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

2. First Name: *

3. Last Name: *

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

5. Date of Birth *

Example: January 7, 2019

Untitled Section

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

7. Marital Status *

Mark only one oval.

- Married
- Never Married
- Separated
- Divorced
- Widowed

8. Do you have children? *

Mark only one oval.

- Yes
- No

9. For which location are you applying? * Dropdown

Mark only one oval.

- Grace Campus - Male (Cumberland County - Opening July)

10. When would you like to move in? *

Example: January 7, 2019

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

12. 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 to attend Recovery/Community support meetings.	☐
I agree to submit to random Drug/Alcohol testing.	☐
I agree to attend Sunday worship service at an approved church home.	☐
I agree to be considerate and respectful to other residents.	☐
I agree to do daily chores and keep my personal area clean.	☐
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) ☐

MCommunity Living Experience

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

Mark only one oval.

- ◯ Yes
- ◯ No

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

15. Why did you leave these previous residences?

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

Mark only one oval.

- Yes
- No

17. **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

18. 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: _____

19. Date of your last drink?

_____

Example: January 7, 2019

20. Date of your last drug use?

_____

Example: January 7, 2019

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

_____

22. When did you first enter recovery?

_____

Example: January 7, 2019

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

_____

Example: January 7, 2019

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

25. Purpose for Requesting Discipleship or Peer Support Services *

Accountability Information

26. Do You Have a Home Church? *

Mark only one oval.

- Yes
- No
- Other:

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

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

Mark only one oval.

- Yes
- No

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

Mark only one oval.

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

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

_____

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

_____

_____

_____

_____

_____

32. 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

33. Are you currently employed? *

Mark only one oval.

- ◯ Yes
- ◯ No

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

- Employer Name
- Employer Address
- Employer Phone Number
- Employer Email Address

35. How many hours do you typically work?

36. What is your typical work schedule?

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

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

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

Mark only one oval.

- Yes
- No
- Other:

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

41. What is your total monthly income?

_____

42. Do you have Medicaid or Medicare? *

Mark only one oval.

- Yes
- No
- Other: _____

43. 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.

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

Mark only one oval.

- Yes
- No

45. If yes, please explain.

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

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- Yes
- No
- Other:

48. If yes, Please explain.

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

Mark only one oval.

- Yes
- No

Emergency Contacts

List three family members and/or friends.

50. Emergency Contact #1 *
Name, Address, Telephone, Relationship

51. Emergency Contact #2
Name, Address, Telephone, Relationship

52. Emergency Contact #3
Name, Address, Telephone, Relationship

Agreement for Peer Support Services and Confidentiality Consent

I understand that the **House of Adjustments**, operated by **Minor Adjustments Group, Inc., a nonprofit 501(c)(3) organization**, provides **faith-based recovery coaching and external spiritual sponsorship for independent discipleship households**.

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:

53. 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.

54. 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.

55. **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.

56. **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.

57. 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.

58. **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.** *

59. **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:
