

# AMEN, Inc And Philemon Ministries

## AMEN House

### General Program Description

#### And Purpose

AMEN House is a Christ centered, biblically structured transitional program for those in transition from addictions, being homeless or returning from prison that will aid in removing the barriers that faces them. These barriers can include immediate means of housing, employment, transportation, personal needs, physical needs, emotional and spiritual needs. We prefer to address those being released from prison as "Returning Citizens" instead of ex-offenders, ex-cons or former prisoners to aid in the healing process the very first day from having a past behind the fences and bars of our prisons.

Philemon Ministries and AMEN, Inc. volunteers will offer personal one-on-one mentoring (when available) that includes Christian counseling, discipleship, friendship, financial tutoring, educational tutoring and most of all show "Residents" how a new path in Jesus Christ that will not lead back to the old ways that lead to a negative outcome and/or personal failure that could result in being re-incarcerated or worse. The length of stay at AMEN House can vary depending upon each individual's requirements for successful transitioning back to the community that is to be determined by the Directors, volunteers from the fields of the medical, correctional, educational, local law enforcement, clergy, local residents and/or member(s) of AMEN House.

### Program Goals

To enable those that have been incarcerated and being released as "returning citizens", and all other residents be able to acquire what is needed spiritually, medically, monetarily, physically, emotionally and educationally in order to become an asset versus a liability to their families, their communities, the correctional system, financial systems and to themselves.

To aid in lowering the recidivism rate by being able to establish a rate of no more than 8-15% of those that return to prison in the first three years after having successfully completed the AMEN, Inc/Philemon Ministries program. We want to be able to aid in the reduction of the burden of recidivism that results in affecting our families, the correctional system and our communities as a whole.

## Program Overview

### (In Prison if Applicable)

Review applications that have the Chaplain and/or case worker's recommendation for entry into AMEN House six months prior to returning citizen's release date.

AMEN Director will interview perspective individuals for possible admission to program. Specific charges may have additional rules and guidelines for consideration of acceptance into the AMEN House.

Three months prior to accepting Returning Citizen application(s), an In-prison volunteer mentor is to establish a working relationship and advise the applicant for AMEN House of the programming, rules and guidelines prior to release. An assigned mentor and a member of AMEN or Philemon Ministry's staff will meet the returning citizen at the facility when they are released and transport them to the AMEN House.

### All Residents in House (First 2-4 Weeks)

Establish Bible study times (group and individual), prayer times (group and individual) and general responsibilities.

Instruct and reinforce rules and guidelines for the AMEN House and prepare residents for returning to the work force (ID, Social Security card, etc.).

Engage individual(s) in resume writing, job interview and job seeking skills.

Family may aid the resident for these tasks, providing an approval has been given by the AMEN, Inc. Director.

## Appropriate Dress Codes

All residents of the AMEN House will be required to dress appropriately. No style of clothing or explanative expressions printed or otherwise that are not Christ honoring or AMEN House affiliated are not to be worn at any time. The wearing of all clothing is to be worn in a respectful manner and according to program guidelines at all times (no shirts hanging out, drooping pants, tattered or torn, etc.). This is mainly enforced in order to bring glory to our Lord, respect for society and yourselves as a whole. No wearing of piercing jewelry or flaunting of EXISTING tattoos! This is for the entire time a resident at AMEN House. This is for in house, at work, community service, church, free time, etc. In other words AT ALL TIMES!

## In House for Remainder of Residency

Establish good Bible study habits, group house meetings, continued one on one mentoring sessions, addictions counseling (if applicable), marriage and relationships, parenting classes, GED and adult educational courses.

Establish a weekly budget and schedule as to income, debt management (required rent at the AMEN House, tithing, outstanding bills, child support, restitution, court costs, etc.), establish a checking account and how credit works, etc. There will be NO BORROWING of monies or property from each other, volunteers, co-workers, Philemon Ministries or AMEN House Staff.

ALL residents of AMEN House will contribute to its ministry in regards keeping their rooms and all common use areas they use neat and clean, complete daily assigned chores and tasks (cleaning, cooking, washing, maintenance, yard work, etc.). Attend church services and sit as a group (Sundays, weekly Bible studies, prayer meetings, etc.) when available. These meetings may take place at different churches at different times). There will come a time when participants will be able to attend the church of your choice after an approval has been given by the Board of Directors.

