



Name _____ DOC# _____ Date _____

EXODUS HOUSE OKC/TULSA APPLICATION

A Ministry of Criminal Justice and Mercy Ministries (CJAMM)

433 NW 25th Street, #4
Oklahoma City, OK 73103
exodushouseokc@cjamm.org
405-525-2300

2624 E. Newton Street, Apt E
Tulsa, OK 74110
exodushousetulsa@cjamm.org
918-231-4013

Mission Statement

Breaking the Generational Cycles of Incarceration

Vision Statement

Exodus House is a comprehensive cliental care ministry of Criminal Justice and Mercy Ministries of Oklahoma, Inc. (CJAMM), a 501(c)3 organization. Our primary purpose is to provide a program, in an accountable Christian community, that builds a new foundation for those leaving incarceration. We believe that with God's grace, change is possible and that, in Jesus Christ, creation begins anew. (*II Corinthians 5: 17*)

EXCLUSION: Exodus House does **NOT** accept sex offenders, violent offenders (within five years), individuals with less than a year of being clean and sober, and those with a misconduct within the last year. Our program is a tobacco, e-cigarette and substance-free program.

Frequently Asked Questions (FAQs)

Thank you for your interest in Exodus House Ministries. Before you complete the application, please read the following information carefully.

What is Exodus House Ministry?

Exodus House is a Christian organization established for the purpose of helping released ex-offenders and their dependent children to become productive, cohesive family units. We help in job placement, budgeting, homemaking, living skills and parenting. Families and individuals selected for the program will be required to save \$500 each month in our apartment community located at 433 NW 25th Street, Oklahoma City, Oklahoma 73103 or 2624 E. Newton Street, Tulsa, OK 74110.

During their stay at Exodus House clients are required to find and maintain full-time employment, attend arranged evening and weekend meetings and save money in order to be self-sufficient at the end of their residency. Each client is given personalized guidance in regard to their other needs, such as family and/or individual counseling, drug aftercare, and education. We strive to help those individuals who are committed to make positive changes in their lives. We support individuals to achieve a level of success which will empower them to become self-motivated and be able to stand alone as a family unit or an individual who is an active church member, and a productive member of a healthy community.

We are a reintegration program. You will be required to follow all policies, procedures and programs that are deemed necessary for your reintegration.

We envision and will work to develop the structures to empower the following:

- Parents reunited with their children and living fulfilling lives.

- Children nurtured and treasured by their parents, receiving affirmation and guidance from the whole Exodus House “family”.

- Christ-centered spiritual growth.

- Gainful and productive full-time employment for all clients.

- Networking with groups, agencies, corporations, and individuals of good will, for the sake of building a safer and more caring community.

We offer a continuity of care through Exodus House staff, volunteers, sponsors, and activities by which families who complete and/or graduate the Exodus House program may keep on growing and have a functional, supportive community in which to reach out and encourage others in their beginning journeys of faith and fellowship.

What are the apartments like?

The apartments are one or two bedrooms with a living room, a kitchen, dining area and one bath. Each apartment is fully furnished.

What are the requirements to be involved with Exodus House ministry?

1. You must have a desire to change. This is a housing program with responsibilities required of the clients. If you are not willing to abide by strict rules and to live differently than you have in the past, you will not want to live here. A reminder we are a substance free program
2. Adults who are able-bodied must work at a full-time job or the equivalent. No second or third shift jobs are allowed. No Sunday morning shifts or time of apartment sponsors church service.
3. The program and structure of Exodus House are set up for your family (dependent children under 18 years of age) to live with you. Reunification of dependent children will be with the involvement of the court system, appointed case manager, and/or Exodus House Site Director/Case Manager.
4. Those adults who are selected to live as part of the Exodus House community who do not have children living with them may be assigned to share space with a roommate. Mutual respect makes these arrangements positive and constructive for all concerned.
5. All clients, upon completion of the Exodus House program, are provided with available furniture, bed(s), dressers, dishes, household items, and decor to furnish their new home/apartment.
6. Once a client starts working, the client is required to pay \$500.00 a month to savings managed by CJAMM. This money will be returned to the client upon completion/graduation from the program or at any time the client leaves the program. If you already have a job upon coming into the program or are arriving with money from incarceration, the client must pay a minimum of \$200.00 and begin saving on a monthly cycle of \$500.00.
7. You must be drug, alcohol and substance free, one day at a time, with a total commitment to stay that way. Random urinalysis tests are done at Exodus House. Refusal is considered a positive UA result. You will be tested upon arrival and if positive you will not be accepted. All medications must be approved and checked as well as non-narcotic. It's your responsibility to make sure that your medications will not cause a false positive.
8. Each client is expected to follow the house rules (attached) and to respect all neighbors/guests.
9. You must state in writing at the time of your application the full extent of your outstanding court costs, fines, assessments, and restitution due upon release, and to what jurisdictions you will be required to appear to make payment arrangements. If you are on probation/parole and leave this community, we are under obligation to notify the applicable authorities of your change in residency.
10. **No pets** are allowed in the apartments or on the property unless they are the property of staff. This is a temporary home for clients.

