



# *Restoring Joy Ministries*

## *Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

Thank you for your interest in Restoring Joy Ministries Residential Program. **Please read all the information carefully before answering.**

### **Mission Statement and Organization:**

- RJM Residential Program exists to empower hurting women through the knowledge of Jesus Christ and the attainment of an education in order to break the cycle of poverty.
- The residential program is part of RJM—an independent, non-denominational Christian ministry.

### **Our Program:**

- RJM offers a income-based program for women to have an opportunity to live in a safe and supportive Christian environment while seeking an education
- RJM Residential Program does not have a minimum or maximum stay. However, residents can expect their stay to be a minimum of 7 months based on our experience with past residents. This IS NOT a definite length of stay. Many stays are longer.
- RJM incorporates partnership with many community resources and programs (not just churches).
- Our program does not require membership to a specific church or organization.
- Our program incorporates needs from the beginning to the end. Initial needs for shelter and clothing and personal documents will graduate to the assistance of needs with education, financial management training, and the complete attainment of personal transportation and housing with all necessary household items.

### **Our Commitment:**

- RJM does not accept everyone, but we are willing to assist each applicant in finding services more fitting to their needs
- Our residents are treated as joint heirs to the throne, adopted daughters of God according to the word of God. Each one is a princess in her own right!
- We will teach each woman what it means to thrive, not just survive.
- RJM is committed to each woman and her family. In return, each woman should have a true desire to commit to change and growth under the covering of RJM.

### **Costs:**

- RJM exists on the generosity of the community, churches, and individual donors. It costs significantly to house each family on a monthly basis. However, RJM chooses not to base acceptance on ability-to-pay.
- RJM asks that each resident pay **a one-time, non-refundable entrance fee of \$100.**
- RJM expects residents with income (child support or SSI for example) to pay 20% of their monthly income.



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Acceptance and Dismissal:**

- Acceptance and dismissal is determined by a team of residential program staff members, not a single individual. It is done with prayer and never completed with haste.
- Once a resident has applied, interviewed and been accepted, she has 48 hours to move in to her new room. After 48 hours, the room may be given to another applicant.
- Residents may not move in unless all drug tests are negative including alcohol and synthetic cannabinoids (K-2).
- Residents may not expect to move in on weekends.
- If a resident is dismissed, residential program staff will hold a resident's personal items for 48 hours. If the resident does not return to pick them up, they will be donated.

**Graduation:**

- Graduates will receive a tiara upon completion of the Residential Program.
- Graduates will show the following growth to qualify:
  - Resident will be grounded in the Word of God with evidence of a personal relationship with Jesus Christ
  - Resident will prove the ability to live independently with evidence of skills in self-discipline and self-motivation including 1) personal care/grooming 2) parenting if applicable 3) care and responsibility towards their living environment
  - Resident will advance academically according to their own personal goals and establish a personal residence



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**INFORMATION RELEASE WAIVER**

**APPLICANT – Read the following passages and sign below:**

I hereby authorize any caseworker, parole officer or probation officer, or attorney to provide all information regarding my case to the staff of Restoring Joy Ministries, International.

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Restoring Joy Ministries with information as requested pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.

**DRUG SCREENING AUTHORIZATION AND RELEASE**

I understand that in order for me to be considered for acceptance into Restoring Joy Ministries Residential Program, I must submit to random drug and alcohol testing that consist of a urine test to determine the presence of any abused or illegal drugs. I may be asked to submit to this test at any time prior to admission in the program and during my residency at the discretion of the staff of Restoring Joy Ministries. I understand that if the results of this test are positive, I will be exited from the residential program immediately. I also understand that Restoring Joy Ministries also doesn't allow the use of synthetic cannabinoids and a drug test indicating the use of synthetic cannabinoids will result with the same consequences of illegal drugs or the misuse of prescription drugs and alcohol.

I hereby agree to submit to a urine sample or saliva swab upon request and I hereby release Restoring Joy Ministries, its staff, cooperating ministries, any physician, hospital, laboratory, or medical center and any employee of the above from all liabilities arising from the release of such information to Restoring Joy Ministries. I also agree that a photographic copy of the waiver is as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full name



*Restoring Joy Ministries  
Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**CRIMINAL HISTORY INFORMATION RELEASE WAIVER**

**APPLICANT – Read the following passages and sign below:**

I hereby authorize Restoring Joy Ministries to conduct any necessary criminal history investigation.

