

# House of Adjustments Discipleship Home – Residential Application

Thank you for your interest in the House of Adjustments Discipleship Home. We are a Christ-centered residential discipleship community. We are not a detox facility, clinical treatment center, shelter, or court-mandated program.

Please complete this application truthfully and thoroughly. Submitting this form does not guarantee acceptance. A team member will contact you after reviewing your application.

\* Indicates required question

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1. Email \*

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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 \*

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*Example: January 7, 2019*

## Untitled Section

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

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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? \*

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*Example: January 7, 2019*

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

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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 attend house meetings and abide by the curfew.

I understand that

I understand that smoking, vaping, and all tobacco use are strictly prohibited.

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I understand that the house does not accept individuals participating in Medication-Assisted Treatment (MAT) programs.

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**Community Living Experience**

13. Have you ever lived in a community residence before? \*

*Mark only one oval.*

Yes

No

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

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15. Why did you leave these previous residences?

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16. Do you owe money to the house(s) that you left?

*Mark only one oval.*

Yes

No

17. If "yes", do you agree to repay the money owed to the previous House?

*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?

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*Example: January 7, 2019*

21. Date of your last sexual acting out?

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*Example: January 7, 2019*

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

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23. When did you first enter recovery? \*

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*Example: January 7, 2019*

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

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*Example: January 7, 2019*

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

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26. Purpose for Requesting Discipleship or Peer Support Services \*

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**Accountability Information**

27. Do You Have a Home Church?

*Mark only one oval.*

Yes

No

Other:  
\_\_\_\_\_

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

\_\_\_\_\_

29. Do you have an accountability partner? \*

*Mark only one oval.*

Yes

No

30. May we contact your accountability partner? \*

*Mark only one oval.*

Yes

No

Other:  
\_\_\_\_\_

31. Name and Phone Number of Accountability Partner \*

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32. Please explain why we may not contact them.

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**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

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35. How many hours do you typically work?

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36. What is your typical work schedule?

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

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

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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.

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41. What is your total monthly income?

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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.

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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.

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## Emergency Contacts

List three family members and/or friends.

49. Emergency Contact #1 \*  
Name, Address, Telephone, Relationship

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50. Emergency Contact #2 \*  
Name, Address, Telephone, Relationship

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51. Emergency Contact #3 \*  
Name, Address, Telephone, Relationship

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## 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 support, discipleship housing, and structured living services for individuals seeking stability, restoration, and personal growth.

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**.
- Participation in peer support services is **voluntary** and may be **discontinued at any time** without penalty.
- Peer recovery support services may be provided in person through either group sessions or individual peer support.

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 coordination of care, supervision, documentation, and recovery 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:

52. 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.

53. Minor Adjustments Group, Inc. reserves the right to take immediate corrective action, including possible dismissal from the residence, if this policy is violated in order to protect the safety and recovery of all residents. \*

*Mark only one oval.*

Yes, I understand.

- 54. All residents share responsibility for household chores, cleanliness, and upkeep. Duties will be assigned by House of Adjustments staff or a designated program leader. \*

*Mark only one oval.*

Yes, I understand.

- 55. While the House of Adjustments does not charge traditional rent, all house guest are required to make a weekly house contribution of \$125. This donation is due every Friday by 10:00 p.m. For your convenience, we accept cash, certified checks, CashApp, Zelle, and PayPal. \*

*Mark only one oval.*

Yes, I understand.

- 56. I acknowledge that I have received or been provided access to the **House of Adjustments** policies, guidelines, and expectations. I agree to follow these 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.

- 57. **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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