

Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643

Dear Mr. _____,

Thank you for your interest in coming to the Lydia's House. We are excited to be a part of God's plan of ministry in these times. The program we have at the Lydia's House will focus on **Christian discipleship, education and job training.** Because of limited space, persons with no other place to go will be given priority.

Certain restrictions have been placed on us. At this time we will not be able to accept those with sexual offenses, some violent crimes and those who have health problems requiring constant care or mental health issues. There may be a time in the future where some or all of these restrictions are lifted depending on staff and funding.

The program at the Lydia's House is intense but the benefits are enormous. Your stay can be the equivalent of a \$15,000 scholarship. Besides you will be in the most loving, Christian environment that we can provide. We will, however, require careful observance of all rules and regulations.

1. Do you have a personal relationship with Jesus Christ? _____

If so, explain what that means to you. _____

2. Have you ever been arrested for or convicted of a sexual crime in Georgia or any other state? _____

3. Have you ever been classified as mental health- now or in the past? If so, please explain.

4a. **Parolee's:** Due to past problems we do not take anyone who is 'maxing out'. Do you have a minimum of 1 year between your TPM date and your max out date? _____

4b. **Probationer's:** You must be court mandated by a judge to the Lydia's House for at least 1 year.

Have you discussed whether this is an option with your lawyer or public defender? _____

Do they believe this is a legal option for you? _____ Lawyer or public defenders name: _____

Address: _____ Phone # _____

Probation Officer's Name _____ Phone # _____

Parole Officer's Name _____ Phone # _____

5. Do you have any medical conditions-(TB, HIV, Hepatitis, venereal disease, heart condition, diabetes, etc.) _____

Women: Are you pregnant? _____ Could you be pregnant? _____

6. Do you take any medication? If so please list. _____

7. Are you handicapped in any way or would you be on disability were you not incarcerated? _____

8. Do you use any tobacco products now? _____ Have you used any tobacco products in the past? _____
What? _____ Date of last use? _____ How much? _____

9. Are you married _____ single _____ divorced _____. Do you have a boyfriend or father of your children? _____
Who? _____ Date of last contact (call, letter, visit) _____

Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643 229-263-4034 Fax- 229-263-4035
Medical Information Request Form

In order to better assist you and send a prompt reply to your request for assistance, we ask that you sign this form and request that medical records complete and return it to our office. Please give your permission to release any and all information that we require.

I hereby request that the medical records department release all information requested by the Refuge of Hope. This release applies to medical records held by the Department of Correction or any other medical facility or doctor by which I have been treated.

Print Name (Inmate)

Sign Name (Inmate)

Date

Sign and date this document and give it to your medical department. They must fill it out and submit it to the Refuge of Hope.

Chronic Care— List all illnesses for which the inmate is being treated and medicines and/or treatment required.

Is this person pregnant?

Have they been tested for pregnancy?

Infectious/Communicable disease- (Please note any indication of the below disease even if minimal results)

HIV— Yes No

Hepatitis A B C

TB- Yes No - Has the inmate been treated in the past? When

Last test given?

Venereal Disease— List disease, treatment, and note if still active.

Surgeries- (List all past surgeries and any surgeries needed but not performed.)

Allergies (Food or Medicines)

Handicaps?

Back Problems?

Mental Health- Yes No Level Medication?

Other medical issues not listed above

Completed by Date

Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643

Application Information Release Form

In order to better assist you and send a prompt reply to your request for assistance, we ask that you complete this form and return it to our office. We have included a form for your counselor and institution chaplain to complete and return to our office. Please give your permission to release any and all information that we require. I hereby authorize any legally authorized entity to access any criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency and which can be accessed lawfully by a non-criminal justice agency in Georgia.

Name: _____ I.D.# _____

Institution Address: _____

Social Security Number: _____ Race: _____ DOB: _____

Nature of Offense: _____ Date of Sentence: _____

Tentative Parole Month: _____ Maximum Release Date: _____

Marital Status: Married Divorced Single

Name of Nearest Relative: _____ Relation: _____

Address: _____

Do you have any other address (other than the Lydia's House) to which you can parole?
If so, List _____

**What address or addresses are currently listed with the pardon and parole board as potential
Parole addresses?**

List the persons who are currently on your visitation list, their relationship to you, last visit date.