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Restoring Joy Ministries with information it may request pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
Print full name

-----  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant Birthdate



*Restoring Joy Ministries  
Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Application**

*Please be certain to write clearly. It is important in the process of your application. Honesty will most likely help you, not hurt you when filling out this application.*

Full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security # \_\_\_\_\_ Number of Children: \_\_\_\_\_ List children below:

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Will child be living with you? Y /N

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Will child be living with you? Y /N

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Will child be living with you? Y /N

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Will child be living with you? Y /N

Highest level of education: \_\_\_\_\_

How did you hear about Restoring Joy Ministries? *Check all the apply*

Parents  Church  Internet  Court  Other \_\_\_\_\_

Have you applied to RJM in the past? \_\_\_\_\_

Have you ever lived in a shelter, rehab, or transitional home? If so, list below with additionally requested information.

Name of Organization	City and State	Dates you lived there	Phone number

Marital status: Single Married Divorced Separated Dating



*Restoring Joy Ministries  
Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Please answer the following to better explain your personal status. DO NOT SKIP THIS PART. It will result in your application being discarded.**

In your own words, please state what you have been going through for the last six months. You may go back further if necessary. (You may use the back of this page for more room.)

*Completion of this form will allow us to determine the amount you may contribute to the general household fund and/or food pantry.*

**Income and Benefits:**

<b>Source</b>	<b>Amount</b>	<b>Source</b>	<b>Benefit</b>
<i>EXAMPLE</i>	<i>\$000.00</i>	<i>CCMS</i>	<i>FREE CHILDCARE</i>
<b>SSI</b>			
<b>Food Stamps</b>			
<b>Child Support</b>			
<b>TANF</b>			
<b>Social Security</b>			
<b>Disability</b>			
<b>Spousal Support</b>			
<b>Other:</b> _____			
<b>TOTAL INCOME</b>			

Restoring Joy Ministries requires that you use 80% of your total food stamp income for the purpose of buying groceries for the general pantry. In return, we encourage you to retain 20% of these benefits for personal use. You will be provided a personal space in the pantry for your personal groceries. Are you willing to comply with this for the benefit of the entire ministry? \_\_\_\_\_ (please initial)



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

Are you willing to contribute 20% of your financial income to the program for you and/or your family to live on premises, receive all meals, personal items, and training? \_\_\_\_\_ (please initial)

**Items you must supply:**

Before your application can be evaluated fully for acceptance into Restoring Joy Ministries Residential Program you must provide all of the items listed below (when applicable). If you are unable to supply an item please explain why in writing at the bottom of the page.

\_\_\_\_\_ Verification of education (one of the following)

- Copy of High School Diploma or GED
- Copy of college transcripts if you have attended college or technical school

\_\_\_\_\_ Communication waivers allowing us to speak openly with caseworkers/probation officers

\_\_\_\_\_ Copy of orders from courts, probationers, and CPS if applicable

\_\_\_\_\_ Copy of current driver's license or state issued I.D.

\_\_\_\_\_ Copy of car insurance (when applicable)

\_\_\_\_\_ Shot records of each child who will be a resident at RJM (part of application)

\_\_\_\_\_ Criminal background investigation waiver and drug test waiver (part of application)



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Answer the following questions:**

***Please read and initial if you understand the following expectations for acceptance to the Restoring Joy Ministries Residential Program.***

- You will enroll your school age children (living with you) in Gladewater ISD. *Children already enrolled in another school district can receive special consideration and services if you enter the program during the middle of the school year.*
- You will plan ahead to reserve the necessary time to attend MANDATORY educational classes, Church services, Bible studies, 12-Step program, counseling and case management meetings. (You are not required to be a Christian to be accepted into Restoring Joy Ministries Residential Program, but you do have to be willing to commit to these activities.)
- You will participate in furthering your education.
- You are willing to take responsibility for and be accountable in your part of keeping living and ministry environment clean and organized inside and out.
- You are willing to accept and adhere to our NO DATING policy.
- You will not use alcoholic beverages, illegal drugs, or abuse prescriptions. This also includes K-2 or other similar synthetic cannabinoids. Zero tolerance!
- You will submit to random drug and alcohol tests.
- You are willing to speak openly to RJM staff about information we obtain from any of your caseworkers, probation officers, etc.
- You are willing to plan with the House Mom to cook healthy meals for you, your children, and the other residents.
- You are willing to abide by all rules and regulations as outlined in the House Rules.
- You are willing to leave your personal vehicle somewhere else if it is not currently legal to drive.
- You understand that if staff witnesses the neglect or abuse of a child, or you should test positive for any abused substance including alcohol, we will report it to CPS.
- You understand that any out-of-date medications or medication bottles without appropriately marked medication bottles will be disposed at check-in.