Program Information

Remember that we are a program!

You will be required to attend the following scheduled events:

- CJAMM approved two church services on Sunday and Thursday.
- Must attend 3 AA, CR and/or NA meetings per week and one group therapy.
- Weekly Exodus House community meetings. These are held once per week for approximately two hours. At these meetings, we discuss community issues, enjoy fellowship together, share a meal and have other scheduled events from time to time, such as Bible study, movie night, field trips or a guest speaker.

IMPORTANT NOTICE TO EXODUS HOUSE APPLICANTS

Exodus House does not take any sexual offenders, domestic violence or assault, child abuse or violent offender (within five years).

All violent offenders must send a detailed explanation of their charges and the circumstances surrounding them with their application, as well as those with any misconducts. We do not take anyone with a misconduct less than a year old. If you receive a misconduct after being accepted your home offer will be withdrawn.

You must have at least a year of sobriety and be misconduct free for one (1) year. All clients are subjected to a UA during intake. In general, Exodus House client records are kept confidential and not shared with outside parties.

Application Process

1. Fill out and email an application back to Exodus House no less than ninety (90) days before your release. Included with the application is a CRC and Mental Health information release form. Sign this and give it to your case manager. He or she will then mail the needed information to us. (We must have this information before we schedule an interview for you.)
2. After we have received your application with all information filled out and signed along with your CRC and case manager information, then through your case manager, we can schedule a phone interview with you through the facility.
3. After your interview, all of your information will be presented to staff. Upon their approval, if space is available or projected as being available at the time of your expected release, you will receive an acceptance letter, email and/or call of acceptance to your case manager. Only then can you use Exodus House as an official home offer. Be sure to give a copy of your acceptance letter to your case manager as your home offer for parole. If you are denied, you will be notified in writing.
4. If you are approved for acceptance into the Exodus House, but no space is available, we will notify you of this by letter. If you wish to be on a waiting list, you must notify us by letter to Exodus House. From time to time, clients drop out of the program at our request or theirs, and a space can become available, so stay in touch! Remember that through God all things are possible. Also, note that Exodus House cannot be your home offer until space is available, and you have been accepted into the Exodus House program.

Other important information for you to be aware of:

Applicants please remember that you cannot become employed without two of the following:

- A social security card;
- Birth Certificate
- A valid state picture ID or driver's license.

You will need a certified copy of your birth certificate to obtain a state ID. Please try to obtain these through your reintegration officer at least sixty (60) days before your release.

Before your release, determine if you have any outstanding warrants for traffic tickets or any other unresolved court matters. If you do, write the applicable county officer, court, or other authority before release to make arrangements for settling these issues. Keep any written agreements as an important paper. It is much easier to handle these matters in writing, before release, than if picked up after your release. You will have to write to the Department of Public Safety to find out the status of your driver license even if your license was in another state.

Rules and Conditions of Residency at Exodus House

The following rules of conduct shall be in effect during the participation of any client in the OKC (433 NW 25th Street) and Tulsa (2624 E. Newton Street) Exodus House. Violation of any rule may be cause for immediate dismissal / termination from the program.

