

#1 (revised 8-1-2023)

Counselor & Chaplain Information Sheet

SetFreeAfterCare .org (THOR APPROVED) STRUCTURED HOUSING

"SFAC is a halfway house. We are **not** a drug or alcohol rehab program. If they are looking for drug or alcohol re-hab. You need to apply somewhere else. we are not equipped for that @ SFAC."

Set Free After Care provides aftercare. The inmate must have a referral by a Chaplain or Counselor to qualified applicants who are soon to be paroled or max-out. We trust these requirements provide clarification to those who apply. Unfortunately we can't provide aftercare assistance to all applicants just because they are homeless and no where to parole to: only to those that have made a definite commitment to change their lives deserve a second chance. Everyone makes mistakes, and deserve a second chance.

Listed below are the requirements and guideline we incorporated::

- 1 The inmate **must** have a referral by a Chaplain or a Counselor. Form #3 and #4
Upon our office receiving a completed application, please allow 1 week for SFAC Ministry To process the application and to reply. To the counselor.. We also would like a telephone interview with the inmate.
- 2 The inmate **must** allow the prison to share relevant information, both medical and correctional problems while incarcerated.
- 3 **We DO NOT ACCEPT** anyone that will partake of alcohol and drugs, while incarcerated, We will do random drug testing, alcohol testing. If the resident fails one of these test or refuses to take the test, or is smoking, he will be removed from the program and there goes his "Second Chance"
- 4 *****We Do Not Accept Any Sex Offenders: Smokers, or Drinkers**or medicated mental health.******
- 5 An important part of SFAC program is counseling, . The resident will be required to attend church and Bible Study (in house) each week.
- 6 The inmate **MUST** have a copy of his Birth Certificate and Social Security card in his Institutional file to come with him upon release. We will not allow him to be accept by SFAC without them..We would like for his counselor or someone to help him with preparing an up to date resume.
- 7 This covers a very nice place to live, all the food he can eat, transportation , washer and dryer is supplied in house. Hopefully he will be employed within a couple of days after coming to us. We also teach budging, all of his money is put in his on saving account.. Your "Second Chance depends on you. Don't blow it. SFACM staff and I want to watch you succeed .
- 8 Tom Allanson. Exec. Director 678-231-2324 and Richard Dingler House Manager and Director770-329-1498 Office to mail to: 4170 Matt Hwy Cumming, Ga. 30028 E-mail tla102589@comcast.net

Counselor : Inmate: will need a **bus ticket to: Monroe . Ga.** Special instructions, if he has to go to Atlanta or any other bus station before reaching Monroe, do not leave that station or miss your bus leaving for Monroe. We will pick him up at Monroe bus station. If he misses the bus and don't show up, our agreement is VOID.

VERY IMPORTANT: Counselor or Chaplain needs to mail the application, Do not give your forms for the inmate to read and mail. If you are completely honest in what you say, the inmate may not like what you say. Confidential.

His second chance at Life Starts As You Leave The Prison, Don't Blow It !

#2 (REVISED 8-1-2023)

SET FREE AFTER-CARE MINISTERIES, APPLICATION INMATE'S INFORMATIONAL SHEET COMPLETE AND RETURN ALL FORMS **TO Counselor or Chaplain to mail**

NOTE TO APPLICANT: THE MORE WE KNOW ABOUT YOU, THE BETTER WE CAN HELP YOU. ALSO, SOME INFORMATION, SUCH AS THE FACT THAT YOU ARE AN EX-OFFENDER, MUST BE SHARED WITH PROSPECTIVE EMPLOYERS. ****

: WE DO NOT ACCEPT ANY SEX RELATED CRIMES OR SMOKERS

I. PERSONAL INFORMATION

APPLICANT'S NAME: _____

DATE: _____

GDC# _____ EF# _____

INST. _____ CELL/BLOCK _____

Inmate's Mailing Address:

_____ CITY: _____

STATE: GA ZIP CODE: _____

DATE OF BIRTH: _____ AGE _____ Place of Birth: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ Gender _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____ REFERRED TO US