List anyone you write or call:

Counselor: _____ Chaplain: _____

Work Experience: _____ Education: _____

Do you give permission to release information to the Lydia's House: Yes No

Signature: _____ Date: _____

Lydia's House
7566 Hwy. 84W Quitman, Ga. 31643

Chaplain's Form
Parolees Only

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

Inmate Name: _____ I.D.# _____

Chaplain's Name: _____ Phone # _____

Institution Address: _____

When did you meet with the inmate? _____

Does the inmate attend Christian services at your institution? Yes No
How often? _____

Does the inmate attend additional Bible studies or participate in any Bible courses?
If yes, please list? _____

Does the inmate have an immediate need for our services? Yes No

What assistance does the inmate require: _____

Does the inmate have any outside support from his family? Yes No

If yes please list: _____

Do you believe we should provide the inmate with a resident plan? Yes No

Please explain: _____

Comments/Suggestions/Observations:

Chaplain's Signature _____

Date: _____

Lydia's House
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Counselor's Form
Parolees Only

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

Inmate Name: _____ I.D.# _____

Counselor's Name: _____ Phone # _____

Institution Address: _____

Nature of Offense(s): _____

Tentative Parole Month: _____ Maximum Release Date: _____

Does the inmate have a resident plan? Yes No

Who is listed in his file for resident plan _____

Does the inmate have any detainers or holds? Yes No

If yes, describe: _____

Has inmate had any disciplinary problems during their incarceration? Yes No

If yes please explain:(list or attach list) _____

Does the inmate have a substance abuse problem: Yes No

If yes, what type of treatment has he had during his incarceration? _____

Does the inmate require any special treatment/attention? Yes No

Does he require any medical/ mental health attention? Yes No

If yes please list: _____

In your opinion, should we accept this inmate: Yes No

Please explain: _____

Comments/Suggestions: _____

I have reviewed the inmates files and found the above information to be accurate.

Counselor's Signature _____
Date: _____

THIS FORM MUST BE RETURNED BY THE COUNSELOR IN A SEPARATE ENVELOPE!

APPLICATION FOR LYDIA'S HOUSE

Personal History

Name _____ SS# _____
(first) (middle) (last)

2. List all alias names or alternate SS #'s used. Use back for extra room.

3. Institutional Number GDC _____ EF# _____

4. Date of Birth _____ Place of Birth _____

5. Where did you live when you were arrested?

6. What other cities and states have you lived in previously in your life?

7. Parent's Name (if living) _____

8. Parent's Address _____

P.O. Box or Street No. City State Zip

9. If not your parents, who is your emergency contact?

Name	Address	City	St.	Zip
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10. Are your parents separated or divorced? _____ Yes _____ No

Reason: _____ Were you adopted? _____ Yes _____ No

11. Other rehabilitation centers attended (other than prisons).

Where _____ When _____

Where _____ When _____

12. Number of times you have stayed in a mission _____

13. Do you have any medical problems? _____ Yes _____ No

List and describe all medical problems & all medication you take:

14. Any physical problems or limitations? _____ Yes _____ No

List and describe all problems: _____

Are you classified mental health? _____ Yes _____ No

If so what is your mental health level? _____

15. Do you or have you used alcoholic beverages? _____ Yes _____ No

16. Do you consider yourself an alcoholic? _____ Yes _____ No

17. Have you ever attended an AA meeting? _____ Yes _____ No

18. Do you/have you used any type(s) drugs? _____ Yes _____ No

If so, explain: _____

19. If you are a naturalized citizen, please give the following:

Certificate _____
 Date entered the US (month/date): _____
 Where issued (city,state): _____
 Date of final papers (month/day/year): _____

20. Do you receive any of the following:

Social security check _____ b. Veterans check _____
 Disability check _____ d. Other _____

Prison History**1. Present Institution Name:** _____

Address: _____

City: _____ State: _____ Zip: _____

2. Check one of the following: Will you be on:

Probation _____ Parole _____ Contract Parole _____ Work Release _____

Proposed release or parole date _____

Probationers: When is your court date: _____

How long will you be on parole, probation, etc. _____

3. How many times have you been incarcerated (list below):

Institution	City	State	Date
-------------	------	-------	------

4. Give three references in the institution (not inmates):

Name	Position
------	----------

**5. List all charges, convictions, and other depositions received , giving dates,
Places, outcome:**

Offense	Place	Date	Sentence
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6. Do you have any charges from another state? _____**7. Do you have any open warrants-,holds or detainees local, state or federal?** _____**8. Are you a legal citizen? _____ Do you have or will you have a detainer by ICE?** _____**9. Do you have any open probations? _____ Where? _____****10. Do you have a split sentence? _____****11. Have you been to any transitional center in the past? If so, when? _____
Where? _____****12. Have you been to any other drug program or aftercare program? _____****13. Why were you unsuccessful during previously granted paroles or upon completion of
previous sentences to say out of prison? _____**

Employment History

1. What job training did you have before incarceration?

Job corp _____ Manpower _____ Vocational Training _____

Other _____

Explain each training and where:

2. What was your last legal job before incarceration?

Job Title _____ Employer _____

City _____ State _____ Zip _____ Phone# _____

Duties performed:

3. What jobs have you worked on in the institution?

Institution	Job	How long?
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What vocational training program did you participate in?

