



Discipleship Residential Program Summary

We are so glad that you are considering joining us at Becky's House! Becky's House, a ministry of Food 4R Souls (501c3), is a discipleship residential program for women with a history of substance abuse and/or other life-dominating issues. The mission of Becky's House is to provide a structured, loving, Christ-centered environment in which residents will study the Bible and address the root cause of substance abuse and/or other life-dominating issues according to the scriptures. The residents of this program must be willing to surrender to God, seek Him for the answers to all of life's problems, and adhere to a structured daily schedule determined by staff. The resident will also learn and work on basic life skills while in the residence to help them transition to becoming a productive member of society. Residents are required to participate in but not limited to Bible Studies, biblical counseling/mentoring, household chores, community service, and church services. They work as a family to maintain the home. They are also required to cooperate with courts and other agencies with which they are involved. Prospective residents must complete an application form and an interview either by phone or in person (director's discretion). This program is a minimum 6-month and up to 12-month commitment and is based on the individual personal needs of the resident. The first three months of the program consist of intensive discipleship before the resident will be required to obtain a job outside of the home. The resident will be required to personally pay for or obtain sponsorship, with the help of staff and the board of directors, for the duration of their time not working (approximately three months) at the rate of \$100/week. After the resident obtains a job outside of the home, the required fee will continue to be \$100/week to be paid by resident. If you believe Becky's House may be a good fit for you and you are willing to seek God as the source of your healing, please complete the application and return it to us at the mailing or email address listed on the application on the following page. We will prayerfully consider every applicant and will contact you for an interview if we believe our program may be right for you.

Prayers & blessings,
Becky's House

His divine power has granted us all things that pertain to life and godliness, through the knowledge of Him who called us to His own glory and excellence, by which He has granted to us His precious and very great promises, so that through them you may become partakers of the divine nature, having escaped from the corruption that is in the world because of sinful desires.

2 Peter 1:3-4 ESV



Application for Program Residency

Return Completed Application to:

Completed Date: _____

Becky's House
C/O Food 4R Souls
PO Box 27
Austin, IN 47102
Email: beckyshouse1047@gmail.com
Phone: (812) 595-0829

Name of Applicant _____ Phone # _____

Social Security Number _____ Date of Birth _____

State Issued Driver's License or ID# _____ State _____

Birth Certificate? Yes No (circle)

Current Address or Living Location _____ How long? _____

Referred by _____ Referral contact phone _____

Why do you believe becoming part of our program is the right fit for you right now?

Personal Data:

Do you have a religious affiliation? Yes No

If not Christian, please describe: _____

Do you attend church? Yes No If yes, church name: _____

Church Address: _____

Are you: married / divorced / widowed / single / live together

Partner name? _____ How long? _____

Date of marriage _____ Date of divorce/separation/widowed _____

Spouse's location: Address _____
City _____ State _____ Zip code _____

Education History: Highest grade completed _____ or GED Graduated? Yes No

Name of school: _____ City _____ State _____

Vocational training/certificates earned: (please list) _____

Do you have children? _____ Do you currently have custody of your children? _____

If no, do you have a visitation arrangement to see your children? _____

Please describe: _____

Names and ages of dependent children who may visit you on-site once visits are allowed:

Do you have any active protective orders? If yes, please explain _____

Do you have an open DCS case? _____ Please explain: _____

Are you pregnant? No Yes If so, how far along is the pregnancy? _____ weeks

How many pregnancies have you had? _____ How many live-births have you had? _____

Have you ever had an abortion? No Yes If yes, how many times? _____

Visitors/Correspondence:

Please list all persons (including children) who may visit or correspond with you and their relationship to you (keep in mind that there must be no legal reason for any person named herein to not be allowed on the premises): _____

Employment History:

Current or last place of employment: _____

Address: _____ Phone: _____

Job title/description: _____ Supervisor: _____

Duties: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Pay Rate: _____

What kind of work have you done, and what job skills do you have? _____

What kind of work do you enjoy most? _____

What kind of work do you enjoy least? _____

Legal History:

How would you describe your legal history (check all that apply)?

- No Legal Problems Incarceration (previously or currently)
- Currently on Parole/Probation Misdemeanors #: _____

Jail Number of Times: _____ Total Time Served: _____

Prison Number of Times: _____ Total Time Served: _____

Non-Substance-Related Crimes (describe the charges)

Substance-Related Crimes (describe the charges)

Felonies #: _____

Non-Substance-Related Crimes (describe the charges)

Substance-Related Crimes (describe the charges)

Do you have any current/open court case(s)? _____

Please list charges, dates, explain charges, and list any known upcoming court dates:

Are you currently on parole/probation or supervision? No Yes

If yes, where? _____

Name of Probation Officer _____ Phone: _____

Name of Parole Officer _____ Phone: _____

Do you have judgments against you? No Yes Do you have unpaid tickets, child support, credit cards, loans, utility bills (water, electric, etc.)? No Yes

If Yes, please list and explain: _____

Other legal issues? _____

Background Check Agreement:

All Names/Aliases: _____

Your signature below states that all the above information is true and you agree to authorize Becky's House/Food 4R Souls to run a criminal background check on you.