BY: _____ RACE:

ASIAN _____ BLACK _____ CAUCASIAN _____ HISPANIC _____ OTHER _____

MARTIAL STATUS NOW:

SINGLE _____ **MARRIED** _____ SEPARATED _____ DIVORCED _____ -WIDOWER _____

Wife/girlfriend name _____ DOB _____ Phone# _____ Address _____

DEPENDENT CHILDREN (NAMES & AGES):

1. _____ 2. _____

3. _____ 4. _____

NEXT OF KIN: NAME: _____ PHONE: (____) _____ ADDRESS:

_____ CITY: _____ ST. _____ ZIP: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____ STATE: _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? YES _____ NO _____ WHICH

STATE: _____

DO YOU HAVE A BIRTH CERTIFICATE: YES _____ NO _____ (IN YOUR FILE) YES _____ NO _____ MUST HAVE IN YOUR POSSESSION WHEN YOU ARE DISCHARGED OR WE WILL NOT ACCEPT YOU INTO SFAC ***

DO YOU HAVE YOUR SOCIAL SECURITY CARD YES-----NO----- MUST HAVE IN YOUR POSSESSION WHEN YOU ARE DISCHARGED OR WE CAN NOT ACCEPT YOU INTO SFAC ***

****THESE ARE NEEDED FOR YOU TO BE ABLE TO GET A JOB, PLAN AHEAD****

Ask your Counselor to help you with a resume.

II. MEDICAL INFORMATION

1. HAVE YOU EVER TESTED POSITIVE FOR ANY COMMUNICABLE DISEASES SUCH AS: TUBERCULOSIS, HIV+, (AIDS), VENERAL DISEASES, HEPITITUS A,B,C, ETC. ?

YES _____ NO _____ EXPLAIN

2. DO YOU HAVE ANY MEDICAL PROBLEMS OTHER THAN THOSE LISTED ABOVE? TYPE DIFFICULTY THEY CAUSE YOU

3. DO YOU HAVE ANY LIMITATIONS/HANDICAPS ? YES _____ NO _____ EXPLAIN

4. HAVE YOU EVER BEEN HOSPITALIZED FOR DRUGS OR ALCOHOL PROBLEMS ? YES _____ NO _____ IF YES, LIST BELOW.

5. HAVE YOU EVER BEEN TREATED AND/OR COMMITTED FOR PSYCHIATRIC REASONS (MENTAL HEALTH), OR DEPRESSION?

YES _____ NO _____ IF YES WHERE AND WHEN _____

6. HAVE YOU BEEN HOUSED IN THE MENTAL HEALTH UNIT WHILE INCARCERATED? YES _____ NO _____ HOW LONG? _____

7. ARE YOU ON ANY PRESCRIBED MEDICATIONS? YES _____ NO _____ IF YES, EXPLAIN

Are you classified as Mental Health? Yes _____ No _____ If yes, what level _____

8. IN YOUR OPINION WHAT IS THE STATE OF YOUR PHYSICAL HEALTH? POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

9. DO YOU HAVE ANY WORK LIMITATIONS; YES _____ NO _____ IF YES EXPLAIN:

10. WHAT IS YOUR AGE _____ WEIGHT _____ HEIGHT _____

11. DO YOU SMOKE ? YES _____ NO _____

NO SMOKING allowed while you are enrolled in Set Free AfterCare Program

12. DO YOU DRINK ALCOHOL? YES _____ NO _____

*** NO ALCOHOL or DRUG USAGE while you are enrolled in SFAC Program***

13. DO YOU OR HAVE YOU USED DRUGS WHILE IN PRISON? YES _____ NO _____

-This is written in our lease by our landlord Absolutely No Smoking

III. JAIL & PRISON HISTORY (NOTE: IF CHARGES ARE NOT PROVIDED WE CANNOT PROCESS YOUR APPLICATION). _____

1. HAVE YOU EVER BEEN CHARGED/CONVICTED WITH ANY SEX RELATED CRIMES
YES _____ NO _____ *****WE DO NOT ACCEPT ANY SEX RELATED CHARGES.*****