Go out into the surrounding community and provide volunteer aid for those that are in need (the elderly, the handicapped, those unable to help themselves, etc.) with various tasks (yard work, painting, light repair jobs, general cleanup, etc.). To give back to the community is one of the most precious gifts to be cherished.

Depending upon the nature of a resident's needs and the time required to become re-established in the community, the duration of residency at AMEN House may vary from six (6) months, to one (1) year or longer. Length of residency or completion of the program is to be approved by the AMEN House Director. A continuation of communication will remain established with all graduates of AMEN House for no less than three years. Hopefully for a lifetime!

At the completion of the AMEN House program, the graduate will be considered alumni and invited to become a guest speaker, advocate, mentor, or volunteer instructor for future residents. This also is to be approved by the Director of AMEN, Inc and Philemon Ministries.

Residents of AMEN House are expected to keep all appointments and meetings set forth by the Mental Health Agencies, doctor's offices, all Social Services Departments, Department of Corrections, Probation and Parole, the court system, counseling, other medical and any other factions mandated by the program. Most importantly, to further your relationship with the Lord Jesus Christ and allow Him to direct the paths for you and your family.

General Guidelines for Suspension and/or  
Termination From The AMEN House

All residents of AMEN House are expected to adhere to all rules, guidelines and programs. For those that do not, there is the possibility of suspension of privileges, suspension and/or termination from the program. Once someone has been terminated from the program, reentry back into the program cannot take place for a period of not less than 30 days. If someone has completed and graduated from AMEN House, been established back into the community, is re- incarcerated at a later date, then that individual is not eligible for reentry to AMEN House for no less than a period of 6 months. A complete package of the rules, guidelines and program functions will be made available to all Philemon and AMEN staff, participants, benefactors, correctional personnel, local law enforcement, local and state agencies and volunteers as warranted.

Possession of weapons, fighting, stealing, drug usage, alcohol usage, sexual acting out, or possession of pornography will be dealt with and could lead to termination from the program. Foul or vulgar language is not to be used at any time whether on or off site off AMEN House. Any situation or items not contained in this paragraph, and to be considered negative or harmful to the program, society, individuals or other residents, will be under the scrutiny of AMEN, Inc and Philemon Ministries.

Any resident of AMEN House has the privilege to present themselves to the Director in objection to any and all decisions made as a result of loss of privileges, suspension and/or termination from AMEN House. This must be completed in writing and sent to the Director before objections will be considered by the ministry. Since AMEN House is a voluntary program, any resident may leave at any time with a proper notice of a minimum of two weeks notice. Once leaving AMEN House or being requested to leave, the former resident may or may not be allowed to return depending upon the circumstances.

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Signature

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Date

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Print Name

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Witness

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Date

Philemon Ministries/AMEN House  
Statement of Faith

The following compiled statements are a testimony of the Truth that binds all Christians (being the Body of Jesus Christ) and the Church here at AMEN House.

1. We believe the Bible to be the inspired, infallible, and authoritative Word of God.  
(2 Tim. 3:16; 2 Peter 1:21)
2. We believe that there is one God, eternally existent in three Persons: Father, Son and Holy Spirit.  
(Duet. 6:4; Matt. 28:19; 1 Cor. 8:6)
3. We believe in the Deity of our Lord Jesus Christ, His virgin birth, His sinless life, His atoning death on the cross and His bodily resurrection from the grave.  
(Col. 1:15; Phil. 2:5-8; Matt. 1:18-25; 1 Peter 2:24-25; Luke 24, Heb. 4:14-16)
4. We believe that Jesus Christ ascended to the right hand of the Father, now rules as Head of His body, the Church, and will personally return in power and glory.  
(Luke 24:33-43; John 20:24-29; 1 Cor. 15:3-8)
5. We believe that the Church, composed of believers in Christ, proclaims the Gospel of God's redemption, nurtures Christians in their life of faith, and cares for the needy.  
(Acts 2:41; 15:13-17; Ephesians 1:3-6; 1 Cor. 12:12-13; Matt. 29:19-20; Acts 1:6-8; 1 Thess. 4:16-18)
6. We believe that human beings in their natural state are lost and alienated from God.  
(Gen. 1:26-27; Rom. 3:10, 23)
7. We believe that reconciliation with God comes through a personal relationship and faith in the individual and work of Jesus Christ.  
(John 3:3; John 3:16; Matt. 25:46; 2 Cor. 5:1)
8. We believe in the present ministry of the Holy Spirit, by whose indwelling, a Christian is made spiritually alive and enabled to live a godly life.  
(John 14:26; Rom. 8:14; Gal. 5:16, 22-23)
9. We believe in the resurrection of both those who believe in Jesus Christ, and those who are alienated from God. Those who believe have eternal life with Christ; those who are lost are separated forever from God.  
(Rev. 20; Joel 3; Matt. 25)
10. We believe in the spiritual unity of all believers in Jesus Christ!

**AMEN, INC./Philemon Ministries of Delaware**  
**AMEN House Application**  
**For Consideration of Residency**

The network is a growing organization that includes **Philemon Ministries of Delaware (AMEN, Inc.)** and many other caring service groups to assist **the homeless, recovering addict through sober living and ex-offenders** with re-entry into the community. By completing this form you are making contact with **ALL** of the organizations and are authorizing them to share your data between themselves and with others in an effort to help equip you for your transition back into the community. This Application is not, and should not be considered to be an application for employment or guaranteed acceptance with any individual and/or organization. The questions and answers in this application are in no way related to any potential employment but for consideration in acceptance to **AMEN House**.

**APPLICATION**

First Name:		Last Name:		Middle Initial:
D.O.C. #	D.O.B.	Release date:	Ph #	
Please provide your current address:				
Currently incarcerated at:		Chaplain's name:		
County of conviction		County of release:		
Please provide your intended address after release:				

Current and Past Offense(s) <i>[explain in detail]:</i>  Sexual offender  Violent offender	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #1	

MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
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**SERVICES NEEDED** *(check all that apply)*

<b>Housing</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Transportation</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Food</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Support Group</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Family/Child Support</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Employment</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Clothing</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Education</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Mentor/Sponsor</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Church Home</b> <input type="checkbox"/> yes <input type="checkbox"/> no

**How did you hear about this program?**

<b>1</b>	What was your most recent date of incarceration? <i>(entry date)</i>	date →	/ /
<b>2</b>	What is your currently scheduled release date? mandatory release <input type="checkbox"/> truth in sentencing <input type="checkbox"/>	date →	/ /
<b>3</b>	What is your current expiration date? <i>(full time served)</i>	date →	/ /
<b>4</b>	When did you last see the Parole Board?	date →	/ /
<b>5</b>	What was the Parole Board's recommendation? _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #5</b>		completed <input type="checkbox"/>
<b>6</b>	When date are you scheduled to see the Parole Board again?	date →	/ /
<b>7</b>	When did you last see the Parole Review Commission? <i>(PRC)</i>	date →	/ /
<b>8</b>	What was the PRC's recommendation? _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #8</b>		completed <input type="checkbox"/>
<b>9</b>	When do you see the PRC again?	date →	/ /
<b>10</b>	Will you be on parole after release?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<b>11</b>	When is your parole currently scheduled to end?	date →	/ /
<b>12</b>	Can you provide us with a transcript of your incarceration?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<b>13</b>	Please list all treatment programs you have completed. _____ _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION # 13</b>		completed <input type="checkbox"/>