ACTIONS:

___ I will be faithful to the community, the staff, and the clients.

___ I will be honest in my presentation of my struggles, my needs, my accomplishments, and myself. I will be accountable for my words and actions, both in group meetings and in my interpersonal relationships.

___ I will refrain from the use of any mood-altering chemical not prescribed by my physician and will use prescribed medications as instructed by a physician and managed by the Exodus House staff. I will be responsible for any over the counter medications and will research and know if it will cause a false positive UA.

___ I understand that breaking curfew or not returning to the community without staff notification could result in my termination from the program. I accept responsibility for my own life and accept the consequences of my choices.

___ I will contact staff for assignment to duty that benefits the current upkeep needs and community service requirements.

___ I will respect the technology (laptop, tablet, computer) issued to me for use while in the Exodus House program and will be responsible to return it upon completion of the program. I understand that the use of the equipment is for program-related activities. I will be responsible for any damages to the equipment during the time it is checked out to me. Failure to return the laptop/tablet will be withdrawn from your savings.

___ In consideration of living at Exodus House, all clients agree and understand that they are considered to be participants in the Exodus House program and that violation of any of the rules and conditions will result in termination of the relationship between the ministry and the client. Upon request by the staff of Exodus House, the client will immediately leave the premises. The failure of the client to do so will constitute criminal trespass. Additionally, we are not a storage facility. If you choose to leave this program or are asked to leave the program, take your personal items with you.

___ Each client is required to do approximately five (5) hours of community service per month at Exodus House. This is a way of giving back to the program while assisting with necessary upkeep.

___ We have required “Give Back Days” and “Fun Days” each month. As well as speak outs at sponsor churches.

___ You and your family (dependent children) are participants in the ministry of Exodus House during your residency. Residency is dependent upon participation in the ministry as outlined in the rules, policies, and procedures. Choosing to not comply with the rules or to not participate in the program ministry of Exodus House will result in termination of your residency.

Guests and Travel:

___ I will seek the consent of staff before inviting any new persons, former clients or overnight family guests into our Exodus House community. Family only Friday-Saturday and Kids Friday-Sunday with written approval with names of individuals is required from Site Director/Case Manager.

___ A parent or legal guardian must attend children at all times. Parents or legal guardians are responsible for any damages caused by their child. Children must be in daycare or school while you work. If children (13 or older) are on property after school/weekends without parent or guardian, the Site Director must be notified.

___ If I plan to entertain visitors, I will use the community room. I will notify staff for its use the day prior to my entertaining. I will clean up after I have used the community room, and my guest will leave at curfew.

___ Overnight passes are required. Pass forms are available in the Exodus House office. They must be filled out and approved before you leave. No overnight passes are given to clients during the first thirty (30) days or for clients that are not in compliance with savings and utilities.

___ Visitors will be expected to abide by the same rules as clients. Visitors are typically allowed only between the hours of 5 pm through 10 pm Monday – Friday and from 8 am to 10 pm on Saturday, and Sunday after church services until 10 pm. **No** overnight guests are allowed. Exceptions may be made with approval from staff.

Community:

___ I will participate in all of the activities of the Exodus House community as agreed upon my future growth, development, and recovery. I will accept feedback from my peers when it is offered in a caring, kind, and helpful manner.

___ As a community we are to encourage and uplift each other. We will not deal with gossiping about other clients and/or their program or speaking disloyally of the Exodus House. If not happy in our program you can/will be asked to leave.

___ To encourage the peace and well-being of the community, I will respect the weekday curfew of 10 pm and the weekend curfew of midnight. In the event of unforeseen circumstances, I will inform a staff member as soon as possible before curfew of where I am and when I expect to return home.

___ Quiet hours are in effect between 10 pm and 7 am. During these hours, keep the noise levels to a minimum. No outside activities are permitted during quiet hours. Zero tolerance. No having loud conversations on the phone and no loud music.

___ If you feel you have been treated unfairly, you are to take it up with the director not the other clients, as this creates discontent within the community and will not be tolerated. If this becomes a continuous problem you will be counseled, and if not resolved, we will give you a list of resources and ask you to leave the program.

