

APPLICATION FOR RESIDENCY

Date _____

***Please include a personal letter as well a professional reference – from a counselor or social worker, if possible, - supporting your reasons for selecting Killingsworth as your home and program.
An application fee of \$25(non-refundable), a deposit of \$100 and one-week's rent of \$119 should be paid when you move in for a total of \$244.***

1. Name _____
last first middle/maiden

Also known by (list other names used) _____

Most recent address _____

Previous address _____

Current Phone numbers _____ and _____

2. Date of Birth _____ Age _____ Social Security # _____

Religious preference _____ Race _____

Marital status: Single _____ Married _____ Divorced _____ Separated _____ Other _____

Children? _____ Names, genders, custody status, and complete birthdates; use back of this page if necessary:

3. Have you had a complete medical exam in the last year? Yes_____ No_____

If yes, physician's name _____ Location _____

List any current prescribed medication(s) and the purpose for it/them:

Your present state of health _____

4. Are you employed? _____ *If no, why not?* _____

Employer's name & type of business _____

Your job title/description _____

List other jobs you have held _____

5. Education (please check the ones that apply to you)

High school graduate _____ GED completed _____ Last grade completed _____

Some college _____ College graduate _____ Where? _____

Currently in school ____ Course of study _____

6. Who referred you to Killingsworth? agency or group _____

Contact person _____

7. Emergency, contact _____

Name

relationship

address

city

state

zip

home phone

work phone

other phone

8. Have you ever been treated for alcohol/drug addiction? Yes ____ No ____

If you have any history of drug use, what did you use? _____

Your last treatment _____

when

where

List other times and places that you have received addiction treatment or counseling:

9. Have you ever been counseled or hospitalized for emotional/psychiatric problems? _____

If yes, for what diagnosis _____

Your last treatment _____
when _____ where _____

10. Have you ever been on probation? _____ If yes, list offense, when, and where _____

11. Have you ever been imprisoned? _____ If yes, where? _____

Offense _____ Time served _____

12. Are you currently on probation or parole? Yes _____ No _____ Length of time _____

Officer/Agent contact _____
name _____ phone _____

13. What is your source of financial support while living at Killingsworth? Self _____

Other _____

Vocational Rehabilitation _____ Counselor's name _____

14. List the goals you will work on while living at Killingsworth:

a. _____

b. _____

c. _____

I, _____, agree that the above information is complete and true to
 printed name

the best of my knowledge, and that I promise, if accepted into Killingsworth, I will abide by the Killingsworth rules and policies.

 applicant's signature date signed

 staff notes: see reverse side for detailed notes:

Accepted _____ Admission date _____

Declined _____ Reason (s) _____

 Interviewer's signature and date of interview

**ACKNOWLEDGEMENT OF KILLINGSWORTH PROGRAM
REQUIREMENTS AND CONSENT TO THE PAYMENT OF FEES**

I, _____, acknowledge by my signature below that the Killingsworth program has been explained to me, and that I have received my personal copy of the rules and written guidelines. I have also had any questions about the Killingsworth program answered to my satisfaction.

If accepted, I further agree to pay all fees required for my stay here, and I will pay these fees on time and in accordance with Killingsworth policy. I understand that the fees include a \$25 non-refundable rent deposit when I move in, and a weekly charge of \$119.00 for rent, which is \$17.00 per night.

I understand that I am required to have a source of regular, reliable income to fund my room and board fees. I understand I am responsible for payment for any prescription medicines I am issued by a doctor/health provide and also for services provided by such.

Resident's signature _____

Witness for Killingsworth _____

Date _____

RELEASE OF INFORMATION

I, _____, hereby authorize the employees of Killingsworth to release contents of information in my file or about conversations with me to medical providers, including pharmacies, social service agencies, counselors, or mental health agencies, for the purpose of assisting in all phases of programming and planning, or in the event of an emergency affecting my own life/health. This consent will remain in effect until my departure from Killingsworth.

Resident's signature _____

Witness _____

Date _____

Killingsworth Drug Testing Policy

It is our highest priority to assure a safe and peaceful environment for all the residents of Killingsworth. Therefore, it is the policy of Killingsworth to test (without notice) for drug and alcohol use. This policy applies to every resident, not just to those who have been referred from alcohol and drug treatment facilities. When you are asked for a urine specimen or for a saliva specimen for drug testing the following collection procedures will apply, with **NO** exceptions.

1. You will not be allowed to leave the office once you have been asked for a specimen. If you need water, coffee, etc. we will bring it to you. You will not be allowed contact with any other resident until the specimen has been obtained.
2. You will not be allowed to run any water in the staff bathroom (flushing toilet, washing hands etc.) until the specimen has been handed to the staff person.
3. A staff member will stand in the bathroom or in the doorway of the bathroom during collection. This allows us to prove the validity of the specimen should it become necessary.
4. You will be asked to initial a form verifying that it is your specimen and that it has not been altered.

If you refuse to cooperate, or if you are unable to provide a specimen within a reasonable amount of time (around one hour) we will assume that you are unwilling. Failure to submit a specimen or tampering with a specimen in any way may result in immediate termination.

If the screen is found positive you may be asked to move immediately.

Specimens that test positive are repeated for confirmation, and kept on file for at least one year.

I have read and understand the drug testing policy.

signature

date

EMERGENCY INFORMATION

The following information is requested of each resident.