Signature: _____ Date: _____

Medical Issues:

I receive medical benefits: No Yes

Are you currently under treatment for any medical conditions? _____

Name of primary care physician: _____ Phone: _____

Name of Specialist(s): _____ Phone: _____

Name(s) of Mental Health Provider(s): _____

Phone # of Mental Health Provider(s): _____

Name of Dentist: _____ Phone: _____

Please list any medications you are currently using (use reverse of back page, if needed):

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED FOR	PRESCRIBED BY

Have you ever been tested for:

Hepatitis A	No	Yes	Do you have Hepatitis A?	No	Yes
Hepatitis B	No	Yes	Do you have Hepatitis B?	No	Yes
Hepatitis C	No	Yes	Do you have Hepatitis C?	No	Yes

Have any you been diagnosed with any of the following (check all that apply)?

Diabetes Heart Disease Tuberculosis Schizophrenia Bipolar Disorder
 Personality Disorder (any) Chronic Substance Abuse
 HIV/AIDS or AIDS-Related Complex Other significant illness or disorder _____

In the past 10 years, if you have had a medical diagnosis or treatment for Acquired Immune Deficiency disorder, please explain: _____

Please describe any past or current use of illegal/street drugs, when it occurred, and duration of use:

Have you been treated for addiction? Yes No If yes, how many:

Inpatient treatment: _____ Outpatient treatment: _____ Detox: _____

Please list where treated, length of treatment, dates of treatment: _____

If you have ever participated in counseling/psychotherapy before, please specify which type(s) you received, approximate dates, and outcome:

What diagnoses have you previously been given and been treated for?

No Past Diagnosis Unknown/Unsure ADHD/ADD Adjustment Disorder

Asperger's Autism Bipolar Disorder Dementia/Delirium Depression

Dissociative Disorder Dysthymic Disorder Eating Disorder OCD

Generalized Anxiety Disorder Oppositional Defiant Disorder Panic Disorder

Reactive Attachment Disorder Personality Disorder PTSD/C-PTSD

Schizophrenia Sexual Disorder Sleep Disorder

Other, explain _____

Have you ever experienced suicidal and/or homicidal thoughts? No Yes If yes, please explain:

Have you ever been institutionalized for any other mental health issue? No Yes If yes, please explain:

Have you ever been prescribed medication for psychological symptoms? No Yes If yes, please complete the following to the best of your ability:

MEDICATION	DOSAGE/ FREQUENCY	PRESCRIBED FOR	DATE STARTED	LENGTH OF USE

Medications will be dispensed to residents on a dose, daily, or weekly basis, as determined by Becky's House Director or House Manager.

If there is any additional medical information that we need to know about that has not already been addressed in this application, please explain: _____

BECKY'S HOUSE PROHIBITED DRUGS & SUBSTANCES

The Director of Becky's House has the final say on any uncertainties as to what is acceptable or unacceptable in the program. No energy drinks are allowed, i.e., Red Bull, Monster, Five Hour Energy, Bang, etc. No tobacco, alcohol, or any drugs not prescribed by a physician specifically for you. Use of nicotine products such as vapes and patches must be pre-approved by Becky's House Director.

Drugs Prohibited at Becky's House

Along with illicit/street drugs, certain prescription drugs are not allowed to be taken while you are staying at Becky's House because they are addictive, essentially any mind- or mood-altering drugs. This includes but is not limited to:

Alprazolam / Xanax	Fentanyl / Duragesic / Actiq	Pentazocine / Talwin / Talacen
Amphetamine/Adderall	Flurazepam / Dalmane	Pemoline / Cylert
Antabuse	Halazepam / Paxipam	Phentermine / Fastin
Antihistamines	Hydrocodone / Lortab / Norco	Prazepam / Centrax
Bultabital / Fioricet / Fiorinal	Hydromorphone / Dilaudid	Pregabalin / Lyrica
Butorphanol / Stadol	Hydroxyzine embonate / Atarax	Propoxyphene / Darvocet /
Buphorphine-naloxone	Hydroxyzine pamoate / Vistaril	Darvan / Propacet
Carisprodol / Soma	Lorazepam / Ativan	Quazepam / Doral
Chlordiazepoxide / Librium	Marijuana	Suboxone / Subutex
Chloral Hydrate	Meperidine / Demerol	Secobarbital / Seconal
Clonazepam / Klonopin	Meprobamate / Mebaral	Sibutramine / Meridia
Clorazepate / Tranxene	Methodone	Synthetic or medical marijuana
Codeine	Methylphenidate / Ritalin	Temazepam / Restoril
Diazepam / Valium	Midazolam / Versed / Hypnovel	Triazolam / Halcion
Diethylpropion / Tenuate	Midrin	Tramadol / Ultram
Diphenoxylate / Lomotil	Morphine / MS Contin / MSIR	Tussionex cough syrup
Dronabinol / Marinol	Oxazepam / Serax	Tylenol with codeine
Estazolam / Prosom	Oxycodone / Oxycontin /	Zolpidem / Ambien
Eszopiclone / Lunesta	Percocet / Percodan	

