House of Adjustments Discipleship Home – Residential Application

Thank you for your interest in the House of Adjustments Discipleship Home. We are a CHRIST-CENTERED faith-based recovery and residential discipleship community.

Please note that we are not a detox facility, clinical treatment center, or shelter.

Please complete this application truthfully and thoroughly. Submitting this form doesn't guarantee house placement. Your application will be forwarded to the Resident Council for their democratic review and peer consensus screening..

** Indicates required question*

1. Email Address *

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2. First Name: *

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3. Last Name: *

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4. Present Address *
(Street, City, State, Zip & County)

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5. Date of Birth *
Example: January 7, 2019

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6. Who Referred You? *

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7. Cell/Home/Work Number (Where you can be reached) *

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8. Marital Status *
Mark only one oval.

- ○ Married
- ○ Never Married
- ○ Separated
- ○ Divorced
- ○ Widowed

9. Do you have children? *

Mark only one oval.

- ○ Yes
- ○ No

10. For which location are you applying? *

Dropdown

Mark only one oval.

- ○ Grace Campus-Male (Cumberland County-Open)
- ○ Glory Campus-Male (Salem County-Get on the Waiting List)

11. When would you like to move in? *

Example: January 7, 2019

_____

12. If this is a future date, what is your reason for not moving in immediately?

_____

_____

13. Please read the following mandatory requirements for residency at the House of Adjustments *

You must check the "I Agree" box for each requirement to certify that you understand and agree to abide by these terms.

Check all that apply.

- ☐ I Agree — I agree to attend the Minor Adjustments Program once a week.
- ☐ I Agree — I agree to attend Recovery/Community support meetings.
- ☐ I Agree — I agree to submit to random Drug/Alcohol testing.
- ☐ I Agree — I agree to attend Sunday worship service at an approved church home.
- ☐ I Agree — I agree to be considerate and respectful to other residents.
- ☐ I Agree — I agree to do daily chores and keep my personal area clean.
- ☐ I Agree — I agree to participate in democratic family house meetings and respect agreed-upon household curfews
- ☐ I understand that smoking, vaping, and all tobacco use are strictly prohibited.
- ☐ I understand that the household is entirely unstaffed and non-clinical, and therefore cannot accommodate individuals requiring structured on-site medical oversight or clinical monitoring. (MAT)

Community Living Experience

14. Have you ever lived in a recovery residence or Oxford House before? *

Mark only one oval.

- ○ Yes
- ○ No

15. Please list the names and locations of all previous community-living houses:

16. Why did you leave these previous residences?

17. Do you have any outstanding financial or restorative obligations to previous peer recovery communities?

Mark only one oval.

- ○ Yes
- ○ No

18. If "yes", do you agree to repay any outstanding financial obligations to previous peer recovery communities?

Mark only one oval.

- ○ Yes
- ○ No

Life Issues Details

19. Which of the following have you struggled with: *

Check all that apply.

- ☐ Problematic Drinking
- ☐ Substance-Use/Abuse Issues
- ☐ Sexual Addiction/Pornography
- ☐ Gambling
- ☐ Abuse/Domestic Violence
- ☐ Mental Illness
- ☐ Other: _____

20. Date of your last drink?

Example: January 7, 2019

_____

21. Date of your last drug use?

Example: January 7, 2019

_____

22. How many times have you tried to overcome your life-debilitating issues?

_____

23. When did you first enter recovery?

Example: January 7, 2019

24. When did you last attend a recovery program or support group meeting?

Example: January 7, 2019

25. How many support meetings or accountability activities do you currently attend each week?

26. Purpose for Requesting Discipleship or Peer Support Services *

27. First Step Clinic Employment and Referral Disclosure *

The House of Adjustments is sponsored by Minor Adjustments Group, Inc., a registered 501(c)(3) nonprofit organization. The household receives voluntary external mentorship, recovery coaching, and spiritual oversight from founders Michael L. Williams Jr., NCPRSS, and Lernell Williams, LPN. The residential household itself operates through peer self-governance, democratic decision-making, and an elected Resident Council.

To avoid an actual or perceived conflict of interest and to maintain clear professional boundaries, individuals residing at House of Adjustments will not be referred by House of Adjustments to First Step Clinic for outpatient substance-use or behavioral-health treatment services while residing in the home.

If I need or request outpatient treatment, clinical assessment, medication management, mental-health services, or other professional treatment services, House of Adjustments may provide information and referrals to appropriate independent agencies in the local area. I understand that I am free to choose whether to pursue any referral and which provider or agency to contact.

I understand that House of Adjustments is a peer-led, peer-run, non-clinical discipleship residence and does not provide outpatient clinical treatment, medical care, detoxification services, psychiatric care, or emergency services. Any referral is for informational and support purposes only and does not guarantee agency acceptance, appointment availability, insurance coverage, payment, or treatment eligibility.

I understand that this disclosure is intended to protect my privacy, choice of providers, and the professional boundaries of House of Adjustments, First Step Clinic, and its employees.

Required acknowledgment — Mark only one oval.

Mark only one oval.

- ○ Yes, I understand and acknowledge this disclosure.