14	Have you ever been diagnosed with a physical or mental disorder(s)?	yes <input type="checkbox"/>	no <input type="checkbox"/>
15	If yes, please describe your disorder(s). _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #15</b>		completed <input type="checkbox"/>
16	Are you presently taking any medication?	yes <input type="checkbox"/>	no <input type="checkbox"/>
17	If yes, please list the kind(s) of medication(s). _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #17</b>		completed <input type="checkbox"/>
18	After release are you required to participate in a treatment group(s)?	yes <input type="checkbox"/>	no <input type="checkbox"/>
19	What treatment group(s) are you required to participate in? _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #19</b>		completed <input type="checkbox"/>
20	<b>SPOUSE NAME:</b>  Quality of relationship with spouse	good <input type="checkbox"/>	fair <input type="checkbox"/>
		bad <input type="checkbox"/>	
21	If divorced, is there a court order requiring you to pay alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>
22	If yes, how much are you required to pay monthly? [\$ _____ ]		completed <input type="checkbox"/>
23	Do you have any restrictions concerning your spouse? ( <i>no contact order</i> ) If yes, please explain _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #23</b>	yes <input type="checkbox"/>	no <input type="checkbox"/>
24	Do you have any children?	yes <input type="checkbox"/>	no <input type="checkbox"/>
25	If yes, please list their names and date(s) of birth and where they currently live. _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION # 25</b>		completed <input type="checkbox"/>
26	Do you have any restrictions concerning children? ( <i>i.e no contact order, criminal restriction</i> )	yes <input type="checkbox"/>	no <input type="checkbox"/>



	<p>If yes, please explain.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #26</b></p>		completed <input type="checkbox"/>
27	If you have children, is there a Court Order requiring you to pay child support?	yes <input type="checkbox"/>	no <input type="checkbox"/>
28	If yes, how much are you required to pay monthly? [\$ _____ ]		completed <input type="checkbox"/>
29	Have you attempted to stay in contact with your children?	yes <input type="checkbox"/>	no <input type="checkbox"/>
30	When were you last in contact with your children?	date →	/ /
31	Are family members visiting you?	yes <input type="checkbox"/>	no <input type="checkbox"/>
32	<p>If yes, who is visiting you and how often?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #32</b></p>		completed <input type="checkbox"/>
33	<p>Completed education level</p> <p><input type="checkbox"/> Elementary <input type="checkbox"/> Middle/Jr. High <input type="checkbox"/> High <input type="checkbox"/> GED <input type="checkbox"/> Tech <input type="checkbox"/> College <input type="checkbox"/> Graduate</p>		completed <input type="checkbox"/>
34	Have you completed any of your education while incarcerated?	yes <input type="checkbox"/>	no <input type="checkbox"/>
35	Can you produce proof of completion?	yes <input type="checkbox"/>	no <input type="checkbox"/>
36	<p>Do you have plans for continuing your education?</p> <p>If yes, please explain.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #36</b></p>	yes <input type="checkbox"/>	no <input type="checkbox"/>
37	Do you know who your Parole Officer will be when released?	yes <input type="checkbox"/>	no <input type="checkbox"/>
38	<p>If yes, please provide the Parole Officer's name, address and phone number.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #38</b></p>		completed <input type="checkbox"/>
39	Have you been in contact with your Parole Officer?	yes <input type="checkbox"/>	no <input type="checkbox"/>
40	If yes, when did you last contact your Parole Officer?	date →	/ /
41	Have you secured housing after release?	yes <input type="checkbox"/>	no <input type="checkbox"/>
42	<p>If yes, what is the address, contact person &amp; phone number</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #42</b></p>		completed <input type="checkbox"/>
43	Have you completed any pre-employment classes while incarcerated?	yes <input type="checkbox"/>	no <input type="checkbox"/>
44	If yes, what class(s), date of completion and where?	date →	/ /

