will add value to my new direction in life. (If people, places, or events are not positive for me, I will try not to put myself in unsafe situations.)
 26. Know that Mercy Manor receives women from all walks of life. Mercy Manor does not condone any kind of discrimination or harassment from anyone associated with the program. There are consequences if this happens.
 27. To become a law-abiding citizen and to do everything possible not to commit an offense for which incarceration would be the penalty.

Agreed to on _____ (date) by (Applicant Signature) _____

Witnessed by _____ (Staff Signature)