Savings:

___ You must have \$100 in savings within 30 days of employment and \$500 by 90 days of residency with CJAMM. Then maintain \$500 per month and have a minimum of \$2,000 in savings with the desire of saving \$3,200 by graduation. You are responsible for saving on your own towards driver's license fees and the purchase of a vehicle prior to leaving.

___ I will build up a savings account for myself and my future needs, as well as paying for my own living expenses and utility bills while residing at Exodus House. No offsite passes are allowed until utilities are paid and monthly contributions are up to date. No passes during the week and one pass Friday-Saturday if approved by the Site Director.

___ Client participants will not pay rent, but will be held responsible for paying the utility bills monthly and internet fees on their apartment unit. Unpaid utility bills, thirty (30) days past due, can be grounds for sanctions and/or termination. Final utilities and cleaning fee of \$300 will be withheld at time of departure and will be refunded if applicable. Final utility fee will be deducted from savings account. All savings will be returned to the client at the time they either successfully complete the program or leave the program for any other reasons.

___ The case manager will collect savings, utilities, and other money owed as they come due. This must be paid by money order (not cash or check). Utilities are past due after the 20th of each month. Savings are past due on each 5th month.

___ Utilities and any other amounts owed to Exodus House such as additional charges for damages to the apartment, if any, will be withheld from the client's savings. In consideration of accepting this application, the Applicant understands and agrees that any funds held in Applicant's name or account at Exodus House constitute as a security deposit against applicant's proper use and treatment of the Exodus House facilities, or computer/electronics issued from Exodus House and acknowledges that such security deposit may be applied to reimburse Exodus House and/or third parties for losses cause by applicant or applicant's invitees, or at the sole discretion of Exodus House.

Apartments:

___ I will be responsible for keeping my apartment clean and in good shape.

___ You are not allowed to give Exodus House apartment keys to anyone except those who live in the apartment with you.

___ The Exodus House board or staff may enter and inspect any unit on the property at any time during your residency, without advance notification.

___ Any maintenance or repair, water leaks, damages or hazards will be reported at once to the Exodus House managers. No structural changes including painting and wallpaper may be made on the premises, inside or out.

___ The premises will be kept neat and clean. This includes common areas as well as personal vacuuming, sweeping and mopping floors, cleaning the oven and stove, cleaning the bathtub, toilet, and sinks. When moving out, apartment will be clean with nothing damaged or removed and exit interview will be completed. Keys will need to be returned for check from savings. If left dirty the cleaning fee will be charged and nonrefundable. Must take all your personal items.

UA:

___ I will submit myself to random urinalysis and/or other standard drug, alcohol and tobacco testing as deemed appropriate by the staff. I understand the refusal to submit to a UA in no longer than 2 hours to submit to staff is considered a positive test result, and I will accept the consequences that include probation and/or termination from the program.

___ No cigarettes, vaping or nicotine products. Agree to be tested for Nicotine. We are a substance free program.

Relationships:

___ I accept that I will **NOT** participate in dating or be involved in a relationship while in the Exodus House program. This allows the client's primary focus to be "working the program". I understand that sexual interaction or an intimate relationship with another client or with any individual(s) while on Exodus House property (parking lot, courtyard, apartment, common areas) will result in dismissal. This will be grounds for termination.

Auto:

___ No one will be allowed to purchase a vehicle prior to getting their driver's license while still in the program. Driver's license and proof of insurance is mandatory before parking a vehicle on property. Riding with or providing transportation to another client requires prior approval from staff. Vehicles must be parked only in designated areas. Do not park in the fire zones. Must have valid license and current insurance to park at our facilities or drive while in the program.

Graduating & Wrap around:

___ It is the responsibility of the clients to secure and prepare for relocation no less than one (1) month prior to move-out/graduation. Case Manager(s) may assist with recommendations; however, the Exodus House staff will NOT do this for you.

___ The basic cliental program is six (6) months. Clients can apply for an extension at five months to assess any further need of assistance. Additional assistance may be provided on a case-by-case basis, as deemed necessary by the staff of Exodus House.

___ Graduates from the program are required to move out of Exodus House upon completion of the program unless granted a 30-day extension if compliant with the program. Rent (no longer savings contributions) for those staying beyond graduation will be at \$500 per month with "Wrap Around" client's responsible for payment of utilities. "Wrap Around" Client agrees to vacate apartment when issued written notice with timeline, and to adhere to the same property/program rules as clients.