45	Have you secured employment after you are released?	yes <input type="checkbox"/>	no <input type="checkbox"/>
46	If yes, what is the address, contact person & phone number for your employer? _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #46</b>		completed <input type="checkbox"/>
47	Have you secured any transportation after release?	yes <input type="checkbox"/>	no <input type="checkbox"/>
48	If yes, from whom? _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #48</b>		completed <input type="checkbox"/>
49	Do you have the following? (check all that apply) Valid Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> State issued picture ID <input type="checkbox"/> Birth Certificate <input type="checkbox"/>		completed <input type="checkbox"/>
50	Have you saved any money while incarcerated?	yes <input type="checkbox"/>	no <input type="checkbox"/>
51	If yes, how much? [\$                     ]		completed <input type="checkbox"/>
52	Do you have any outstanding financial debt(s) to repay when released?	yes <input type="checkbox"/>	no <input type="checkbox"/>
53	If yes, please list the amount and explain the debt(s). _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #53</b>		completed <input type="checkbox"/>
54	Do you have a support group(s) that you plan to attend when you are released?	yes <input type="checkbox"/>	no <input type="checkbox"/>
55	If NO, would you like to attend a support(s) group on the outside?	yes <input type="checkbox"/>	no <input type="checkbox"/>
56	If yes, who is your support group(s) and when do they meet? _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #56</b>		completed <input type="checkbox"/>
57	Have you completed any Prison Fellowship In-Prison Seminars or Studies?	yes <input type="checkbox"/>	no <input type="checkbox"/>
58	If yes, please tell us which one(s) you attended, where you attended them, and when? _____ _____ _____ _____ _____ <b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #58</b>	date(s) →	
59	What are your hobbies and/or special interests? _____ _____ _____		completed <input type="checkbox"/>

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	<b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #59</b>		
<b>60</b>	What is your religious affiliation? (Christian, Jewish, Muslim, Buddhist, Hindu, etc.)		
<b>61</b>	If you are a Christian, please share your testimony on the last page of this form.		completed <input type="checkbox"/>
<b>62</b>	Is there a church that you will attend when you are released?	yes <input type="checkbox"/>	no <input type="checkbox"/>
<b>63</b>	If yes, what is the name of the church, denomination, address, and the pastor's name? <hr/> <hr/> <hr/>		completed <input type="checkbox"/>
	<b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #63</b>		
<b>64</b>	Why do you want to be involved in a mentor relationship? How do you feel it can help you? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		completed <input type="checkbox"/>
	<b>PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #64</b>		
<b>65</b>	Submit this completed form to your Chaplain, Social Worker, or Ministry Leader to complete the next section.		completed <input type="checkbox"/>
<b>66</b>	<b>Chaplain's, Social Worker's, or Ministry Leader's Comments</b> <i>Please give your name and mailing address, and comments you can share about this individual that might help us assist them. Thank you!</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		completed <input type="checkbox"/>

PLEASE USE ANOTHER SHEET OF PAPER IF NEEDED FOR QUESTION #66

**Please indicate your PLANS and/or NEEDS in the following areas:**

(Please Print. Don't answer with just a yes or no, but give us a good overview of your Plans and Needs.)

**SUPPORT GROUPS:**

What type of support group(s) do you need to attend upon your release? (I.e. Anger Management, Substance Abuse, etc.)

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Do you have any family members or friends that will be assisting you upon your release? If yes, please provide their name(s), address(s), and telephone number(s).

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Have you approached family member(s) and/or friends about helping you? If yes, please explain?

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**HOUSING:**

When released, will you be residing with a relative/friend or at a halfway house? For how long?

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**EMPLOYMENT:**

Employment History:

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Do you have any specialized training such as vocational/business/technical? Yes [ ] No [ ]

(Construction, mechanics, computer, etc) Please describe:

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Do you have job possibilities when released? Yes [ ] No [ ] If yes, please list them.

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**TRANSITIONAL EDUCATION:**

What educational goals have you set for yourself?

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Do you know how to:

- Prepare a budget  Yes  No
- Balance a checkbook  Yes  No
- Manage your finances  Yes  No

Have you taken classes on any of the following:

- Preparing a resume  Yes  No (If you have an updated Resume, please attach)
- Applying for a job  Yes  No

Do you feel adequately prepared to begin a new life in the community?

Yes  No

If no, what are your greatest educational needs?

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**SPIRITUAL:**

Why do you want to be a part of this program?

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What goals have you set for yourself for the next 12 months?

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What area(s) of temptation do you struggle with most?

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**OTHER:**

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**OTHER:**

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**PLEASE USE AN ADDITIONAL SHEET OF PAPER IF NEEDED**

**YOUR TESTIMONY:** If you are a Christian, please share how you became a Christian and how you are living out your faith in prison.

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***PLEASE USE ADDITIONAL SHEET OF PAPER IF NECESSARY***

Please include any other information that you feel might help us assist you in your transition back to the community.