2. WHAT IS YOUR PRESENT CHARGE? _____

3. WHAT IS THE LENGTH OF YOUR SENTENCE? _____

4. DO YOU HAVE A TPM? _____ MAX-OUT _____

5. WILL YOU BE ON PAROLE? _____ PROBATION? _____ E.MON. _____ HOW LONG? _____

6. IF ON PROBATION, WHICH COUNTY? _____

7. IF YOUR ARE ON ELECTRONIC MONITORING, THE MONITORING IS YOUR RESPONSIBILITY !!!! Drug and Alcohol classes mandated by Parole is your responsibility.

8.

ARE YOU FACING ADDITIONAL CHARGES AFTER YOUR RELEASE? YES _____ NO _____ 9. IN
GEORGIA? _____ OUT OF STATE? _____ WHERE? _____

You must have them taken care of before you will be accepted to Set Free AfterCare

10. ****HAVE YOU COMPLETED THE *TOP STEP* PROGRAM IN YOUR PRESENT INSTITUTION ?
YES _____ NO _____ WAS IT OFFERED? _____

DO you have a copy of your birth certificate in your file YES ---- NO----

HAVE YOU RECEIVED YOUR SOCIAL SECURITY CARD YES _____ NO _____
REQUIRED TO HAVE IN YOUR FILE).

. That is your responsibility. CAN NOT ACCEPT YOU WITHOUT THEM

11. HAVE YOU ATTENDED PRE-RELEASE CLASSES IN THE LAST 6 MONTHS? YES _____ NO _____

12. WHEN DID YOU START PREPARING FOR YOUR RELEASE FROM INCARCERATION?

LAST WEEK? ____ LAST MONTH? ____ 6 MONTHS AGO? ____

WORK HISTORY: (DO NOT STRETCH THE TRUTH, BE HONEST)

13. WHAT KIND OF JOBS DID YOU WORK AT WHILE INCARCERATED?

14. DO YOU HAVE ANY PROFESSIONAL SKILLS? JOBS YOU HAVE HELD BEFORE INCARCERATED?, BE SPECIFIC _____

15. WHAT KIND OF MACHINERY ARE YOU QUALIFIED TO OPERATE? _____

Have you been certified to operate any machinery? _____

16. WHAT IS THE MOST SUCCESSFUL JOB YOU HAVE EVER HAD?

17. Please have your counselor help you to prepare a resume to bring with you.

IV.

EDUCATION:

1. DO YOU READ AND WRITE ENGLISH? YES ____ NO ____ WHAT IS THE HIGHEST GRADE LEVEL YOU COMPLETED IN SCHOOL? _____

PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED: _ GRADE SCHOOL ____ JUNIOR HIGH ____ HIGH SCHOOL ____ GED ____

_ COLLEGE (CIRCLE YEAR) 1 2 3 4 _ POST GRADUATE

IF COLLEGE, WHERE? _____

2. HAVE YOU EVER ATTENDED ANY TRADE SCHOOLS? YES ____ NO ____

IF YES,

WHAT/WHERE/WHEN _____

3. DO YOU WANT TO INCREASE YOUR EDUCATION AND TECH SKILLS AFTER RELEASE? YES ____ NO ____

V. FINANCIAL INFORMATION – THERE IS AN UPFRONT FEE OF \$750.00

IF YOU HAVE EVER HAD AN OUT OF STATE DRIVERS LICENSE, THE FEE IS INCREASED TO \$ 800.00. (THIS COVERS YOUR GEORGIA STATE ID FROM THE DMV.)