___ Aftercare referrals will be given only to those who have been compliant with all phases of the Exodus House program. A list of resources will be given to those who don't complete the program. No client will be able to apply at the sites for the Wrap Around Care unless they have successfully graduated the Exodus House program and are now part of the Wrap Around Program.

Grievance:

___ In consideration of the services provided by Exodus House, all clients must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against the Ministry, Board of Directors, Staff, Volunteers, or Hosts for negligence or any other reason, arising from or during the client's use of any unit at 433 NW 25th Street, Oklahoma City, Oklahoma 73103, 2624 E. Newton Street, Tulsa, OK 74110, and 1927 N. Elwood Avenue, Tulsa, OK 74106 and hereby releases, by signing this application, the Exodus House, Board of Directors, Staff, Volunteers, and Hosts from any such claim, complaint or suit.

MONTHLY PROGRAM FEE CHANGES

Effective January 1, 2024, Exodus House client monthly program payments will be increased to \$500 per month, with \$100 per month of the fee designated as a non-refundable program fee; if a client/client does not complete the program/graduate, for any reason such as client's choice to leave or CJAMM inviting the client to leave for program infractions, the entire monthly fee will be retained by CJAMM and none of a client's cumulative savings amount will be refunded.

CJAMM and its donor base incur costs for all clients served, regardless of graduation status.

If a client arrives to CJAMM with amounts remaining on their DOC "JPAY card," an amount of up to \$500 should be applied toward the first month's program fees. This amount will be deposited into the CJAMM-controlled client savings account at entry into the CJAMM program, to establish an opening balance in the client's account.

Clients will be charged a non-refundable \$100 monthly program fee and will receive a refund of their cumulative savings balances, but only if they complete/graduate from CJAMM's client program. CJAMM clients are subject to the terms and conditions of the program, including but not limited to providing timely payment of program fees, submitting to random UAs at any time and remaining drug-free, alcohol-free and tobacco-free. Failure to comply with the terms of the program will result in immediate termination from the program. All clients understand that if terminated from the program, clients will need to exit the CJAMM premises immediately. Any client failing to do so, upon request by the program director or other staff, shall be considered a trespasser and shall be subject to removal by law enforcement if necessary.

EXTENDED DURATION PROGRAM FEE

When a CJAMM graduate desires to continue their program participation beyond the typical six-month duration, for reasons presented to and approved by CJAMM's Executive Director, the program fee will be increased to \$600 as of 1/1/24; all of the monthly \$600 program fee will be non-refundable towards the costs of operating the program; the extended duration costs shall be subject to periodic reevaluation, with timing of such at the Director's discretion. This policy change is to be effective January 1, 2024.

Examples of continued or extended duration programs may include situations in which the six-month duration falls during a holiday or when the client has a child in school and needs to continue program participation and residency through a semester's end. Home offers and incoming clients will be a determining factor in post-graduation or extended duration program fees.

I acknowledge receipt of this policy change and agree to adhere to the new policies. I understand that CJAMM administration and board of directors may change a Policy or Procedure from time to time.

I further acknowledge that extended duration CJAMM clients continue to be subject to the terms and conditions of the program, including but not limited to providing timely program fees, submitting to random UAs and remaining drug-free, alcohol-free and tobacco-free, and failure to comply with the terms of the program will result in termination from the program. All extended duration clients understand that if terminated from the program, clients will need to exit the CJAMM premises immediately or be subject to possible claims of trespassing.

Name

Date

Revision 08/2024

***Applicant Agreement to the Rules and Conditions of Residency at
Exodus House and Authorization of Release of Personal Information to
Exodus House***

I request consideration for residency at Exodus House. I have read, initialed, signed, and agreed to all the conditions of the accompanying pages. I have initialed every rule and covenant. I have read the rules and agree to full cooperation and participation in this program. Furthermore, I authorize the release and exchange of any personal information or files to Exodus House from any agency, including, but not limited to, the Department of Corrections, the Pardon and Parole Board, any Courts and the Justice System and/or any Law Enforcement Agency.

