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.

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

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. Biographical ("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: ____________________________

Are you currently incarcerated?  ☐ Yes  ☐ No

Probation District: ____________________________
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/Dependants: ____________________________

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?

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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

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates Attended</th>
<th>Training/Certificate/Degree Received</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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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:_____________________

Page 5 of 11
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)

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

<table>
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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 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-

<table>
<thead>
<tr>
<th>Place:</th>
<th>Start Date:</th>
<th>End Date:</th>
<th>Successfully Completed:</th>
<th>Yes</th>
<th>No</th>
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Do you have a sponsor?  
☐ Yes  ☐ No  
If so, how long have you had a sponsor? __________________________

### CRIMINAL HISTORY

<table>
<thead>
<tr>
<th>Arrest Date</th>
<th>Jurisdiction</th>
<th>Offense</th>
<th>Outcome</th>
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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 counselor at your jail?  ☐ Yes  ☐ No

Counselor’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, test 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.