1. DO YOU HAVE FAMILY TO HELP YOU FINANCIALLY? YES ___ NO ___

2. WHAT DEBTS MUST YOU PAY WHEN YOU GET A JOB?

CHILD SUPPORT _____ YES ___ NO ___

ALIMONY PAYMENTS _____ YES ___ NO ___

PAROLE/PROBATION _____ YES ___ NO ___

COURT ORDERED RESTITUTION _____ YES ___ NO ___

3. DO YOU RECEIVE ANY FINANCIAL ASSISTANCE? YES ___ NO ___

SOCIAL SECURITY _____ DISABILITY _____ OTHER _____

VI. RELIGIOUS HISTORY

1. DO YOU ATTEND CHURCH REGULARLY IN PRISON? YES ___ NO ___ (If No
WHY NOT)? _____

SOMETIMES ___ HAVE YOU EVER BEEN? YES ___ NO ___

2. WHAT IS YOUR DEMONINATION? _____

3. ARE YOU A "BORN AGAIN" CHRISTIAN? YES ___ NO ___ NOT SURE ___

4. HAVE YOU EVER BEEN BAPTIZED IN WATER? YES ___ NO ___

5. HAVE YOU EVER BEEN BAPTIZED IN THE HOLY SPIRIT? YES ___ NO ___

6. DO YOU READ THE BIBLE DAILY? YES ___ NO ___ SOMETIMES ___

7. DO YOU PRAY? YES ___ NO ___ DAILY? _____

8. DO YOU UNDERSTAND THAT SET FREE AFTERCARE IS A MINISTRY AND CHURCH IS
REQUIRED, ALONG WITH A CHRISTIAN ATTITUDE? WILL YOU PARTICIPATE IN THE
PROGRAM 100%, WILLINGLY?

YES ___ NO ___ UNSURE _____

DESCRIBE YOUR GOAL IN LIFE

WHAT COMMENTS WOULD YOU LIKE TO MAKE ABOUT YOURSELF, A JOB
OR HOW WE CAN BEST HELP YOU FIND THE JOB MOST SUITED TO YOUR
EXPERIENCE, TALENT, EDUCATION, AND DESIRES. _____

I, _____ GDC# _____

AUTHORIZE SET FREE AFTER CARE MINISTRY TO USE WHATEVER INFORMATION IS IN THIS APPLICATION INCLUDING MY MEDICAL INFORMATION AND RECORDS, TO EVALUATE ME FOR ACCEPTANCE INTO SET FREE AFTER CARE MINISTRY IN ORDER TO ASSIST ME ON MY RELEASE FROM PRISON.

Counselor or chaplain I AUTHORIZE THE GDC INSTITUTION TO RELEASE THIS AND ANY INFORMATION NEEDED BY SET FREE AFTER CARE MINISTRY TO ASSIST ME IN MY RESTORATION OF MY LIFE AFTER INCARCERATION.

I DECLARE BY MY SIGNATURE BELOW THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature of witness, counselor, Or Chaplain MUST HAVE***

#3 (REVISED (8-1-2023))

Set Free After-Care Ministry, Inc.

Counselor mail to: 4170 Matt Hwy. Cumming, Ga. 30028

www.SetFreeAfterCare.org

COUNSELOR'S INFORMATION FORM

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those that have made a sincere effort to change their lives, not just the homeless. Please complete this form with your honest opinion of the inmate and return ALL forms (total of 5) to our office.

Note: We Do Not Take Any Sex Related Offenses, smokers, or medicated mental health.

IMPORTANT: We are T.H.O.R. approved for Structured Housing. Not Recovery Residence Providers. We do not provide AA or Nap programs

Inmate's Name: _____ GDC# _____

Counselor's Name: _____ Phone _____

E-mail _____

Institution Address: _____

Nature of Offense(s): _____

Tentative Parole Month: _____ Maximum Release Date: _____

Parole stipulations: _____ E.Monitor: () Yes () No

Does inmate have a resident plan: () Yes () No If Yes, Please List: _____

Has the inmate completed the "TOP STEP PROGRAM" ? () Yes () No

Does the inmate have a Social Security card? () Yes () No Birth Certificate () Yes () No

In his file to come with him at release? ### MUST HAVE ### both, Social Security and Birth Certificate

Has inmate had any disciplinary problems during his incarceration? () Yes () No

In the past 6 months ? If yes, please explain: _____

Does the inmate have a substance abuse problem? () Yes () No.