Name (Please print)

Signature

Date

DOC Number

Authorization to Release Information

Inmate Name _____ DOC # _____

Address _____

Social Security Number _____ Date of Birth _____

This will authorize the _____ Error! Bookmark not defined.to
release my information from

(Name of correctional facility)

my clinical record in accordance with ***Oklahoma State Law, Title 43 – A, Section 1-109.***
I understand that my records have a privileged and confidential status. I am waiving that
status for the purpose contained within this authorization.

The release of any information concerning COVID, AIDS, HIV, AIDS-related Complex,
and the performance of any tests, counseling, and the results and treatment thereof are
also authorized.

Specific information to be released: CRC; Any medication taken. Substance abuse
evaluation and Treatment Plan.

Information is to be released to: An Exodus House Authorized Agent.

I understand that I have the right to refuse to sign this authorization. I further
understand that I am authorizing the release of information for the records
whose confidentiality and status is protected by Federal Regulation (*42 CFR,*
Section 2.13) and Oklahoma Law, and that redisclosure of this information by
the receiving agency is prohibited.

This authorization is for: a single disclosure _____ or continuing disclosure _____. Valid
for one year after the date of my signature as it appears below.

The client or signatory may revoke this authorization at any time upon written
notification, but revocation has no effect on action previously taken.

Signature of Client

_____ Date _____

Signature of Witness

_____ Date _____

Exodus House Reference Form
To be completed by your Case Manager

Applicant's Name (Please print) _____ DOC # _____

To the applicant: Give this form to your Case Manager. References will not be accepted, except from your Case Manager. Ask your Case Manager to please complete and return this form to Exodus House, or you may send your application in yourself after your Case Manager has completed it.

Sign on the line below to waive your right to access the complete recommendation and any accompanying letter or comments.

I waive any right to access this recommendation (including any accompanying comments or letters as completed).

Signature

Date

To the recommender: Please respond to the following questions. After completing this form, please return it to Exodus House, or allow the inmate to send it to us with his/her application. This recommendation is a required and an important part of the application, so a prompt return is important.

Exodus House places a great deal of importance on comments from references. We realize this requires time and effort on your part, and we appreciate your assistance. Thank you in advance for your cooperation.

How long have you known the applicant?

Please comment on the applicant's interpersonal skills:

Comment on your perception of the applicant's attitude and desire to make positive changes in his/her life:

Do you know of any misconducts they have received? If so, explain and list dates:

Recommendation Form Completed by Case Manager

Personal Trait	Excellent	Average	Unable to rate
Leadership Potential			
Maturity			
Motivation			
Ability to work with others			
Planning Skills			
Personal Skills			
Personal Integrity			
Self-Confidence			
Goal-directed			
Attitude			
Willingness to follow rules & guidelines			
Desires and seeks positive change			

Check one:

Recommend with confidence: _____ Recommend with reservation: _____

Recommended: _____ Do not recommend: _____

Additional comments on recommendation:

Signature _____ Date _____

Name _____ Institution _____

Address _____

If you have additional comments, you may attach additional pages or call Exodus House OKC at 405-525-2300 or Exodus House Tulsa at 918-231-4013.

Send Completed Application to:

Exodus House Oklahoma City
433 NW 25th Street, # 4
Oklahoma City, OK 73103
Email: Exodushouseokc@cjammm.org

Exodus House Tulsa
2624 E. Newton, Apt E
Tulsa, OK 74110
Email: Exodushousetulsa@cjammm.org

Personal Information Questionnaire

Instructions:

1. Be HONEST! Fill out the entire application. Use N/A (Not Applicable) rather than leaving blank. Incomplete applications may be returned for completion. CRC and both references must be received before your application can be considered. ALL INFORMATION ON THIS QUESTIONNAIRE MUST BE FILLED OUT.
2. Please type or print legibly. Sign and date your application. Mail or email all completed applications to the address above.

