



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. Friends of Guest House is not a drug/alcohol treatment program.

Please keep this paper for review. The consent form must be signed and sent with the rest of your application or the application cannot be processed.

Residential Program (6 months)	Aftercare (6-9 months)
<ul style="list-style-type: none"> • Individual case management • Workforce & Life Development • Employment and vocational assistance • Educational assistance • Housing assistance • Referrals to community resources • One-on-one mentoring • NA/AA meetings 	<ul style="list-style-type: none"> • Case management • Expansion of support system • Workshops and groups • Referrals to counseling and therapy • Socialization activities • Referrals to other community resources

Application Process

PLEASE NOTE THE APPLICATION PROCESS CAN TAKE 30 TO 90 DAYS.

A decision on your application will be after we receive all items listed below and a phone interview is completed.

1. Completed Application
 - a. Background Information
 - b. Biography (“Tell Us Your Story”) Follow instructions.**
 - c. Consent of Release of Information**
2. Friends of Guest House will request a physical exam *within the past six months*, including the date and results of your **TB/PPD test** and a copy of your **Presentence Investigation Report (PSR)** or documented criminal history. We **cannot** obtain these without the signed consent of release.
3. Send completed applications to:
Intake Coordinator
1 East Luray Ave.
Alexandria, VA 22301 **Phone: (703) 549-8072 Fax: (703) 549-8073**

Overview of Guest House Rules

- There is a zero tolerance drug, alcohol and violence policy. Violation of this policy will result in termination from the program.
- You will not be allowed to leave Guest House property for the first three days. You will be escorted by another resident for the next 14 days and then you may go out by yourself.
- 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. Each resident is allowed to request a maximum of \$80.00 a week from their account. 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-8pm.
- Residents are required to attend the mandatory Workforce and Life Development classes organized by Friends of Guest House Monday through Friday. Residents must attend at least three individual NA or AA meetings 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 Schedule** 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.
- 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 transitional visits. 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.

Thank You, Friends of Guest House



GENERAL INFORMATION

Name: _____
Last First MI

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

Race: _____ Inmate #: _____

Jail: _____ Probation District: _____

Are you currently incarcerated? Yes No

Do you have any military service? _____

Future Court Date (s): Yes No List Future Court Dates: _____

Date of Release: _____ If unknown check here. Unknown

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

Do you have a high school diploma? Yes No

Do you have a GED? Yes No

Last Grade Completed: _____

Have you completed any vocational or college training? Yes No

Name of Institution	Dates Attended	Training/Certificate/Degree Received
1.		
2.		

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

Have you ever had a mental health diagnosis by a doctor? Yes No

Dr.'s diagnosis(es): _____

Have you ever been prescribed medication for these diagnosis(es)? Yes No

Have you ever been hospitalized for anything related to your emotional state or mental health diagnosis? _____

If so, where, when and what for? _____

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

PHYSICAL HEALTH

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

Date of last dental exam: _____

MEDICATIONS (IF APPLICABLE)

Medication Name		Taking For:	
1		1	
2		2	
3		3	
4		4	
5		5	

DRUG/ALCOHOL HISTORY

Substance	Age Started	Date of Last Use	Frequency	How much

Any clean time outside of jail/prison? Yes No

If so, how much time and how much was consecutive: _____

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? _____

CRIMINAL HISTORY

Arrest Date	Jurisdiction	Offense	Outcome

Total time spent in jail/prison: _____

SUPERVISION STATUS

Are you on probation? Yes No

Will you be on probation for at least 6 months following your release?: _____

PROBATION 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: _____

Have you been working with a councilor at you jail? Yes No

Councilor's name: _____

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