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

 Has the inmate attended the RSAT program? (yes) (no) Did he complete it? (yes) (no)

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

If yes, please list: _____

Has the inmate tested positive /and/or been treated for any medical problems- Hepatitis/Aids/TB _____ Covis /etc?

() Yes () NO Please explain if (YES) _____

In your opinion, should we accept this inmate? () Yes () No Explain: ****VERY IMPORTANT**

Thank you, Tom Allanson Director Website setfreeaftercare.org

Counselor _____ Date Signed _____

Inmate's signature on #2, page 6 last page of #5 MUST be witnessed by you or chaplain

#4 (REVISED (8-1-2023)

Set Free After-Care Ministry, Inc.

Office: 4170 Matt Hwy. Cumming, Ga.30028

CHAPLAIN FORM

The inmate listed below has requested our assistance upon his release Since we are limited on space, we will only accept those inmates that have made a sincere commitment to change their lives, not just the homeless. Please complete this form with your honest opinion of the inmate and return all of these related forms (total of 5) Inmate/Counselor/Chaplain, to our office.

Inmate's' Name: _____ GDC# _____

Chaplain's Name: _____ Phone No. _____ E-mail _____

Best time to reach you. _____

Institution Address: _____

When did you meet with the inmate? _____

Does the inmate attend a church service regularly? () Yes () No.

What assistance does the inmate require? _____

Inmate MUST HAVE HIS BIRTH CERTIFICATE AND SOCIAL SECURITY CARD WITH HIM WHEN HE IS DISCHARGED. CAN'T ACCEPT HIM WITHOUT THEM.

****Note: We Do Not Take Any Sex Related Offenders ****
We do not take smokers or medicated mental health

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

2. If he has No Family, he will need a sponsor or church to help. If YES, please list: Address and phone:

Do you believe we should provide the inmate with a resident plan? YES ___ NO ___

Does the inmate appear to want to change his life? Please explain:

****VERY IMPORTANT****Comments/Suggestions/Observations:

Chaplain's Signature _____ date: _____

Please feel free to contact me: Refer setfreeaftercare.org for contact information. Thank you,
My Office: 4170 Matt Hwy. Cumming, Ga, 30028 E-mail tla102589@comcast.net Website.

Setfreeaftercare.org

Tom Allanson, Executive Director. Website: setfreeaftercare.org cell: 678-2312-2324

#5 (REVISED)(8-1-2023)

Set Free After-Care Ministry Inc.

**After-Care Program Resident's Acceptance Agreement Please Read Carefully
- Sign - Have Witness Sign Give to Counselor to mail**

What are your reasons for wanting to come to Set Free AfterCare Ministry

If you desire to only get out of prison and you have no address to parole out to you will come only to find rules, regulations and schedules. These are fact of every person's life -in or out of prison. Your chances of a successful re-entry are slim and none. Freedom comes when we are made free through Christ, repent from our old ways and start on your "second chance at life" walking a new path.

We are not a state or federal funded transitional program. We agree with the Pardon and Parole and Probation people to give you a clean, safe place to live while you are trying to get your life on the right path. We teach accountability, money management, work ethics and character building while you are learning to become responsibility for your decisions. We want to stop the prison revolving door with each of you. We ask that you submit to us and our program 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 and help you succeed in this re-entry segment of your life.

We don't have time and more importantly have no desire to be "hall monitors"-do this and don't do that. Should you prove to be one of those who require constant correction and/or fail to show a cooperative attitude, we will have no choice but to terminate your stay at Set Free After Care Ministry. As we understand it, failure to complete the program will result in a violation of your parole/probation.

We can provide three things for you- accountability, structure, and discipline. but we cannot accomplish the spiritual goals that are essential for a new start in life without your permission and complete cooperation. Please consider these things carefully. If you have any problems participating in Christian activities and way of 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 to pursuit of acceptance to Set Free After Care Ministry. There are many that are trying to get the opportunity for a chance to change their lives, just look back over your shoulder. Your decision. God Bless

I, the undersigned resident,

("Resident") do hereby agree to follow the rules and guidelines of both the Set Free After-Care Ministry, Residence ("House") and Set Free After-Care Ministry, Inc. ("Ministry") both of which are referred to hereunder individually and jointly.