**Anti-depressants will be evaluated on a case-by-case basis.*

No Tobacco/Alcohol/Drug Agreement:

I, _____, agree not ever to use or bring on the premises of Becky's House any tobacco, alcohol, or any drugs not prescribed by a physician specifically for me. Narcotic prescriptions and addictive drug prescriptions of any kind are not allowed on the premises, according to but not limited to those on the list of Becky's House Prohibited Drugs & Substances. I agree to random or probable cause drug screening at any time while participating in the program of Becky's House. Violation of this agreement may result in loss of privileges or program dismissal.

Signature: _____ Date: _____

Sexual History: Your sexual history may be discussed in greater detail with the director, house manager, counselor/mentor, etc. upon entrance of the program for confidentiality purposes.

Have you ever experienced sexual violence or abuse? No Yes

Have you ever experienced harassment or stalking? No Yes Domestic Violence? No Yes

Do you have any currently open harassment, stalking, or domestic violence cases? No Yes

If yes, please explain: _____

What do you consider your sexual orientation to be? _____

No Sexual Activity Agreement:

I, _____, agree to not engage in any sexual activity with any other resident, staff member, volunteer, or visitor while at Becky's House. If married, I agree to not engage in sexual activity with my spouse on the grounds of Becky's House.

Signature: _____ Date: _____

Social/Relational Support Network: How would you describe your social/relational support?

Supportive Family Distant from Family Many Friends Few Friends

No Friends Substance-Using Friends Sponsor/Spiritual Mentor

Other, please explain _____

What do you want your life to look like a year from now? _____

Program Fee Agreement

Financial understanding: All monthly fees for the program are the responsibility of the resident. While at Becky's House, each resident will work with the staff to pay for outstanding fees and fines. Resident will also develop a savings plan for transition. In Phase 1 (Intensive Discipleship), the resident will be required to either provide the fee of \$100/week out of their own pocket, obtain a personal sponsor to cover this cost, or work with the leadership of Becky's House to help seek and obtain sponsorship assistance. In Phase 2 and beyond, the resident will be required to obtain a job and provide the \$100/week fee from their paycheck.

I have the ability to personally pay the Program Fee for Phase 1 (Intensive Discipleship) of \$100/week (approximately \$1200 total): Yes No

If Yes, how? _____

If No, what is the plan for obtaining funding?

Personal Sponsor Seek Sponsorship Assistance

If you a person or persons besides yourself has committed to sponsoring you during this phase, please provide name(s) and contact info: _____

Proof of income provided _____ Becky's House Rep. Initials _____

I receive food stamps: Yes No

If yes, are you able and willing to use your food stamps to provide food for the residence? Yes No

I receive medical benefits: Yes No Provider: _____

I, _____, understand and agree that my weekly program fee will be \$100.00 for the duration of my residential program participation at Becky's House, and that I am fully responsible for that and all other program fees. In addition, it is understood that this may change if my accommodations change (e.g. birth of child while in program, physical needs change requiring special accommodations, etc.)

Signature _____ Date _____

Becky's House Rep. Signature _____ Date _____

AGREEMENT/RELEASE FORM

CONFIDENTIALITY/PRIVACY AGREEMENT:

I, _____, understand and agree that, from the time I come into Becky's House (Food 4R Souls), all conversations, discussions, counseling, and other conversation as private, and all information shared as confidential that shall not leave the premise by phone, text, email, personal conversation, letters, or any other form of communication. I also understand and agree that violation of this agreement can result in my immediate dismissal from the program.

Signature: _____ Date: _____

CHILD SAFETY RELEASE:

I, _____, agree to assume full responsibility of the child/children names in this application. I further agree that Becky's House (Food 4R Souls) is held harmless for any injuries to them or me on these premises.

Signature: _____ Date: _____

AUTOMOBILE INSURANCE RELEASE:

I, _____, understand that the leadership of Becky's House will provide transportation for at least the duration of my Phase 1 program participation. Once a job is obtained, I may be required to provide my own transportation needs, and I assume all liability for transportation. I understand that if I ride in a vehicle without liability insurance, I hold Becky's House (Food 4R Souls) harmless, should an accident occur and/or personal injuries result.

Signature: _____ Date: _____

I hereby certify that I am of legal age or possess full legal capacity to execute the foregoing authorization and release.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Becky's House Rep. Signature: _____ Date: _____

Staff Printed Name: _____ Date: _____