How long? _____ Did you receive a certificate _____

5. List all courses taken while incarcerated (if shorthand or typing, give speed at course completion) _____

6. Prior to incarceration, how many hours per day did you work?

7. List your preferences of employment:

1st preference _____

2nd preference _____

3rd preference _____

List all skills you have below:

8. List all machines, equipment, tools you have experience with:

9. Have you ever been fired for drinking or quit because of alcohol?

Explain: _____

10. Have you ever received Workman's Compensation? Yes ____ No ____

11. Have you ever taken a Civil Service examination? Yes ____ No ____

Financial Status

1. Do you own any property? _____ Yes _____ No; List all _____
2. Do you have any money in any account in your name or anyone else's name? _____ Yes _____ No
Explain: _____
3. Do you have any inheritance that you have or should receive? _____
4. Do you owe fines, fees (probation or other) that you legally owe? _____
5. Driver's License: Do you have a valid driver's license? _____ Is it expired? _____
Is it suspended? _____ If you know what you must do and/or how much it will cost you to get your license please describe: _____
6. Do you owe anything to IRS? _____ How Much? _____
7. Do you owe any college loans? _____ How Much? _____
8. Do you owe any child support? _____ How Much per month? _____
Past due amount? _____

Family History

1. Marital Status: ___ married ___ single ___ separated ___ divorced ___ widower
Husband/boyfriend's Name _____
Date of Birth _____ Phone # _____
Address _____ Phone _____
2. How long separated? _____ How long divorced? _____
3. Has your ex-husband remarried? Yes ___ No ___
What was the reason for your divorce? _____
4. How long have you been married? _____
5. Number of times you have been married _____
6. If more than once complete the information below:
When married _____ When divorced _____

7. Reasons for divorce:

8. Number of children (state which marriage)

Names _____
Ages _____
Sex _____

Where are your children Now? _____

9. If a widower, what was the date of your husband's death? _____

List all brothers/sisters:

Name	Relationship	Age	We are close/get along/not close
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Military History

1. Have you been in the military? _____ When _____ Where _____
2. Which branch of service have you been with? _____
3. What length of time were you in the Armed Forces? _____
5. Which of the following are you? WWII Vet Korean Vet Vietnam Vet Other
6. Type of discharge _____
7. Reserve status: Active Inactive None
8. Do you have a service connected disability income? Yes No
9. Were you ever court-martialed? Yes No If yes, please tell why, _____
What was the result of your court-martial? _____

Education History

1. What was the last grade you completed? grade school Jr. High
 high school GED College

List year and date of graduation: _____

2. If you completed college, list your degree (type/year) _____

(major/minor) _____ (post-graduate) _____

3. Did you ever attend any trade schools? Yes No

What type _____

Did you graduate? _____

What years did you attend? _____

4. List all colleges or trade schools attended: _____

5. What specialized training did you receive? _____

Medical History

1. What is the state of your physical health? excellent good fair poor declining
2. What is your height _____ weight _____ usual weight _____
3. List all illnesses for which you are now being treated and the medicine &/or medical treatment now being given.

4. List all major illnesses or surgeries you have ever had or have:

5. Are you handicapped in any way? Yes No If yes, what type of handicap do you have? _____
6. Do you have any special profiles? _____
7. Are you allergic to any medications? _____
8. Do you have any food allergies? _____
9. Are there any foods which you cannot or do not eat? _____
10. Do you presently have or have you ever had, emphysema, HIV, hepatitis, venereal disease (STD), tuberculosis, staph? Yes No
Which ones? _____
11. Are you pregnant? _____ Could you possibly be pregnant? _____

11. Have you ever been hospitalized for alcoholism or drug addiction?

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Yes No (Also list related illnesses.)