Name _____ Any alias _____

Date of birth _____ Social Security Number _____

City and State of Birth: _____

Height _____

Color of hair _____

Weight _____

Color of eyes _____

ID number: _____ (include state)

Driver's License Number _____ (include state)

Auto year, make and model _____ Tag # _____

Friend or relative in Columbia (or living closest to Columbia):

1. Name _____ Telephone # _____

Address _____

2. Name _____ Telephone # _____

Address _____

Please use the back of this form for additional information you wish us to have access to in the event you become ill; are in an accident, etc.

HOUSE RULES

updated 11/29/17

1. Rent includes room and board, and is paid in advance. A receipt is given for each rent payment. If a receipt is not given, notify the Director.
2. All residents are required to work or be in an approved training, educational, or rehabilitation program a minimum of 30 hours a week. This is expected within two weeks of moving in.
3. Rent includes three meals a day. Food is available to prepare breakfast and lunch, and residents are expected to clean up afterwards. Dinner is prepared and served from 6:00 to 7:30 PM.
4. All residents help take care of the house. In addition to cleaning her own room area, each is given another household responsibility.
5. Curfew is 10:00 PM Sunday through Thursday, and midnight on Friday and Saturday. New residents have a 9:00 PM curfew during their first thirty days at Killingsworth.
6. Residents are responsible for the security of their personal belongings. Borrowing clothes or personal items is strongly discouraged.
7. Residents must notify staff when leaving and returning to the house. Residents may not leave Killingsworth after 9:00 PM on any night unless working an approved third shift.
8. Residents must use good manners when talking on any phone! Office phones may be used in emergencies.
9. All prescription medication must be turned in and then taken as prescribed.
10. Residents are not allowed any use of alcohol or drugs or inappropriate use of medication.
Twelve-step meeting attendance is mandatory for those in recovery.
11. Residents treat other residents and staff with respect in language and conduct.
12. Unless a staff person is present, offices are off-limits. Knock before entering.
13. Smoking is not permitted anywhere in the house. The front and back porches are available for smoking.
14. Residents are not allowed to visit in each other's rooms upstairs and may not enter another resident's room for any reason. Guests may visit downstairs between 9:00 AM and 9:00 PM.
15. Roommates who wish to sleep have priority. Be careful about turning on overhead lights and slamming drawers or doors.
16. Residents attend all house meetings. Monday night meetings are mandatory; Thursday night meeting attendance is expected unless the resident is at work or in a class.
17. A resident may have an overnight pass if she has consistently paid rent, completed her chores, and followed the rules.
18. Residents are expected to follow preventive health care measures and maintain wellness as much as possible. This means keeping eating well, sleeping enough, and keeping medical appointments.
19. Mental health care and therapy appointments must be kept as scheduled.
20. If a resident wishes to have her vehicle here, she must have a valid driver's license! She must provide staff with proof of insurance. She must purchase a permit to park on the street.
21. Do not bring in the mail from the porch. Ask a staff member for your mail.
22. Regarding laundry: residents are expected to get change, and to monitor their own laundry.
23. Share the television and DVD equipment.
24. *If house rules are broken, you are on house restriction.*
25. Help maintain the security of the house.
26. If a resident is gone for 24 hours without notifying the staff, she may be terminated.

If you have any questions, please ask a staff person.

AGREEMENT TO MAINTAIN ENVIRONMENT

I, _____, understand that living in a cooperative household such as Killingsworth requires that I help maintain and when required improve the living area. The living area includes the house and grounds. Maintenance is keeping my bedroom area clean, neat and uncluttered; and completing any assigned task referred to as a “detail.” My signature is my agreement to do this.

I understand that I will be assigned a regular detail. I understand it is my responsibility to notify staff when I have completed my detail or any other assigned task. It is my responsibility to notify staff if and why I am unable to perform maintenance details or keep my bedroom area in order.

I understand if I ignore my assigned detail or leave it incomplete, I will be issued a “W” which means “warning,” and my curfew will be curtailed to 9 p.m.

I understand that repeated inattention to my detail is interpreted as disinterest in living in this cooperative residence called Killingsworth.

applicant/resident signature

date

staff signature upon admission of applicant

date

AGREEMENT TO REMOVE PERSONAL BELONGINGS

I, _____, understand that when I am discharged or dismissed from Killingsworth or decide to move from Killingsworth, I must remove my belongings.

I understand that if my belongings are left on the Killingsworth premises for over a week (seven days) after I leave that on the eighth day they will be considered “abandoned” and will be discarded.

applicant signature

date

staff signature upon admission of applicant

date

Promissory Note

To: Executive Director
Killingsworth Home

From: _____

Date: _____

Subject: Promise to Pay Killingsworth Funds owed

Rent_____ Deposit_____ Damage_____

I promise to pay Killingsworth all monies owed for deposit, room and board (rent) and any other charges incurred. I understand my account must be cleared within 90 days of my leaving or discharge.

I owe Killingsworth \$_____.

Reason for indebtedness:_____

I plan to pay in this manner:_____

I understand that I must pay these monies in order to be in good standing. I understand that my credit history will be reported to the Credit Bureau(s) when my account is in arrears over 90 days. I also understand that legal action will be taken if I fail to repay this debt.

If Killingsworth agrees to arrange a payment plan with me and I fail to make a payment as agreed for 90 days, my account will be placed with a Magistrate's Office for legal action.

This promissory note is a valid contract and by my signature I confirm that I understand this procedure.

*Resident/Applicant*_____ *date*_____

*Witness*_____ *date*_____