*Restoring Joy Ministries  
Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Medical:**

Are you currently pregnant or suspect you are? \_\_\_\_\_ Projected due date: \_\_\_\_\_

Do you have any physical limitations preventing you from performing chores such as mopping or sweeping? Disabilities?  
Health concerns?  
\_\_\_\_\_

Have you ever been a mental health patient at an in-patient facility? \_\_\_\_\_ If Yes, please state where and when: \_\_\_\_\_

Please circle any diagnosis that applies to you currently or in the past:

Bipolar	Depression	Paranoid-Schizophrenia	Eating disorder
Anxiety	OCD	Panic Disorder	PTSD
Separation Anxiety	Sexual Disorder	Tourette's	Stuttering
ADD	ADHD	Autism	Oppositional Defiant

Please list any allergies you may have (this includes food allergies):  
\_\_\_\_\_

Please list any all medications you take regularly or have taken during the last two weeks: \_\_\_\_\_  
\_\_\_\_\_

If you listed any medications above, do you have prescriptions for these medications? \_\_\_\_\_

Name of Primary care physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a history of substance abuse? \_\_\_\_\_

If so, what substances? \_\_\_\_\_

Did you seek treatment? \_\_\_\_\_ Where? \_\_\_\_\_ how long have you been clean? \_\_\_\_\_

Are you currently involved in a lawsuit? If yes, please explain the nature of the lawsuit below.

**Emergency Contact Information**

*This information is required*

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_ Is this a cell, home or work phone? \_\_\_\_\_



*Restoring Joy Ministries  
Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Spirituality:**

*Please answer the following questions to help us determine where you are spiritually:*

Do you read and meditate daily in the Holy Bible?

Have you been baptized? In which church?

Do you believe that Jesus Christ is the only Son of God?

**Social Services:**

Please list any programs or supervisions in which you are currently participating (Community Health Core, Kirkpatrick Family Center, Child Protective Services, or 12-Step Programs)?

Organization 1 \_\_\_\_\_ Reason: \_\_\_\_\_

Case Worker Name \_\_\_\_\_ Phone: \_\_\_\_\_

Organization 2 \_\_\_\_\_ Reason: \_\_\_\_\_

Case Worker Name \_\_\_\_\_ Phone: \_\_\_\_\_

Organization 3 \_\_\_\_\_ Reason: \_\_\_\_\_

Case Worker Name \_\_\_\_\_ Phone: \_\_\_\_\_

Have you applied for government housing? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Charge? \_\_\_\_\_

What state/county? \_\_\_\_\_/\_\_\_\_\_

Do you have any outstanding warrants? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

What state/county? \_\_\_\_\_/\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ if so, give a detailed explanation of the offence, date of conviction, and the county the conviction occurred in:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? \_\_\_\_\_ Parole? \_\_\_\_\_ Please provide the supervising officer's contact information. \_\_\_\_\_

Phone number: \_\_\_\_\_ Have they been informed of your intent to gain admission into Restoring Joy Ministries Residential Program at Jacob's Institute? \_\_\_\_\_



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**Transportation:**

Do you have your own transportation? \_\_\_\_\_ is your license current and insurance current? \_\_\_\_\_

If so, give vehicle year/make/model: \_\_\_\_\_

Note: Should you own a vehicle, you will be required to have proof of current registration, inspection, car insurance and a valid driver's license. If these requirements are not met at time of applying, your vehicle will not be allowed on premises.

**Contractual Promise:**

I understand all questions asked of me in this application and attest that all answers supplied are true and right to the best of my knowledge.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date



*Restoring Joy Ministries*  
*Residential Program Application*

*214 E. Glade Ave, Gladewater, Texas 75647*

---

**CHILD MEDICAL INFORMATION AND RELEASE**

**(Applicant must complete a form for each child expected to reside with the candidate. Duplicate form as needed.)**

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_

Social Security Number \_\_\_\_\_ Is child currently living with you? \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have custodial visitation with another parent? \_\_\_\_\_ If yes, please describe the nature of that relationship  
\_\_\_\_\_

**Please complete the following information. If you answer yes to any of these questions, please elaborate.  
You may use the back of this page if more space is needed.**

1. Does your child have any special needs, learning disabilities, or behavioral problems? \_\_\_\_\_
2. If your child is school age, has he/she been in trouble or enrolled in alternative school? \_\_\_\_\_
3. Has your child been exposed to abuse? \_\_\_\_\_
4. Is your child on any medication or under any doctor's orders? \_\_\_\_\_
5. Have you or your child been exposed to lice? \_\_\_\_\_
6. Does your child have proof of current immunizations? \_\_\_\_\_
7. Allergies:

Food \_\_\_\_\_ Insect stings \_\_\_\_\_ Hay fever \_\_\_\_\_ Chemicals \_\_\_\_\_

Drugs \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Asthma \_\_\_\_\_

8. Does your child have regular visitations with another parent or custodian? \_\_\_\_\_
9. Who has custodial guardianship of your child? \_\_\_\_\_ Their relationship to your child/children? \_\_\_\_\_ Are you in pursuing legal custody? \_\_\_\_\_
10. Has your child ever been in legal trouble? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
11. Do you understand that **all** residents (including children) are subject to random drug tests? \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_