I will reside as a resident under the Set Free After-Care Program which is set up as a 1 year program. The length of the program is determined by my progress and ability in preparing me to live on my own in a

free society. This is determined by the Director of the program. If I need longer and space is available, it can be arranged.

I understand that House is operated on a space available basis and that adequate housing may not be available upon my release date. I also realize that I am not eligible for this program if court charges filed against me are still pending.

If I am released from prison and must ride a bus to the agreed location (Monroe, Ga.), I will arrive at the agreed upon location on time and under no circumstances leave the bus station in Monroe until I am picked up by Set Free After-Care personnel. Failure to abide by this rule will immediately VOID the agreement with Set Free After-Care Ministry.

If I am released on parole or probation, I understand that it is my responsibility to contact my parole or probation officer on time and give the House Director the name, address and all phone numbers of these officers. I understand that while at Set Free After-Care Ministry the staff will discuss and send a written report of my progress in program with D.C.S (Probation and/or Parole officers) each month.

I further understand that this is not just a transitional residence, but House is designed to build me up and establish me in the faith, as well as to assist me to plan and prepare my future by means of mandatory courses in financial management, life development, and life skills that will be supplied as soon as possible by Set Free After-Care Ministry. The goal of the House, Ministry and the Resident is to work together so that they can stop the revolving door of prisons.

Before Release from Incarceration

I, the undersigned resident, do agree to the following general guidelines that are required by Set Free After-Care Ministry, Inc. and the specific guidelines that will be required by the House.

I will:

1. Read and fill out the Ministry forms that are given to me prior to release by my Counselor and Chaplain to be mailed back to Set Free After-Care Ministry, Inc. at: 3482 Keith Bridge Road, Box 108, Cumming, GA. 30041.

Inmate will read and sign: _____

- (1) INMATE INFORMATIONAL SHEET Form #2 must be witnessed
(2) RESIDENT'S ACCEPTANCE AGREEMENT FORM #5 , must be witnessed

Chaplain will fill out and sign: CHAPLAIN'S FORM # 4 Counselor will fill out and sign: COUNSELOR FORM # 3

The Counselor will mail ALL of the forms together with the Inmate forms to **Set Free After-Care Ministry, Inc** 4170 Matt Hwy. Cumming, Ga. 30028

2. ***YOUR REQUEST WILL NOT BE PROCESSED UNTIL ALL SET FREE AFTERCARE FORMS HAVE BEEN RECEIVED AND REVIEWED BY THE SET FREE AFTER-CARE BOARD OF DIRECTORS,

Ministry staff or the House staff prior to release.

3. Agree to a face-to-face and/or phone interview with either Set Free After- Care

Requirements for Acceptance to Set Free Aftercare

1. **### Resident** must have his Social Security card in his personal file.

****NOTE**** this is a non-smoking Christian Facility ****

2. **## Resident** must have his birth certificate (or a certified copy) in his file to bring with him.

3. Resident must bring his \$25 debit card from prison (unused) with him for his personal items upon arrival. House and Ministry will assist you in acquiring them the next day,

ITEMS 1-2 MUST BE MAILED TO SET FREE AFTERCARE MINISTRY ONCE WE NOTIFY YOU THAT YOU ARE ACCEPTED AND WE ARE HOLDING A BED FOR YOU. (Set Free After-Care Ministry, Inc., 4170 Matt Hwy. Cumming, Ga. 30028

4. If you must be on EM (Electronic-monitoring) It would be to your advantage to find an outside sponsor to help insure this monthly Parole Monitoring fee is paid. We will not pay it for you.

THERE ARE NO EXCEPTIONS TO THIS RULE -YOU MUST MEET ALL REQUIREMENTS IN 1 TO 5. SET FREE AFTER CARE MINISTRY AND ITS STAFF OR VOLUNTEER PARTNERS WILL NOT AND CANNOT PAY THE RENT FOR YOU.