Where

When

Why

12. Have you ever used drugs other than for medical purposes?

What

How old when you began

How long

Where

Smoking _____

Alcohol _____

Marijuana _____

Huffing _____

LSD/PCP/Hallucinagins _____

GHB _____

Estacy _____

Cocaine/ Crack _____

Heroin _____

Meth _____

Prescription Drugs _____

Other _____

13. Have drugs, alcohol or other stressful situations caused you to feel depressed or contemplate suicide? _____

Have you ever been committed to a psychiatric hospital? Yes No

Have you admitted yourself voluntarily? Yes No

Where were you admitted? _____ Date _____

What was the reason? _____

14. Have you ever had a severe emotional upset? Yes No

What was the cause? _____

15. How have drugs/alcohol affected your mind/thinking? _____

Religious History

1. Are you? _____ Have you ever been a church member? _____

2. What denomination? _____ Where? _____

3. What is your pastor's name? _____ Chaplain's Name? _____

4. How often did you attend? _____

5. Are you a Christian? Yes No Not sure When did you get saved? _____

6. Have you ever believed or professed any other faith? Yes No

If so, what religion? _____

7. How often do you read the Bible? _____

8. Have you ever been baptized? _____

9. Do you pray? _____ When? _____

10. Please give the religious background of you/your family when you were growing up: _____

I hereby attest that I have answered all questions honestly and to the best of my ability. Giving

false information on the application or it's attachments can constitute being turned down for residence.

Should you be accepted and we find that you have lied about critical information you will be dismissed from the program.

Name _____ Date _____

Covenant Agreement with the Lydia's House

We understand that our most important mission is to enter into a covenant agreement that includes an explanation of our mutual spiritual goals. We are, first and foremost, a Christian ministry. Your signature on this document signifies your understanding and willingness to come to and enter a Christian environment. While we are inter-denominational in nature we do not have staff or means to take each individual to their preferred denominational church of choice. Our desire is to provide you an environment to focus on your spiritual needs and grow spiritually.

Some questions concerning the implementation of this statement have occurred, so we will try to clarify them.

1. All classes are taught from the Biblical viewpoint regardless of the material being covered.
2. Instructors come from various denominational backgrounds. Our classes are taught by including the truths and instruction from the Bible. Therefore, non-Christian doctrines are not allowed to be part of discussions in any classes.
3. We have not tried to hide our purpose to help those who profess to be Christians or to teach Christian doctrine. **We are not funded by the state or federal government.** We are totally funded by Christian churches, individuals and companies.
4. Church services are held weekly at the chapel. Various ministers speak at our chapel from various denominations. The ministers and churches cross almost all races and ethnicities in our area. Occasionally we may visit another church. When attending services everyone attends the same church at the same time. This allows staff or board members to make sure that rules are being followed.
5. When visiting various churches respect is required by the resident but participation or agreement with doctrine is not required.

It is true that we provide food and shelter and opportunities for education and jobs but we are not a "half-way house". We are a "whole-way house". We want to allow you the opportunity to find wholeness through the love of Christ and the love of our volunteers.This program requires twelve months minimum time.

(Init. __)

If you desire only to get out of prison or jail you will come only to find rules, regulations and schedules. These are facts of every persons life! Freedom comes when we are made free through Christ. We are not under any obligation other than the commands of Christ.

We ask that you submit to us as those who care for your souls. We take very seriously our instructions from Christ. We have no other motive except to love you as Christ loves you. We don't have time and more importantly have no desire to be "hall monitors"- do this, don't do that. We can and will, however, if necessary. Should you prove to be one of those who require constant correction, however, or if you fail to show a cooperative attitude, **we will have no choice but to terminate your stay at the Lydia's House.** We can provide three things for you— **accountability, structure and discipline**. But we cannot accomplish the spiritual goals we all have without your permission and complete cooperation. Please consider these things carefully. If you have any problems participating in Christian activities (various denominations), if you are not serious about spiritual growth (not just intellectual knowledge but everyday living), or if you want to come to the program with only the desire to rush through and get out, **please do not sign this document or continue your pursuit of acceptance to the Lydia's House.**

I have read the above covenant statement and it is my desire to come and participate in the program at the Lydia's House.

Signature

Date

We are not a state funded transitional program. We are not your average rehabilitation center. We are a THOR certified intense drug and alcohol center and focus on life controlling problems. We accept those on parole up to and including violent offenders (excluding sex offenders and those with mental health issues or life threatening illnesses.) We also accept court mandated probationers who would otherwise be in jail or prison. You need to know that our rules are strict and our program supervised by individuals, camera systems and audio systems.