Please completely fill out this application and return it for consideration of acceptance.

By disclosing the information on this form and/or signing below, I hereby waive and release all HIPPA and legal rights and claims in connection with, and authorize **Philemon Ministries of Delaware (AMEN, Inc)** to have access to all medical (including HIPPA), health care, criminal and other personal information above in connection with each of their ministries, including but not limited to **AMEN House** acceptance, and to disclose any and/or all such information (in whatever way(s) and format chosen by them) to any and/or all others, including but not limited to churches, other ministries, individual volunteers, businesses and others who may be participating in or assisting any ministry at **AMEN House**. By signing below you are representing that you meet the requirements to participate in and to be considered for residency at **AMEN House**, and that you understand and agree that this is not an application for employment.

**Philemon Ministries of Delaware** is constantly developing bridge partnerships with ministry teams that consists of churches, businesses and individual mentors throughout the area and if possible will put you in touch with a team in your area of release. At the present time, Philemon Ministries does not have teams in every community. If **Philemon Ministries of Delaware** does not have a team in your area of release, it may not be possible to assist you through this ministry, but will do whatever is possible through other contacts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

## **FINANCIAL ARRANGEMENTS**

There is a program fee that perspective residents are to provide upon their arrival at AMEN House. This fee provides for basic needs like food, utilities, initial clothing, initial toiletries, teaching materials, etc. Your fee will be \$450.00 per month for 1 man rooms and \$400.00 for the 2 and 3 man rooms. The ministry will also provide the following:

- A shared (sometimes single), furnished room
- Bed linens, towels, and washcloths
- Bathroom facilities shared with other residents
- Use of the kitchen and common living area (When approved)
- Welcome toiletries (if in need of personal toiletries, etc.)
- Laundry facilities (Residents are to supply their own laundry supplies).

As a part of your discipleship, your Mentor will help you set up a budget and teach you biblical principles of stewardship (managing the resources God has provided).

Accountability to your mentors and Philemon/AMEN Staff regarding the use of your money should be expected. Please do not treat this as an intrusion, but an important part of your discipleship. This will aid to help you arrange to pay off outstanding fines and restitution, personal and family needs, and other necessities, after you have begun working. The way you handle your money reflects clearly the way you handle your life and your relationships. As a part of the *"Resident" Discipleship Manual*, I have read and agree to the above stated *Financial Arrangements* indicated by my signature below. It is also understood that if I choose to leave before a month's end I hereby forfeit any and all rent monies that have been paid in advance.

\_\_\_\_\_  
(Resident Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Philemon Witness)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



## **PERSONAL BELONGINGS WAIVER**

I, \_\_\_\_\_, understand and agree that I am responsible for my personal belongings, and consequently, I will in no way hold Philemon Ministries, AMEN House, my Mentor, my local church, or any other person or organization involved in my discipleship program responsible for damage, misplacement, loss or theft of my belongings. I also understand and agree that should I voluntarily leave, it can be assumed that I have abandoned my belongings. In such case, my Mentor will make arrangements for the person(s) I have designated on this form to take possession of my belongings and remove them from AMEN House.

I further understand and agree that if no one takes possession of and removes my belongings after 3 days of my leaving, these belongings then becomes the property of Philemon Ministries/AMEN House and may be disposed of as they determine.

Below are the name, address, and telephone number of the person or persons designated to take possession of and remove my personal belongings should I voluntarily leave my discipleship program: (If needed, use reverse side of this form for additional information.)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

As a part of the *AMEN House Manual*, I have read and agree to the above Personal Belongings Waiver, as indicated by my signature below.

\_\_\_\_\_  
(Resident Signature) \_\_\_\_\_ Date

\_\_\_\_\_  
(Witness) \_\_\_\_\_ Date

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Personal belongings of the above named resident have been removed from his place of residence, and possession has been transferred to the person(s) named on this form, as indicated by the signature below.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Signature of Person(s) Taking Possession of Belongings) \_\_\_\_\_ Date

# **WAIVER OF LIABILITY**

I, \_\_\_\_\_ (Print Name), do not hold Philemon Ministries, AMEN House, my Mentor, my local church, or any other person or organization involved in my transitional program liable for any injury, loss, or damage that may occur to me or my property during my time of discipleship or on any activity approved or authorized, or otherwise.

