

## Safe Haven Application

Thank you for considering this application to Safe Haven! Before filling out this application, we at Safe Haven wanted to address you, the applicant, about this program. This program is a 6 month faith based, residential, recovery program for women that seriously want to change their lives.

Most of our residents have struggled with drug addiction, abusive relationships. And incarceration. Almost all have had their children removed. Some come to us very sick and all have been emotionally traumatized in some way.

Safe Haven is a program that wants to help women break the chains of addiction and abuse to become productive members of society. Potential residents complete an extensive application. Every effort is made to get all applicants the kind of help they need.

Once accepted into the program, residents begin to learn who they are "in Christ" while developing life skills that are essential for their future success. Each resident attends classes on a variety of subjects ranging from Domestic Violence to grocery shopping on a well-managed budget. They WILL face their legal issues, set up payment plans for any fines, medical evaluations, DCS casework, attend recovery meetings through and work volunteer hours; giving back to their community.

If residents are allowed, subject to court stipulations, visitation with children in state custody or relative placement is permitted in order to begin the process of healing.

As a resident progresses through each phase of the program, they are taught more responsibilities to build upon the previous lessons learned. These lessons include: obtaining a job, developing a financial budget, obtaining a driver's license, obtaining a car, purchasing vehicle insurance, developing independent living skills under strict supervision, as well as keeping up with phase work and volunteer hours. Additionally, residents will have to work in their scheduled appointments with their children and keep up with any ongoing court cases. When your attention is focused on multiple things, all at one time, it can get stressful. Life at Safe Haven can get tough, but life is always tough in the real world. This is why it is essential for any resident at Safe Haven to **MANAGE** their lives and not return to their previous ways of burying their stress and emotions inside their addiction. Women at Safe Haven will find for the first time in their lives that, with God's help, they CAN do it.

By the time they graduate from Safe Haven, women will be ready to move out in the real world as clean, sober, God loving members of society. Many will have custody of their children back or will be well into the process. Are you one of these women? **Are you ready?**

If you are still considering Safe Haven as the next step to your recovery process, please continue to fill out the attached application with a cover letter from you and a picture of yourself if possible. This application is our first contact with you, so please be as honest as can be and very open in relaying your heart to us through the answers you fill out. Once the application is completed, please fax or mail the application to the phone number or mailing address provided in the application packet.



Unless the Lord builds the house  
they labor in vain who build it.  
Psalm 127:1

## Application Form

**Safe Haven is a Faith- based Residential Discipleship Program, for women wanting to recover from a self-destructive lifestyle.**

**P.O. Box 355**

**Gainesboro, TN 38562**

**931-268-3144**

### SELF:

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

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ ID# \_\_\_\_\_

Projected Out Date or Court Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Institution: \_\_\_\_\_ Unit: \_\_\_\_\_

What program are you, if any? (Example: Freedom Project, Been There Done That, WHO, etc)

How many times have you been incarcerated? \_\_\_\_\_

How many times have you been arrested? \_\_\_\_\_

List all convictions:

Year: \_\_\_\_\_ Charge: \_\_\_\_\_

Year: \_\_\_\_\_ Charge: \_\_\_\_\_

Year: \_\_\_\_\_ Charge: \_\_\_\_\_

Name and phone number of attorney:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for sex offense, violent crime, or arson?

If yes, please

explain: \_\_\_\_\_

Have you ever been arrested for causing bodily injury to anyone? \_\_\_\_\_

If yes, please

explain: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have a car? \_\_\_\_\_

**FAMILY:**

Current Marital Status: married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_ widowed \_\_\_\_\_  
single \_\_\_\_\_ common law \_\_\_\_\_

Do you have children under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? Male \_\_\_\_\_ Female \_\_\_\_\_

Do you have children 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? Male \_\_\_\_\_ Female \_\_\_\_\_

Do you have any open DCS or CPS cases? \_\_\_\_\_

Do you have any "injury to a child" convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail:

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Who has custody of the children-Who is taking care of the children?

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Is reunification with your children part of your plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL:**

What are your medical and psychological needs, If any?