Signature

Date

I agree to abide by the policies governing the program and the rules of the house realizing that non-compliance will result in disciplinary action or dismissal.

A. Immediate dismissal:

1. Leaving the Lydia's House property or work/school location.
2. Possession of a weapon.
3. Physical abuse of any staff member or other resident. Disputes will be thoroughly investigated, determined by the board and reviewed in a community meeting.
4. Stealing from staff, other residents or the Refuge is forbidden.
5. Bringing illegal drugs or alcohol on the property.
6. **Sexual activity of any kind is not permitted. The resident will not be allowed to begin or seek Relationships with males while at the Refuge.** No contact is allowed with males by letters, phone calls, visitation, or other means other than proven family members. No homosexual or overt sexual activity will be tolerated.
7. Terrorist threats can be grounds for immediate dismissal if proven and legal authorities will be called.
8. Residents must carry out all verbal or written instructions/requests from the Refuge staff. Failing to carry out these instructions is a violation of the program rules & will result in dismissal.
9. Failure to fully participate in classes, complete assignments and cooperate with your recovery goals And work whether for criminal behavior and/or drug and alcohol treatment.
10. No gang activity including gang signs or clicks will be tolerated.
- 11.. An accumulation of 10 disciplinary reports.

You may never be alone with a male without female staff present. This includes male staff from the Refuge of Hope or workers who may have to come onto the property for necessary reasons. It is YOUR responsibility to remove yourself from the area and alert staff! Signs will be posted forbidding any male from entering the property without female staff escorting them.

Violation of any program rule will be reported to your parole/probation officer and may be considered as a parole/probation violation as well. The Lydia's House staff will call legal authorities and charges will be made against any resident who commits any illegal act. This will include theft from the Lydia's House, residents or staff members. Also, anyone bringing any drugs or alcohol onto the property of the Lydia's House or its vehicles, or any vehicles, personal or otherwise that enters the property.

B. Other rules resulting in disciplinary report and possible dismissal.

1. Cooperate fully with the staff. Refusal to follow instructions, attempts to disrupt class, complaining & causing discord with others in the program will be a sign that you were not serious when you committed to come to the Lydia's House & change your life with Christ's help. As soon as we recognize these signs we will take disciplinary action that can lead to dismissal.. We will ask that the judge in your case issue a suspended sentence. He will note that you are being accepted for as little as a 30 day probationary program.
2. Attend & participate in all program meetings & workshops. Attention & positive attitude are required.
3. Meet with the program administrations as required.
4. Work toward your personal short-term and long-term goals. Meet established deadlines.
6. Follow the three phases of progress at the Lydia's House. I understand that I will be assessed before proceeding to the next stage.

FRESH START-The first five months is a probationary period. Activities off campus will be group lead activities and supervision is required constantly. Classes outlined must be taken and completed.

After board approval you will graduate to the next level. See Attached Curriculum List.

SEEKING GOD'S PLAN- Approx. five months. All residents can begin online college classes.

Parolees can begin 4 hour/8 hour passes (See pass rules.) and can get an outside job. After eight months Parolees can get a vehicle to go to and return from work.

Probationers can go to work if allowed by the court but must be supervised at other times. (No passes.) Transportation will be provided to work & from work until LH approves purchase of a personal vehicle.

Covenant Agreement with the Lydia's House:

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NEW BEGINNINGS— Last three months. You continue to work. You will pay an expense fee of \$400 per month. We help you with plans to leave Lydia's House. A job, home and place of worship is sought in The area of your choice.

7. Rules concerning vehicles: When you are eligible for a vehicle you must have a valid driver's license & insurance. You must log in and out of the property. You will be allowed adequate driving time to and from work. Stops other than for an emergency without prior approval is not acceptable. Final curfew for drivers is 6:30 pm unless pre-approved for work. Keys must be kept at the administration building in provided lock boxes at night. Vehicles will be regularly inspected. Failure to follow the rules & time limitations & attend required activities will result in revocation of these privileges.
8. Attend morning prayer and devotion every morning and church on Sunday and other scheduled Bible Studies or weekly services must be attended.
9. **Financial Arrangements: There is a \$500 admin. Fee up front plus \$50 per month for drug test, etc..(Special consideration can be given for those absolutely indigent.)**

The monthly rate is \$400 per month. However, the first five months will be reserved in assessment and forgiven if a resident completes the program. If a person leaves before completion of the program the \$400 monthly fee can be deducted from any assets at the Refuge. The last seven months must be paid by the resident. You will pay 10% weekly to the Refuge of Hope. We consider this to be tithe. The resident will be required to pay a \$50 one time room maintenance fee upon leaving the Refuge.

