Thank you for your interest in Friends of Guest House!

We are a private nonprofit contracted by the VA Department of Corrections as a community based residential program for non-violent female offenders who are on Virginia State Probation upon release. The program consists of two components: residential and aftercare.

The residential component offers a group home setting including structured services and support, where some of these services are mandatory. The aftercare component is mandatory for successful completion of the program and consists of continued services and support. Both components must be completed for successful completion of the program and to take part in the graduation.

**NOT A DRUG/ALCOHOL TREATMENT PROGRAM!**

<table>
<thead>
<tr>
<th><strong>Residential Program (6 months)</strong></th>
<th><strong>Aftercare (6-9 months)</strong></th>
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<tbody>
<tr>
<td>• Individual case management</td>
<td>• Case management</td>
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<tr>
<td>• NA/AA meetings</td>
<td>• Expansion of support system</td>
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<tr>
<td>• Support groups</td>
<td>• Workshops and groups</td>
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<tr>
<td>• Employment and vocational assistance</td>
<td>• Referrals to counseling and therapy</td>
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<tr>
<td>• Educational assistance</td>
<td>• Socialization activities</td>
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<tr>
<td>• Housing assistance</td>
<td>• Referrals to other community resources</td>
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<tr>
<td>• One-on-one mentoring</td>
<td></td>
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<tr>
<td>• Referrals to community resources</td>
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<tr>
<td>• Workforce &amp; Life Development</td>
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</table>

**Application Process**
PLEASE NOTE THE APPLICATION PROCESS FROM START TO FINISHING CAN TAKE 30 TO 90 DAYS AT LEAST.

A decision will be on your application after we have received ALL items listed below and a phone interview is completed which we will schedule.

1. Completed Application
   a. Background Information
   c. Send completed applications should be sent to:
      Intake Coordinator
      1 East Luray Ave.
      Alexandria, VA 22301

2. Consent for Release of Confidential Information (included in application)

3. A physical exam within the past six months, including the date and results of your TB/PPD test

4. A copy of your Presentence Investigation Report (PSR) or document
d criminal history

***Guest House will request of documents 3 & 4 mentioned above after receiving your signed and dated Consent of Release of Confidential Information form.***
Overview of Guest House Rules

- There is a no tolerance drug, alcohol and violence policy.
- All medications must be turned in to staff and distributed by staff.
- Chores are assigned to each resident to be completed at the beginning and end of each day.
- Personal vehicles are not allowed.
- Cellphones are allowed with limited use. There is a phone in the living area for the residents to use during the hours of 7am-11pm in 15 minute intervals.
- All money received by residents must be turned in to staff, and the money will be placed in an account and received by resident at time of exit. Each resident is allowed to request a maximum of $80.00 a week from their account, at the discretion of their case manager. Exceptions are made for such things as restitution, child support, court fines or attorney fees.
- All residents are required to save %50 of every paycheck while at Guest House.
- All food is provided to residents and is prepared by residents. No OUTSIDE FOOD is allowed. No food is allowed in resident bedrooms.
- All resident rooms, bags and persons are subject to search by staff at any time.
- A washer, dryer and detergent are provided for residents to do laundry between the hours of 6am-11pm.
- Residents are required to attend the mandatory meetings organized by Guest House, Monday through Friday, as well as attend at least three individual meetings outside of Guest House per week.
- Residents are required to fill out and submit Weekly Schedules outlining where they are going, when they are leaving, and when they will return. This Weekly Schedules will be reviewed and signed by the residents’ case manager. Residents must also sign in and out in a logbook, with a staff signature confirmation.
- Residents will be assigned a case manager. It is mandatory that residents participate in case management. Missing meetings with your case manager can result in restricted privileges.
- Residents will be assigned a mentor. It is mandatory that residents maintain their appointments with their mentor. Missing meetings with your mentor can result in restricted privileges.
- All mail received by residents is to be opened in front of staff.
- After the first three weeks at Guest House, residents are eligible for a four hour pass. After one month (31-60 days) a resident will be eligible for one transition visit of 24 hours. At 61-90 days, a resident will be eligible for two transition visits. These visits cannot interfere with work or mandatory meetings. After 90 days, a resident will be eligible for weekly transition visits. All passes approved or denied at the discretion of a resident’s case manager.
- ALL residents must comply with Workforce & Life Development class schedule.