_____	_____
Legal Name (First, Last)	Date
_____	_____
Social Security Number	Date of Birth Age
_____	_____
DOC Number	Institution Dorm/Unit

Parole/GPS/Release Date

Offense/Reason for Incarceration

Explain misconducts/dates within last three years

Case Worker's Name Case Worker's Phone

Have you made parole? ____ Yes ____ No When? _____

Or when will you discharge? Date _____

GPS Eligibility Date? _____

Personal Information Questionnaire – Confidential

This form is intended to increase our understanding of you so that we may better help you in your recovery. If you don't know or can't recall answers to some of the questions, make your best guess or estimation. **ANSWER EVERY QUESTION** to the best of your ability. Please print legibly.

In your own words, what led to your decision to apply for residency at Exodus House?

Cultural Background:

1. Where were you born? _____ Nationality? _____

2. In what city or town did you live (prior to your incarceration)? _____

Social Life:

1. Have you had/have gang affiliation? _____ Name of gang: _____

Chemical Usage:

1. When did you begin using alcohol and/or drugs? _____ Why? _____

2. What kinds of alcohol and/or drugs have you used? _____

3. When is the last time used (clean date)? _____

Previous Treatment:

1. Have you ever been treated for psychiatric, emotional, alcohol and/or drug use or family problems before? ____ If yes, when and where? _____ Did you complete the program? _____

2. What are your previous experiences with Alcoholics Anonymous/Narcotics Anonymous/Gambling Anonymous/ Sexual Addiction/Celebrate Recovery/Codependency/Al-anon? _____

Vocational Background:

1. What was your occupation(s) prior to your incarceration? _____

2. What kind of training/classes have you completed while incarcerated? _____

Legal:

Describe your legal record history by filling out the appropriate blanks.

Date	City & State	Charge Outcome

1. Do you have a court appearance? _____ When? _____ Where? _____
2. Will you be on Probation or Parole? _____ How Long? _____
3. Have you received any misconducts? _____ If so, explain and list dates. _____

4. Have you ever been convicted of any Sexual Offense? _____ Will you have to register as a sex offender _____?
5. Will you need to register as a violent offender? _____

Military:

1. Have you been in the Armed Forces? _____ If yes, please complete this section.
2. Branch? _____ Type of Discharge: _____
3. Do you have a service-related disability? _____ If yes, what is the nature of the disability? _____

Financial:

1. What counties or other jurisdictions will you be obligated to make payments to? _____

2. Do you support anyone else other than yourself? _____ Who? _____

Family Information:

Complete the following section on your immediate family, including your father, mother, sisters, brothers, stepbrothers, etc.

Family Member's Name	Age	Relationship Date of Death

1. Who in your family (if anyone) currently has or has had a prescription drug or other drug/alcohol problem? _____

2. Are they still using? _____ Are they currently, or have they ever been in treatment? _____

3. Did you live with both parents during your childhood? _____ If no, explain. _____

4. Was there any sexual, physical or other form of abuse in your family/others? _____

5. What is your marital status: Single Married Divorced Separated Partnered Common Law (circle one)

6. How many children do you have? _____

Please provide the marital information indicated in the chart below:

Spouse/Partner's Name	Age	Marriage Date	Separation/ Divorce Date	Number of Children

Please provide the information regarding your children in the chart below.

Children's Name(s)	Age	Family Member	DHS Custody County	Living with whom & where?

Who (children) would be living with you at Exodus House? Please list in the table below.

Name	Age	Relationship

7. Do you have a DHS reunification plan? Who has legal custody of your children at this time? _____

Spiritual:

1. What is your religious preference? _____ How active? _____

2. What does “Higher Power” mean to you? _____

Health:

1. How is your overall health at this time? _____

2. Are you taking any prescribed medication from a doctor at this time? _____

If the answer to the previous question was “Yes”, you **must** list all medications below:

Name of Medication	Dosage	Taken How Often	What is medication prescribed for?