Until you go to work you will be given \$5 per week from your account. Should you not have any funds from gifts or income we can advance (loan) this to you. We will also advance uncovered medical expenses and other absolutely necessary expenses that cannot wait until a job is obtained. **All gifts and income must be reported.** Once you receive your first check you may receive \$10 per week for personal expense. Do no accumulate more than \$15. That money should remain on your person at all times. Residents are not allowed to sell , barter, loan or trade anything.

The balance will be placed in an trust account to pay fines, fees, child support and save money towards housing, driver's license, and transportation. Since we are bearing the expense of shelter and food (except where government programs can assist with these expenses), we reserve the right to make sure that savings are spent for these stated expenses. Signed receipts will be given and money is held in an established trust fund for the individual. Should you owe the ROH anything upon early termination the judge in your case will be asked to assign restitution to the ROH for the balance owed.

Residents who are 62 or older and/or will receive social security will be required to pay the \$400 per month or 50% of their social security amount whichever is less beginning from their arrival. Their length of stay will be 6 months.

10. No resident will be allowed to be self-employed during the program. Also those paid by cash must have the employer turn in a document with each pay period showing the hours worked, amount paid and signed by the employer. Parole policy says that full time employment is 32+ hours per week.
11. If a person absconds, any personal property will become the property of the Lydia's House. If a person returns to jail while they will have 30 days to have their personal property picked up.
12. You MUST make every effort to live in harmony with the other residents. Verbal abuse of staff or other residents is forbidden. **NO CURSING IS ALLOWED.**
13. Alcohol and illegal drugs are forbidden. Random drug tests can be required. Failure to pass a drug test and/or obvious intoxication could result in dismissal or restarting the program in Phase 1.
14. **No use of tobacco products is permitted.** This applies on or off the premises. The first infraction of this rule will result in (1) DR (\$100 fine). The second infraction will result in (5) DR's.(\$500 fine) The third infraction of this rule could result in dismissal.
15. You must fill out a call/visitors/mail list. **Only those approved persons on the list will be allowed Visitation (after 30 days), mail privileges, or phone calls to or from you.** Personal phone calls are limited to 15 minutes no more than twice a week.

(Initials)

16. All mail coming to or leaving the property must come through administration and will be opened and inspected when coming in or going out. No post office boxes or sending/receiving mail at any other address. Failure can result in dismissal.
17. **NO CELL PHONES ALLOWED!** \$1000 fine may be levied or dismissal may result.
18. Tattooing is NOT allowed. \$500 fine for anyone getting a tattoo. \$1000 fine for having/possessing tattooing equipment or putting a tattoo on anyone.
19. Everyone is to be treated like they could possibly have an infectious disease. Gloves are to be worn when cooking, serving food or cleaning restrooms.
20. **NO VISITORS ALLOWED WITHOUT EXPRESS PERMISSION.** They will be required to show ID and log in.
21. We will provide transportation to and from work at appropriate times. A cost of 20 cents @ mile is charged for out of town transportation. (This can be adjusted as gas cost rises or goes down.) Transportation will be provided to and from program required activities. Any other transportation may be provided if deemed necessary for the health and well being of the resident and if practical for the staff. The cost of this transportation must be paid for by the resident.
22. All prescribed and over the counter medication must be surrendered to the director for monitoring. Some standard medication may be issued weekly. The resident must request a 24 hour dosage of all other medication by 5:30 PM each evening, All medication will be logged out and signed for.
23. The program will require that each resident sign a document giving Lydia's House and it's authorized staff permission to obtain any and all medical records that pertain to the resident from hospitals, doctors, pharmacies and other service providers. This document will also give the program staff access to information concerning any legal matters that are active during the term of their residency. The term of this document will expire upon completion or dismissal from the program.
24. Curfew- All residents are required to observe curfew-10:00 PM. No one is permitted to leave the residence without express permission. The residents are to be quiet after curfew.
25. You will have chores and work assigned each day and must be completed.
26. You will be required to sign a release of indemnity holding the LH harmless in case of injury or illness.
21. Should you have complaints or requests you must fill out the available forms, they will be reviewed by the board and you will receive a reply.
22. All volunteers are required to report disciplinary problems, complaints or requests to the administration. Volunteers may not give the residents anything or receive anything from a resident except as designated by the Lydia's House at Christmas or graduation.
23. Credit for completion of classes will not be given for attendance, cooperation & participation are a must.
24. You will be required to rotate dorm cleaning and cooking on weekly and/or weekend schedules.
24. On occasion you may be required after assessment to have special sessions with counselors or ministers regarding specific needs whether they be personal in nature or due to some disciplinary problem. We reserve the right to alter your classes or program structure after discussion with you to suit your needs.
25. Before graduating from the program any resident wishing to obtain new address and leave the program MUST discuss this proposed change with her officer at least 15 days prior to the planned departure.
26. Residents can serve community service at the Lydia's House.
27. Any resident seeking an extension beyond the normal twelve month program period will be required to petition the board six weeks prior to the end of his program period. The board (minimum of three members) will meet personally with them and make a determination of their request. If accepted the resident will be required to sign a covenant extension. Basically the covenant will be the exact same rules and regulations as before and the resident would be subject to return to DCS custody should they fail to keep the covenant the same as in the original covenant period. Also they would be required to pay a sum of approximately \$400 per month during the additional time period.
28. There must be QUIET IN THE DORM!!!! Use your inside voice and talk quietly. The dorm is for rest, Relaxation and study.
29. **Women may not be pregnant or become pregnant and continue in the program. Pregnancy tests will be given.** _____(initials)