Thank You, Friends of Guest House
APPLICATION

GENERAL INFORMATION

Name: ____________________________________________

Last                     First                    MI

Date of Birth: ____________ Place of Birth: ____________ Social Security No.: ____________

Race: _______________ Inmate #: _______________________

Jail: ___________________ Probation District: ___________

Released: ☐ Yes ☐ No Do you have any military service? ____________________________

Current Address:

Street ___________________ City __________________ State ______ Zip Code ______

Permanent Address:

Street ___________________ City __________________ State ______ Zip Code ______

Phone Number: ______________________ Alternate Number: ______________________

Relationship Status: ☐ Married ☐ Separated ☐ Divorced ☐ Dating ☐ Single ☐ Widowed

Number of Children/Dependents: ____________________________________________

Caretaker of Child(ren)/Dependent(s): _______________________________________

Support: ☐ Yes ☐ No If yes: ☐ Voluntary ☐ Court Ordered Amount: ____________

How did you hear about Friends of Guest House? ______________________________________

Have you been a client of Guest House before? ☐ Yes ☐ No If yes, when? ____________

Identify individuals who are supportive of you: ______________________________________
EDUCATION

Last Grade Completed: ________  Do you have a high school diploma or GED?  □ Yes  □ No

Have you completed any vocational or college training?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates Attended</th>
<th>Training/Certificate/Degree Received</th>
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EMPLOYMENT  (List most recent employment first)

Employer Name: _________________________________  Start Date: _________  End Date: ________________

Position Title/Duties, Skills: _______________________________________________________________

Salary: ______________  Reason for leaving: _________________________________________________

Employer Name: _________________________________  Start Date: _________  End Date: ________________

Position Title/Duties, Skills: ______________________________________________________________

Salary: ______________  Reason for leaving: _________________________________________________

EMERGENCY CONTACTS  (MANDATORY):

Contact 1: __________________________  Relationship: __________________________

Name (Last, First)

Address:

Street  City  State  Zip Code

Number: ______________________________

Contact 2: __________________________  Relationship: __________________________

Name (Last, First)

Address:

Street  City  State  Zip Code

Number: ______________________________
MENTAL HEALTH/PSYCHIATRIC CARE

Do you have mental health issues?  ☐ Yes  ☐ No

Dr.’s diagnosis: ________________________________________________________________

Are you on medications for these?  ☐ Yes  ☐ No

Have you ever been hospitalized for mental health issues? __________________________

If so, where, when and what for? ________________________________________________

Have you ever attempted suicide?  ☐ Yes  ☐ No  If so, how many times? ______________

PHYSICAL HEALTH

Personal Physician: __________________________________ Date of last physical: __________

General Physical Health:  ☐ Excellent  ☐ Good  ☐ Fair  ☐ Poor

Do you have any health problems?  ☐ Yes  ☐ No

If yes, what are they? ____________________________________________________________

DENTAL HEALTH

Personal Dentist: ____________________________  Date of last dental exam: ______________

MEDICATIONS (IF APPLICABLE)

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Taking For</th>
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DRUG/ALCOHOL HISTORY

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<tr>
<th>Substance</th>
<th>Age Started</th>
<th>Date of Last Use</th>
<th>Frequency</th>
<th>How much</th>
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Any clean time outside of jail/prison?  ☐ Yes  ☐ No

If so, how much time: ______________________________________________________

Have you ever overdosed?  ☐ yes  ☐ no  If so, how many times?

PREVIOUS SERVICES AND TREATMENT (DRUG AND ALCOHOL TREATMENT PROGRAMS)
-attach additional pages if necessary-

Place: _____________________________________________________________

Start Date: ___________  End Date: ___________

Successfully Completed: ☐ Yes  ☐ No

Place: _____________________________________________________________

Start Date: ___________  End Date: ___________

Successfully Completed: ☐ Yes  ☐ No

Place: _____________________________________________________________

Start Date: ___________  End Date: ___________

Successfully Completed: ☐ Yes  ☐ No

Do you have a sponsor?  ☐ Yes  ☐ No  If so, how long have you had a sponsor?

Please note that you will not be allowed to be on medically prescribed Suboxone/Methadone while participating in Friends of Guest House, Inc. program.

I have read and understand the statement above that I will not be allowed to participate in the Friends of Guest House program while on medically prescribed Suboxone/Methadone.