3. Do you or anyone in your family suffer from any of the conditions listed below?

Medical Condition	Do you suffer from this condition?	Does a family member suffer from this condition? Yes/No and Whom?
Migraine Headache		
Hallucinations/Delusions/ Visions/Bizarre Behavior		
Alcoholism/Drug Addiction		
Sleeping Problems /Insomnia		
Epilepsy, Convulsions or fits		
Chronic Physical Pain		

Psychiatric Problems		
Panic attacks/ Claustrophobia		

4. How do you feel about coming to the Exodus House? _____

5. What is your general mood and how do you view yourself? _____

6. What do you generally worry about or are concerned about? _____

7. Describe your behavior when you are not drinking or using drugs. _____

8. Describe your behavior when you **are** drinking or using drugs. _____

9. Have you ever attempted suicide? Yes or No? _____ If so, when? And what method? _____

10. High stress or anger issues? _____

Strengths and Weaknesses:

1. What do you consider to be your strong points? _____

2. What do you consider to be your weak points? _____

3. List what you consider to be your main problems that you would like us to help you with. (Attach an additional sheet if necessary.) _____

Your application is now complete!!

Please return it to Exodus House! God bless you!

Important Information to all applicants:

- **Be sure to give authorization release and Exodus House reference form to your case manager. It is important and necessary in processing your application.**
- **If you do not have a copy of your social security card, you need to apply for it before you are released. It takes approximately 3 weeks to get a social security card after you get out. You cannot get a state ID without the social security card and birth certificate, and without a picture ID, you will not be able to get a job.**
- **If your birth certificate is out of state, you will need it to get a state ID. They will not take a Judgement and Sentencing (J & S). Apply for the birth certificate now as it takes 8 weeks or longer to get them, even with help from Travelers Aid.**
- **If you don't have the social security card and birth certificate so you can get a state picture ID, you will be unemployed while you wait for these documents.**
- **If the name of your birth certificate is different from the one on your social security card, or if your current name is different from either of these documents, you will need a third supporting document such as a marriage license or divorce decree. This additional documentation can take up to another 8 weeks to obtain, so please make sure that you have done all this before you are released.**
- **What is the status of your Driver's License? Please write to DPS to ask for this information.**

Thank You,
The Exodus House Staff

Sample Schedule (exact details may vary from location to location)

Day	Class	Location	Service Time	Curfew Time
Sunday	Bible Study Worship Service	Sponsor church/ Redemption (OKC) Speak Out as Group	Service Time	10:00 PM
Monday	One-on-Ones with Case Manager 15 minutes	Exodus House	SIGN UP WEEKLY	10:00 PM
Tuesday	Community Meeting & Meal	Exodus House	MANDATORY 6:00 PM – 8:00 PM	10:00 PM
Wednesday	Optional Programs		AA/NA/CR	10:00 PM
Thursday	Worship Service	Exodus House/ Redemption	6:00 PM – 8:00 PM (OKC) 6:30 PM - 8:30 PM (Tulsa)	10:00 PM
Friday	Optional Programs		AA/NA/CR	12:00 AM MIDNIGHT
Saturday	Optional Programs		AA/NA/CR	12:00 AM MIDNIGHT

- **Curfew is at 10:00 PM on weeknights unless on probation or restrictions.**
- 12:00 am (midnight) on Friday & Saturday unless on probation or restrictions
- No 2nd or 3rd shift employment and no Sunday Mornings
- If you have a substance abuse related charge or history, assessment after you arrive here will partly determine your re-entry and recovery plan.
- AA/NA/CR is a part of your recovery plan, there are groups within walking distance, online with code, and some recovery programs are provided though Redemption Church.
- There are also random UA's / Breathalyzers on site at Exodus House.
- Two staff live onsite at Exodus House
- No overnight passes for 30 days.
- There is a community room for visitors. Only immediate family can visit in apartments, i.e. mother, father, children with permission from staff as well as apartment sponsors.



**EXODUS HOUSE
OKC/TULSA**

A Ministry of Criminal Justice and Mercy Ministries (CJAMM)

**433 NW 25th Street, #4
Oklahoma City, OK 73103
exodushouseokc@cjamm.org
405-525-2300**

**2624 E. Newton Street, Apt E
Tulsa, OK 74110
exodushousetulsa@cjamm.org
918-231-4013**

Inoculation Release

I, _____, agree to receive a COVID-19 vaccination/flu vaccinations(s) before arriving at Exodus House and/or agree to receive in the inoculations(s) while a part of my program residency.

Exceptions for not receiving the inoculations for my personal safety and others in the program would be:

1. Medical reasons with a signed restriction from a healthcare provider.
2. Religious reasons with documentation from a religious leader.

Name

Date