House Rules

Page 6

1. You will have an assigned room. This room will be occupied by yourself and other residents. Do not rearrange it or put anything up on the walls.
2. You will be required to keep your room and your personal items clean and neat at all times. Hampers will be provided for dirty clothing. Shoes will be stored neatly under the head of the bed.
3. You will rotate with other residents on general housekeeping duties and cooking responsibilities (Assigned by the resident manager and approved by staff.) However, **when you use any part of the house and make a mess YOU are required to clean it up.**
4. All articles in the house have “a place”. You will be required to return them to their place when you finish using them.
5. YOU must clean the shower, sink or toilet (as needed) after personal use. Towels, washcloths, soap and any other personal items are to be put away after use. Please limit your time in the bathroom to allow everyone opportunity to shower, shave, etc. in a timely manner.
6. NO food or eating in the bedrooms or living room.
7. No dishes are to be left in the sink. They should be rinsed and put into the dishwasher to be sanitized.
8. Menus and grocery lists will be prepared on Friday for the following week (Monday -Sunday). The menu will be cooked each day by those assigned. There will be plenty of variety. Should you choose not to eat the assigned meals that is your choice but you will not be allowed to prepare other food. **NO COOKING AFTER SUPPER MEAL!**
9. CLEAN all appliances after EACH use. Make sure the dryer vent is cleaned before EACH use.
10. DO NOT overload the washer or dryer or wash a load so small that it is a waste of electricity (i.e. a pair of pants and one shirt.). A washing schedule is posted by room. You may wash and dry clothes on that day only unless the person in the assigned room gives you permission.
11. CONSERVE ENERGY by keeping lights off when not in the room.
12. This is a CHRISTIAN FACILITY. Do not bring any video or audio materials on the property without permission. All videos must be approved by staff and should not be rated more than PG-13. Television watched should have no profanity, not be sexually oriented nor contain any references to witchcraft or the occult.
13. Music should not contain any profanity, hate language, sexual references. **Therefore, you will only be allowed to listen to Christian music.** This applies on or off the premises.
14. **DO NOT go into anyone else's room.** DO NOT “borrow” anything that does not belong To you.
15. Each person’s identity and any information shared by them is to be kept confidential. Do not disclose any information about residents to anyone outside the residence..