6. Resident will also agree that he is responsible for any willful damage to the House and repair expenses will be deducted from his earnings in funds deposited.

After arrival at Set Free After-Care Ministry House

1. I will submit myself to the guidance of Set Free After-Care Ministry, House and House Director and its staff and will “walk in love” as defined by: NO negative talk, coarse language, profanity, and/or racial slurs directed towards anyone in the Ministry or resident at the House. This will not be tolerated.

2. Be accountable for my actions and attend all regular programs and life skill programs as required by House.

3. I will not use, have on my possession, or bring any **alcoholic beverages and/or illegal or non-prescribed drugs, tobacco or any forms of pornography** onto the property; this is grounds for immediate dismissal from the House.

4. I will submit to random alcohol and drug testing done by House at any time deemed necessary. Failure of any test will be grounds for immediate dismissal from the House and program and you will be responsible for the cost of that failed test..

5. I will diligently seek employment. No nights or Sunday employment will be permitted without permission from the House or Director.

6. When seeking employment I will provide the House Director with a daily list of names and numbers of the places visited for employment. This will be filed by the House Director in the resident's file.
7. I will immediately contact House upon receiving a job and give them the complete name, address, and phone number of my employer.
8. The House Director will be driving the resident to the job interviews.

As part of financial management (budgeting) training

I agree to accept and follow the guidelines of the House concerning the money management practices concerning my paychecks which will follow these guidelines:

All paychecks come back to the house director for processing as part of learning money management. **All monies given by family, earned at TC, or on the books will be turned in to be put in your savings account (no exceptions)**

1. Upon arrival at the HOUSE, the resident will sign over a limited Power of Attorney for the Ministry to collect and cash payroll checks. ***Resident WILL NOT CASH HIS OWN CHECK*** Rent, savings and other costs will be left to the discretion of the individual House managers. Each week the House Director will prepare and issue a "Funds Tracking Sheet" to the Resident showing and tracking every penny that he brought with him, earned, received or saved.

2. A savings account will be set up for the resident so that a portion of his regular paycheck will be deposited for his future use and returned to the resident upon completion or dismissal from the one year program.

This money will NOT be used by Resident unless deemed necessary by The House Director.

3 Resident will not be allowed to keep his entire check, allowed a checking or debit card, and will not be allowed to withdraw this money out of the bank

4. The resident **WILL NOT HAVE OR PURCHASE** and automobile.

5 The resident WILL NOT PURCHASE a cell phone or incur any debt or liabilities while they are a resident in the Ministry House. If the resident is on food stamps, the prepaid cell phone issued by Defaces is allowed. After he has reached \$ 800

in his account, he will be eligible for (running money) \$30 out of his next check. If he has a pre-paid cell phone he will have to pay it out of the running money.

6 Rent is due every week and if the resident has not gotten a job after the first two weeks, the rent becomes his responsibility and any back rent will come out of his future earnings. Rent will be paid in full prior to anyone leaving the program or getting a visitation pass.

Resident will abide by all of the posted House rules concerning the House activities: curfew, chores, programs, visitation, rent, signing in/out sheet, attitudes etc.

Failure to comply with the House Rules and policies are grounds for dismissal from the program. Your pass privileges are determined by how you follow rules.

The resident agrees to give up his rights under the Georgia Tenants Act and agrees to leave immediately and peacefully when and if asked to do so by the House Director.

If the resident is on parole or probation, it is the obligation of the House and Ministry to notify them that the resident no longer lives at this location. The resident is totally responsible for meeting all of his requirements with his parole officer, probation officer and the courts (fines, reporting, drug/alcohol test, and driver's license suspensions, EM monitoring).

Resident is responsible for paying all of the Parole Board fees and charges. As part of money management, the House will assist the Resident to purchase a money order from his savings to pay these parole obligations.
All payments and money orders will noted on "Funds Tracking Sheet".

The resident hereby releases the House and Ministry of any and all legal responsibilities for his personal safety while he is a resident at the House.

Limitations of Ministry's Responsibilities.