Furthermore, I do not hold Philemon Ministries, AMEN House, my Mentor, my local church, or any other person or organization involved in my discipleship program liable for any medical expenses incurred during my time of transition or on any activity approved, authorized, or otherwise.

As a part of the *“Returning Citizen” Discipleship Manual*, I have read and agree to the above *Waiver of Liability*, indicated by my signature below.

\_\_\_\_\_  
(Resident Signature)                      \_\_\_\_\_ (Print Name)                      \_\_\_\_\_ Date

\_\_\_\_\_  
(Witness Signature)                      \_\_\_\_\_ (Print Name)                      \_\_\_\_\_ Date

# **NON-NEGOTIABLE RULES**

The following list is of items that are stated elsewhere in the manual, but are listed here for emphasis. Those applying to become participants in this discipleship ministry as residents of AMEN House must be well aware of these non-negotiable rules and expect to abide by them before they can be approved.

1. Residents are committed to **keep all set schedules**.
2. Residents **do not use drugs, alcohol, gambling or pornographic material. If you must smoke, the smoking area is at the fire pit area only. Keep all areas free of butts.** Search of a resident's room and/or personal property can take place at any given time. Random drug/alcohol testing can take place at any given time. Threatening, fighting or weapons of any type are prohibited.
3. **Do not own or drive a car (Unless Approved).** This rule should remain in effect and be enforced for a minimum of 0-6 months after entering into the AMEN House and only **after approval** has been given by the Executive Director.
4. Residents **do not date (Unless Approved)**, do not correspond, do not phone, and do not allow themselves to be alone in the presence of people of the opposite gender **until approved**.
5. Residents **do not pierce or tattoo their body**; previous piercings remain empty of articles (for example: no earrings for men) and previous tattoos are not to be flaunted.
6. Residents **do not work at more than one job (unless approved)** at a time, and the hours of employment should be between 7:00am and 5:00pm depending upon approved employer guidelines. There may be some exceptions on Saturdays or night shift when approved. **Working on Sundays is to be avoided if at all possible.**
7. Residents are committed to meet with their mentor at least once each week once one has been assigned.
8. Residents **do not go back to their old neighborhood until approved**.
9. Residents **do not have visitation with any family members until approved**.
10. The AMEN House residents are to attend church and Bible studies together as a group until it has been approved by the Executive Director that they may attend a church of their choice as not to deny anyone their Christian heritage.
11. There is a **7:00 PM curfew** at AMEN House **UNLESS** the resident is attending an approved meeting, has a night work schedule, an approved visit away from AMEN House or for any other reason that has been approved by the Executive Director.
12. Transportation will be provided on the basis that a resident pays a fee for that transportation. The fees are to be decided and agreed upon at the time the resident makes the request.
13. Individual residents that have their own personal vehicles may aid in transportation and be reimbursed the same fee providing the resident has agreed to do so or may act benevolently.
14. All residents MUST fill out the Sign Out/Sign In log book with complete information at all times. All persons not residing at AMEN House that come onto the property MUST fill out the Visitor's Log Book.

15. Residents of AMEN House **do not argue** about keeping these non-negotiable rules. These non-negotiable rules must be strictly enforced in love by all persons. While recognizing that each resident is a unique individual, we also recognize that struggles in life are similar. Following these non-negotiable rules will keep residents from struggles that interfere with the goal of mature discipleship. PRACTICE MAKES PERMANENT! Residents are committed to do what is right in the eyes of the Lord **and** in the eyes of the program. When in doubt, wait, ask, discuss, and be sure. At first, you should not be making any decisions alone. In time, **you will learn how to know** you are making a godly decision every time. I understand that my signature indicates my commitment to the above **Non-Negotiable Rules** and can be amended at any given time by the Director of AMEN House verbally or in writing. **AMEN is a "one and done" ministry. ZERO Tolerance!**

\_\_\_\_\_

(Resident Signature)

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date

\_\_\_\_\_

(Witness Signature)

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

Date