_____ (Initials)

17. The dormitory WILL BE QUIET and LIGHTS WILL BE OUT after curfew.
18. Appropriate dress is required at all times. SEE MODESTY RULES!
Work days– Skirt or jeans appropriate for work. Belt must fastened at the waist, (this means the bottom of your belt must be above the highest point of the hip bone), shirt or t-shirt (No Tanks without outer shirt. Shirt must cover well below your jeans or skirt.), work boots or tennis shoes, hat or cap (not inside the building.). No sleeveless dresses or shirts allowed.
Friday meeting– Skirt, Jeans, Collared or dress shirt, dress, tennis shoes or loafers.
Church Services -Dress attire (Skirt/dress pants and blouse which comes below your buttocks, or dress/skirt below the knee), dress shoes.
19. Due to limited space and availability of clothing and in the interest of treating each individual equally clothing will consist of the following-
7 pair of underwear, 3 bras, 1 slip, 3 tank tops, 5 pr. of work socks, 8 pair of work pants,/ Skirts, 8 work shirts or pull overs, 2 pair of dress shoes, 1 pair of work shoes and 1 pair of tennis shoes, a work coat, dress coat, 4 outfits for church (Skirt/pants and blouse or dress). 1 pairs of pajamas, 1 bath robe. While the Lydia's House is not required to provide all of these items we will make every effort to obtain them for you. They will not all be new but will be in good usable condition. When you go to work (approx. end of 5 months) and again when you reach 9 months you will be given 3 sets of cloths.
20. Everyone is to be out of bed and dressed for the day as scheduled. You must shower at least once each day (morning or evening as scheduled).
You will be required to wear your bathrobe to and from the shower.
Brush your teeth a minimum of twice per day. Please keep neat and clean.
21. REPORT ANY INJURY OR SICKNESS IMMEDIATELY. We want to make sure that anyone needing medical care is taken care of immediately.
22. The residence is clearly marked with EXITS. Fire extinguishers and smoke detectors are provided. Please leave immediately if a fire occurs. Do not attempt to remove personal items. Assemble at the front of the residence so that everyone can be accounted for..
23. Personal conflicts between residents should be brought to the directors attention immediately.
24. Personal vehicles will only be allowed once a valid driver's license is obtained and proper insurance is purchased. This step will occur in the NEW BEGIN-NING phase as your are preparing to leave the Lydia's House.

I agree to discuss my situation with my parole/probation officer and depart immediately from the facility in the event that the staff determines that I am not fulfilling the terms of my agreement at the Lydia's House. I have read, understand and agree to abide by the above rules.(Page 1-8)

Resident's Signature

Modesty Rules

**1 Cor. 6:19-20; 1 Timothy 2:9-10; 1 Peter 3:3-4; Prov. 31:30; Matthew 5:28;
1 Cor. 12:23; 1 Cor. 10:31; Lev. 19:28; Rev. 3:18; Is. 3:16-24; Ex. 28:42;
1 Cor. 11:15; Ez. 23: Ez. 23:1-4; Ex. 20:25-26.**

- A. Dresses or Skirts- Must not be tight. Must come to the bottom of the knee standing. Must come to top of knee sitting. When legs are crossed must not show thighs.**
- B. Pants- Must be loose fitting. Must come up to waist.**
- C. Shirts must completely cover breasts, midriff and have sleeves. Undershirts will be provided to be worn under shirts or dresses to assure coverage.**
- D. Clothing cannot be tight, revealing or thin. Proper undergarments must be worn- bra, panties (no thongs), and slip if needed.**
- E. Shorts- Must come up to waist and come to the top of knee. Loose fitting. Can not be worn to church or meetings off campus.**
- F. Haircuts- Should be simple and easy to care for. While perm styles might be lovely you will not have funds to keep up some of these cuts. Length should come at least to the top of your collar.**
- G. No hair coloring other than blonde, brown, black or grey.**
- H. Make up and jewelry will not be furnished .
Make up allowed – Light foundation, natural to light lipstick and nail polish. Mascara- eyelashes only. No eyeliner or shadow.**
- I. Jewelry- no more than one necklace, one bracelet and one ring should be worn at a given time.**
- M. No jewelry will be allowed that pierces the body or has occult signs or symbols. (Small earrings will be allowed.)**
- N. Pajamas must be worn at night. A bathrobe must be worn if you leave your room during the night. In the morning you dress and leave your room by 6 am.**

Signature

Date

**STATE OF GEORGIA
COUNTY OF BROOKS.**

LYDIA'S HOUSE CONTRACT

For and in consideration of one year resident stay at the Lydia's House, a division of Azalea City Prison Ministry, Inc., to _____ DOB _____, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and for her estate, heirs and assigns, does hereby agree to reside at the Lydia's House for ONE YEAR and abide by the terms of the attached covenant unless released by the Lydia's House for inappropriate conduct. Should the aforementioned be dismissed from the Lydia's House she will pay a sum of \$400 per month before being released. Should she complete the program she will only pay \$400 for the last seven months of her stay. Additionally she will pay 10% of earnings once she goes to work. She will pay her own medical expense, fines and fees and transportation to and from work.

This contract notifies the Department of Correctional Services of the resident's intent to stay and may not be changed or revoked after arrival at the Lydia's House.

20____.

**Signed, sealed and delivered
In my presence:**

This _____ day of _____,

**Potential Resident of the
Lydia's House**

Notary