The Ministry shall act only as facilitator in relation to Resident and House and is to perform no other services except for those stated herein. The Ministry's duties are ministerial in nature and is only being engaged based upon its duties as set forth herein and, other than due diligence inquiries, the Ministry shall act in "execution only" capacity, and shall not exercise any independent judgment in relation to any of the matters referenced herein.

House has the option to either accept or reject any particular Resident referred to it by Ministry. The Ministry is not responsible for any acts or omissions of either the House or the Resident. The Ministry expresses no opinion as to the eventual suitability or likelihood of success for any particular Resident to fit within the House, its Rules and its other inhabitants, whether Residents referred by Ministry or not. Although Ministry is available as a Resource to accomplish its goal of integration of Resident into regular, productive life and will provide assistance and teaching as requested, it is the responsibility of House and Resident to work together to accomplish these goals.

Release and Hold Harmless.

House and Resident hereby irrevocably fully and completely release and hold the Ministry harmless for all matters concerning House and Resident, other than for its own breach of this Agreement. Further, House shall fully indemnify the Ministry from any claim, proceeding, judgment or penalty that any person, business, governmental body or Court may bring against Ministry related to the Placement of Resident and his behavior in the Community or any collateral issues thereto which indemnification shall include, but is not limited to, all attorneys' fees as and when they might arise, through to final appeal, together with the imposition of any tax, judgment, levy, penalty, impost, duty, assessment, or lien against the Ministry and any damages (whether actual, general, consequential, special, punitive or otherwise) arising out of the performance of the Ministry's duties hereunder or in the performance of its duties as required by law.

Residents will be assigned a mentor from the outside as soon as possible that will work with them, when available, to help them work through life as the stumbling blocks appear. The resident will be expected to treat the mentor with respect and complete the assignments given to him to work on between the meetings.

REMEMBER THESE MEN ARE GIVING THEIR TIME, WITHOUT PAY, TO HELP YOU STAY OUT OF PRISON.

The purpose of these guidelines is to produce a mutual winning situation for the Resident, the transitional House, and the community. Ministry wants to effectively provide each Resident with the help needed to complete this year of restoration toward becoming a productive and crime-free citizen while protecting the House and its Director from any Resident who would not fit into the program or who may attempt to waste the hard work and money that has been put forth in his behalf.

We also want to protect the House from the negative impact of any community that may not be in agreement with a second chance ministry such as Set Free After-Care Ministry or the House.

We are very serious about our mission to help you get back on your feet. There are four things that will cause you to fail in this program.

STAY COMPLETE AWAY FROM THEM: Drugs, Alcohol, Tobacco, Pornography and Women.

I, the undersigned Resident, have read and do understand everything contained in this program. I agree to abide by the rules of this program, House and its staff. I agree to do this with a cooperative spirit realizing that the only reason this program exists is to help me to be able to succeed, so that I can once again become a crime free citizen who can earn an honest wage and not have to return to prison.

I have agreed to this one -year program on this date

X _____
Resident

X _____ **Date** _____

Witness: MUST SIGN (Counselor, Chaplain or Other DOC Member)

X _____

On behalf of House (House Staff)

The staff of SETFREEAFTERCARE “have been there and done that” just like you have. We all have made some bad decisions that did not work out too good for us. Then God Said if you will trust me, *Psalm 40 I waited patiently for the Lord; He inclined to me, And heard my cry. He brought me up out of a horrible pit, out of "the miry clay ,and set my feet upon a rock, and established my steps. He has put a new song in my mouth -- Praise to our God: Many will see it and fear; and will trust in the Lord.*

This has worked for me for over 25 years, and when we see men that realize that those bad decisions were not good, BUT thru God we will have a chance to follow the right and better decisions that WILL NOT lead you in the wrong direction. We ALL have made mistakes, asked to be forgiven and promised “just give me a second chance, I will do better, just trust in me) Are you ready to get a fresh start in life and make a positive start so you will never have to go back to where you just came from. Setfreeaftercare has helped 100's of men to start over. Make us proud of you, we love you. Tom and staff.