Applicant Signature

CRIMINAL HISTORY

<table>
<thead>
<tr>
<th>Arrest Date</th>
<th>Jurisdiction</th>
<th>Offense</th>
<th>Outcome</th>
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Violent Charges (if any):

Court Ordered Payments: __________________________  Attorney Fees: __________________________

Other Detainers/Charges __________________________  Special Conditions __________________________

Previous Work Release, Probation, Parole Violations: __________________________

Number of Previous Felonies: __________________________  Misdemeanors: __________________________
Total time spend in jail/prison: __________________________________________________

ESTIMATED PAROLE/RELEASE DATE: ____________________________________________

Future Court Dates: ___________________________________________________________

PROBATION/PAROLE

Are you on? ☐ Probation ☐ Parole ☐ Both Is it court recommended? ☐ Yes ☐ No

Length of Probation/Parole: ____________________________________________________

PROBATION/PAROLE OFFICER CONTACT INFORMATION

Name: ________________________________________________________________
Address: ______________________________________________________________
Phone: __________________ Fax: ___________ Email: ________________________

LEGAL STATUS

Do you have legal representation? ☐ Yes ☐ No

Attorney/Lawyer/Public Defender’s Name: ______________________________________
Address: ______________________________________________________________
Phone: __________________ Fax: ___________ Other: _________________________

I affirm that all the information I have provided is true to the best of my knowledge. I understand that if Guest House finds that I knowing provided false information, my application will be immediately denied. I also affirm that I am willingly applying to the Guest House program, and I know that it consists of a 6-month residential component and 6-9 month aftercare component, a total of 12+ months.

_________________________________ _______________________________
Signature of Applicant Date
Department of Corrections  
Consent for Release of Information

I, ____________________________, the undersigned hereby authorize any agency, institution, public or private, or person to release any information they may have concerning me or my background to a Department of Corrections authorized agent. Implicit to this authorization is that a Department of Corrections authorized agent may release to you any necessary information regarding me to facilitate this request.

This consent and authorization for release of information shall include such information as it relates to my emotional, mental, or physical health, medical records, school records, tests scores, academic or behavioral memoranda, all court records, employment records (both past and present), and any possible military history.

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

_________________________________________  ______________________
Signature of Client                        Date

Substance Abuse Disclosure
Consent Authorization

If applicable

I, ____________________________, the undersigned, hereby authorize the Virginia Department of Corrections, The Virginia Parole Board, and/or the Virginia Courts and their agents to receive and to release confidential information on my history or drug and/or alcohol use in their knowledge, possession, or records for the purposes of identifying, diagnosis, prognosis, and/or treatment by the Courts in sentencing, the Virginia Department of Corrections and the Virginia Parole Board in the investigation and/or supervision of my case for probation and/or parole (to include any future application for supervision transfer to a member of the Interstate Compact).

I understand that (1) the use, disclosure, and re-disclosure, of such information is made only in the investigation and/or supervision of my case, (2) while under investigation and/or supervision, I cannot revoke this consent; and (3) this consent will terminate upon my release from the custody of the Courts, Virginia Department of Corrections, Virginia Parole Board and their authorize agents (to include members of the Interstate Compact).

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

_________________________________________  ______________________
Signature of Client                        Date
Tell Us Your Story
Please write the story of your current situation and what lead you to this point. Be sure to include you future goals, and how Guest House could help you attain those goals. Please write enough to fill this page. (Add additional pages if necessary)

In telling your story, please note:
- **No putting yourself down.** Your story needs to be respectful of what you have lived through. Your story should reflect the deepest understanding you have about yourself and what you have survived without harsh blame.
- **If you have a history of trauma or violence, do not provide details about it now.** This might include child abuse, sexual assault, or domestic violence. While these may be very important parts of your life and highly connected to your addiction or behavior, it may not be safe to talk about them yet. Trauma is known to be upsetting, and you may be surprised by how much feeling will emerge if you describe it. For now, it is OK to leave it out or just mention it in a few words without going into detail.
- **Include the good as well as the bad.** Tell us about what you have done right. Perhaps you have reached out for help at points, made it through some tough times, or had positive moments along the way. No matter how awful, there were ways you got though it – notice these good sides, too.
- **Look for themes.** Many people find insights as they tell their story. Look for discoveries – a new understanding of why you did what you did and a sense of compassion for how hard it has been.