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Please list medications you are currently taking:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Have you ever been hospitalized for physical or mental health issues? \_\_\_\_\_

If yes, please explain when and where: \_\_\_\_\_

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**SUBSTANCE ABUSE HISTORY:**

Have you ever abused alcohol or drugs? \_\_\_\_\_ If yes, please identify which  
ones: \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_

What age did you start using drugs? \_\_\_\_\_

Have you ever completed a substance abuse program? \_\_\_\_\_

If yes, please list program and dates:

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION HISTORY:**

High School Grad \_\_\_\_ GED \_\_\_\_ College \_\_\_\_ Last grade completed: \_\_\_\_

Did you attend school while imprisoned? Yes \_\_\_\_ No \_\_\_\_

If yes, what classes were you enrolled in? \_\_\_\_\_

Have you participated in any programs during your past incarceration/s? Yes \_\_\_\_ No \_\_\_\_

If yes, please list program and date:

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT/INCOME:**

Last year and place of employment: \_\_\_\_\_

Have you ever received SSI and/or SSDI? Yes \_\_\_\_ No \_\_\_\_ If so, when? \_\_\_\_\_

**GOALS:**

Why do you want to come to Safe Haven?

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List your short-term goals (six months to one year after you release.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What are your strengths?

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What are your areas of growth?

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**Tell us about your life that brought you to where you are today. This letter is MANDATORY.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Finding your ACE Score

Please complete the following:

1. Did a parent or other adult in the household **often or very often**...  
Swear at you, insult you, put you down, or humiliate you?  
Or  
Act in a way that made you afraid that you might be physically hurt?  
Yes      No      If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often**...  
Push, grab, slap, or throw something at you?  
Or  
Ever hit you so hard that you had marks or were injured?  
Yes      No      If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
Or  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes      No      If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that...  
No one in your family loved you or thought you were important or special?  
Or  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes      No      If yes enter 1 \_\_\_\_\_
5. Did you **often or very often** feel that...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
Or  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes      No      If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes      No      If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother...  
**Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
Or  
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
Or  
**Ever** repeatedly hit at least a few times or threatened with a gun or knife?  
Yes      No      If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes      No      If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes      No      If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes      NO      If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

## Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in the disqualification of any application for entrance. I also hereby give permission to Safe Haven staff to use any means necessary to verify this application including talking to my friends, family, any employer past or present, and searching social networks sites.

\_\_\_\_\_  
\_\_\_\_\_  
*Applicant*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person \_\_\_\_\_  
Relation to applicant \_\_\_\_\_  
Reason \_\_\_\_\_

Safe Haven does not discriminate against those who are HIV positive in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more residents in the program that are HIV positive. This center does not require students that are HIV positive to notify others in the program of their HIV status.

Safe Haven complies with title IV of the civil rights act of 1964 and does not discriminate based on race, creed, gender or religion.

Safe Haven  
P.O. Box 355  
Gainesboro, TN 38562  
Phone: 931-268-3144

# If Accepted to Safe Haven;

## **Be sure to bring the following to be presented for inspection:**

Your Bible (If you have one, Stamps and Envelopes, Pens and Highlighters, Your Cell Phone  
List of Emergency Contacts and Numbers, Business Cards for Lawyer(s), DCS Caseworker,  
Probation Officer, Birth Certificate, Driver's License / I.D., Social Security Card  
Tn Care Card / Medical Insurance Card, EBT Card, Copies of any DCS paperwork  
Copies of any Court Orders, Copies of any on going Criminal / Civil Cases,  
Copies of Latest Health Records, Clothing- About two weeks supply, including shoes, coat  
and shower shoes.

\*\* If you do not have any of the items listed above, Safe Haven will help you acquire the  
items. \*\*

## **YOU MAY ALSO BRING:**

Photos of your family, especially your children, Personal Pillow, Blanket/Quilt (no linens)  
Toiletries, including blow dryer, curling iron, straightener, Towel and washcloth  
Laundry Basket and laundry detergent

## **YOU MAY NOT BRING:**

Books, DVD's, CD's, Music, etc. that are of inappropriate nature, Electronic items  
Furniture items, Linens, Cleaning Supplies, Your Vehicle (Unless prior approval is given)  
Any medication including vitamins and prescription medication UNLESS PRIOR APPROVAL  
has been made.

**If you have any questions concerning items to bring/not to bring, please call Safe  
Haven Staff at 931-265-3768**