Accountability Information

28. Do You Have a Home Church? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Other:

29. If Yes, What Is the Name of Your Church and Pastor?

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30. Do you have a mentor, sponsor, or accountability partner? *

Mark only one oval.

- ○ Yes
- ○ No

31. May we contact your mentor, sponsor, or accountability partner? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Don't Have One
- ○ Other:

32. Name and Phone Number of Your Mentor, Sponsor, or Accountability Partner:

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33. If we may not contact them, please explain why:

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34. Living victorious at the House of Adjustments requires a commitment to a drug-free environment.

Are you willing to submit to initial and random urine drug screens to help maintain the safety and integrity of the home? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Other:

Employment Information

35. Are you physically able to perform work duties? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Maybe

36. Are you currently employed? *

Mark only one oval.

- ○ Yes
- ○ No

37. If currently employed, please provide the following employer information:

- • Employer Name

- • Employer Address

- • Employer Phone Number

- • Employer Email Address

38. How many hours do you typically work?

39. What is your typical work schedule?

40. What is your monthly job-related income right now?

41. If you are currently unemployed, what are your plans for obtaining employment?

42. Do you receive public assistance or other non-job-related income? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Other:

43. If yes, please list your sources of other income.

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44. What is your total monthly income?

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45. Do you have Medicaid or Medicare? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Other:

46. Are you a veteran, or do you have a family member who is or was one? *

Mark only one oval.

- ○ Yes
- ○ No

Criminal Background

These questions are designed to help us gain a broad understanding of your background. Please answer honestly. We may follow up with you to discuss your responses in more detail.

47. Have you ever been convicted of a violent crime? *

Mark only one oval.

- ○ Yes
- ○ No

48. If yes, please explain.

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49. Have you ever been placed on Megan's Law List? *

Mark only one oval.

- ○ Yes
- ○ No

50. Have you ever been diagnosed with any psychiatric disorders? *

Mark only one oval.

- ○ Yes
- ○ No
- ○ Other:

51. If yes, Please explain.

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52. Are you currently taking any prescribed narcotic medications? *

Mark only one oval.

- ○ Yes
- ○ No

Emergency Contacts

List three family members and/or friends.

53. Emergency Contact #1 *

Name, Address, Telephone, Relationship

54. Emergency Contact #2

Name, Address, Telephone, Relationship

55. Emergency Contact #3

Name, Address, Telephone, Relationship

Agreement for Peer Support Services and Confidentiality Consent

I understand that House of Adjustments is sponsored by Minor Adjustments Group, Inc., a registered 501(c)(3) nonprofit organization.

I understand that the House of Adjustments household operates independently through peer self-governance, democratic decision-making, and an elected Resident Council. Minor Adjustments Group, Inc. does not operate or manage the day-to-day residential household.

I understand that House of Adjustments may receive voluntary external recovery coaching, mentorship, and spiritual oversight from Minor Adjustments Group, Inc., including its founders, Michael L. Williams Jr., NCPRSS, and Lernell Williams, LPN.

I voluntarily consent to receive peer support services from Minor Adjustments Group, Inc., including services provided through the House of Adjustments program.

I understand that:

- Peer support services are non-clinical and are provided by individuals with lived recovery experience.
- Peer recovery support services may be provided virtually or in person, through individual peer support sessions or group sessions.

I further authorize Minor Adjustments Group, Inc. to use and share information related to my participation in peer support and recovery services only as necessary for voluntary external recovery coaching, spiritual mentorship, and organizational planning.

I understand that:

- My information is protected under HIPAA and 42 CFR Part 2.
- Information will not be disclosed without my consent except as permitted by law.
- This authorization expires one (1) year from the date signed, unless revoked earlier by me in writing.

As part of my agreement to reside in this home, I acknowledge and agree to the following:

56. House of Adjustments prohibits the use or possession of alcohol, illegal drugs, nicotine products, psychotropic medications, and any non-prescribed or unauthorized medications. *

Mark only one oval.

○ Yes, I understand.

57. I understand that the Resident Council reserves the right to take immediate corrective action, including peer-enforced removal from the household, to preserve the safety and sobriety of the family sanctuary. *

Mark only one oval.

○ Yes, I understand.

58. All residents share equal responsibility for household chores, cleanliness, and upkeep. Duties are assigned democratically by the internal Resident Council. *

Mark only one oval.

○ Yes, I understand.

59. While the House of Adjustments does not charge traditional rent, all house members are required to contribute a weekly cooperative house-share amount of $125. This contribution is due every Friday by 10:00 p.m. into the joint household bank account to cover shared rent, utilities, and domestic operating expenses. *

Mark only one oval.

○ Yes, I understand.

60. I acknowledge that I will receive and review the House of Adjustments policies, guidelines, and expectations. I agree to follow all policies and understand that failure to comply may result in disciplinary action, up to and including dismissal from the program. *

Mark only one oval.

○ Yes, I understand.

61. Please enter your Full name and Today's date below to confirm that you have answered all questions honestly and have not knowingly falsified or omitted any information. *

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62. Please Upload a Recent Photo of Yourself Here.

If you are unable to upload a photo, you may text it to 856-644-4553 along with your full name and a message letting us know that you have just completed the application.

Thank you!

Files submitted:
