

## *The Door of Hope*

*HaDalet Shel Tiqvah*

*A safe place to heal*

**The Door of Hope is a Christ Centered Program providing a safe and secure environment for women.**

### Transitional Home Application for Admittance

Complete all forms and mail or e-mail to the contact information above

Please understand that your acceptance to The Door of Hope requires a 12 month commitment.

## **Your Commitment**

The first 60 days of your stay at TDOH is filled with many challenges. This most often includes homesickness, struggles with trust, environmental changes, and a roller coaster of emotions. The first inclination of the resident is the desire to leave prematurely before the adjustment period is complete. We have found that after the first 60 days, most of these insecurities pass.

Unfortunately, ladies walk away from their opportunity with The Door of Hope because they do not give themselves enough time to make the necessary adjustment. With this in mind we are requiring a strong commitment on your part and a determination in your heart to see it through to the end. Your signature to this commitment form is your agreement not to compromise your decision. We understand that feelings of homesickness and other changes from the past are valid; however you must determine that you will **not** allow these feelings to drive you from your commitment.

Your signature represent your commitment and desire to do what it takes to achieve freedom and healing. We are committed to you as long as you are committed to Jesus who will help you change your life.

***IF YOU DO NOT AGREE TO THIS COMMITMENT,  
PLEASE DO NOT PROCEED WITH THE APPLICATION PROCESS.***

If you do agree, please sign and proceed with the **Application**.

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Signature of Applicant

Date

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Staff Witness

Date

**Who we are:**

The Door of Hope is under The Shepherd's House, Inc. is a Christian-based home that provides a safe and supportive housing environment for women. We are dedicated to demonstrating the love of God (Jesus) and providing support services as women achieve their goals.

Our program is designed to enhance women's personal and spiritual development with Jesus Christ (Messiah). I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you plans to give you hope and a future. Jer. 29:11

Because you are fearfully and wonderfully made. Ps. 139:14

Our goal is to help develop the skills that will empower women to live independently, in the areas of parenting, communications, anger management, conflict resolution and establishing/maintaining healthy, relationships, while seeking safe and permanent housing.

All new residents will be given a 1month probationary period, and a 9-12 month commitment, this will be reviewed at the completion of the first month. Every resident will have to sign a consent form to agree. The Door of Hope does not house women who are pregnant.

## The Door of Hope Application for Admittance

**(WE DO NOT ENCOURAGE SMOKING,NO VAPING)**

By completing this application, the applicant does not commit in any way that she will become a client at The Door of Hope. This application is strictly for screening purposes and further steps must be taken before an applicant is  
\_\_\_\_\_ accepted in the ministry.

### FOR STAFF USE ONLY

### This Application Must be Filled Out Completely

Today's Date: \_\_\_\_\_

### General Information

**\*\*Instructions: The entire application must be completed ONLY by the applicant herself\*\***

If unable to, give name and phone of the individual who helped

<b>Last Name</b>		<b>Maiden</b>	<b>First</b>	<b>Middle</b>
_____		_____	_____	_____
<b>Street</b>			<b>City</b>	<b>State</b>
_____			_____	<b>Zip Code</b>
<b>County you will be entering TDOH from</b>			<b>Volunteer or</b>	<b>Mandate</b>
_____			_____	_____
<b>Telephone # for interview</b>		<b>DOB</b>	<b>Age</b>	<b>SS#</b>
_____		_____	_____	_____
<b>Referred by:</b>		<b>Phone #:</b>		
_____		_____		
Name of Contact person if at Facility: _____				
In case of Emergency Notify: _____				
Relationship to you: _____		Phone Number: _____		

### Background Information:

**Addiction:** Please list all substance you have used including tobacco. If you are in need of additional room please use page 15.

- Drug: \_\_\_\_\_
- Intravenous: Yes \_\_\_\_\_ No \_\_\_\_\_
- Age of 1<sup>st</sup> use: \_\_\_\_\_
- DATE of last use: \_\_\_\_\_
- Longest period of abstinence: \_\_\_\_\_

- Drug: \_\_\_\_\_
- Intravenous: Yes \_\_\_\_\_ No \_\_\_\_\_
- Age of 1<sup>st</sup> use: \_\_\_\_\_
- DATE of last use: \_\_\_\_\_
- Longest period of abstinence: \_\_\_\_\_

- Drug: \_\_\_\_\_
- Intravenous: Yes \_\_\_\_\_ No \_\_\_\_\_
- Age of 1<sup>st</sup> use: \_\_\_\_\_
- DATE of last use: \_\_\_\_\_
- Longest period of abstinence: \_\_\_\_\_

- Drug: \_\_\_\_\_
- Intravenous: Yes \_\_\_\_\_ No \_\_\_\_\_
- Age of 1<sup>st</sup> use: \_\_\_\_\_
- DATE of last use: \_\_\_\_\_
- Longest period of abstinence: \_\_\_\_\_

- Drug: \_\_\_\_\_
- Intravenous: Yes \_\_\_\_\_ No \_\_\_\_\_
- Age of 1<sup>st</sup> use: \_\_\_\_\_
- DATE of last use: \_\_\_\_\_
- Longest period of abstinence: \_\_\_\_\_

Living Situation: describe most recent living situation, choose most applicable (Underline or Circle):

- Non-Housing (Street, car, etc.)
- Mother transient, children living With relatives/friends
- Domestic Violence situation
- Emergency Shelter
- Transitional Housing for Homeless Persons
- Psychiatric Facility
- Substance Abuse Treatment Facility
- Hospital
- Jail/Prison
- Rental Housing
- Own Home
- Other

1. Have you ever been in a same sex relationship? If Yes, How long? \_\_\_\_\_
2. Have you ever been involved in prostitution? \_\_\_\_\_ If Yes for how long? \_\_\_\_\_
3. Have you ever been involved in any satanic cults or rituals? If Yes please explain. \_\_\_\_\_

**Family:**

**Marital Status**

- Single, never married
- Married
- Divorced
- Widowed      If Widowed, how long \_\_\_\_\_ How did he die/pass on? \_\_\_\_\_

Do you have Children? \_\_\_\_\_  
 Please list all of the names and age of Children. \_\_\_\_\_

**Family Information continued:**

Do you still have custody of Your Children? \_\_\_\_\_ If Not, please provide more information

Name of Child	Age	Specific Charges Leading to Removal of Custody	Date Custody Was Lost	Most Recent Court Date and Outcome	Visitation Arrangements	Name/Phone # Of DCS/ JU
Name of Parents	Maiden Name	Living/Deceased	Year or Age Deceased			

**INCOME**

Do you have other sources of income or support?

- DHS Amount \$ \_\_\_\_\_
- Employment Income Amount \$ \_\_\_\_\_
- Unemployment Benefits Amount \$ \_\_\_\_\_
- WIC Amount \$ \_\_\_\_\_
- Supplemental Security Income (SSI) \$ \_\_\_\_\_
- Disability Income (SSDI) Amount \$ \_\_\_\_\_
- Social Security Amount \$ \_\_\_\_\_
- Veterans Benefits Amount \$ \_\_\_\_\_
- \_\_\_\_\_
- Other (Please Specify) Amount \$ \_\_\_\_\_

\*Note: Individual Food Stamps will be used towards Suppling food for the house.

**Total Monthly Income \$ \_\_\_\_\_**

Do you own your vehicle? \_\_\_\_\_  
Add copy of license & insurance, year, make model

**Education**

585-434-2449

The Door of Hope PO Box 12866  
Rochester, NY 14612

director@thedoorofhope.us

- High School Diploma/ GED: Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered no what is the highest grade completed \_\_\_\_\_
- College/Tech: \_\_\_\_\_
- Educational Interest \_\_\_\_\_
- Discipline Problems \_\_\_\_\_
- School Attended \_\_\_\_\_

**My Personal Goals & Dreams is to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ More room pg. 15.

**Employment History (start with the most recent):**

**Employer Name:** \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employment History (start with the most recent):** cont.

**Employer Name:** \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have a history of the following?

- |   |                                    |
|---|------------------------------------|
| 1. Mental Illness                         | 7. Physical Disability             |
| 2. Alcohol Abuse                          | 8. Domestic Violence (as an adult) |
| 3. Drug Abuse...Intravenous Y ____ N ____ | 9. HIV/AIDS and related disease    |
| 4. Depression                             | 10. Other _____                    |
| 5. Probation or Parole                    |                                    |
| 6. Development Disability                 |                                    |

**\*BLANK FOR FURTHER ANSWERS\***

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Please list any service agencies/providers (and contact persons) that work with you, along with their addresses and phone numbers: *Attorneys, DFCS, Probation/Parole, Dept SS, Etc. (go to page 15.)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**HEALTH CARE:**

Date of last Medical Exam \_\_\_\_\_

Diagnosis \_\_\_\_\_

Have you been tested for any of the following?

What were the Results?

HIV \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

HepA \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

HepB \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

HepC \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

TB \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

STDS \_\_\_\_\_

Neg \_\_\_\_\_ Pos \_\_\_\_\_

Recent Pap Y \_\_ N\_\_

Please describe any physical disabilities TSH would need to provide for assistance for: \_\_\_\_\_

We live in an area which we take care of the house and grounds. Are you able to perform?

- 1. Housekeeping chores (such as vacuuming, moping, laundry, dusting, cooking, cleaning etc.)

YES \_\_\_ NO \_\_\_

- 2. Yard/Garden work (raking, hoeing, planting, weeding, etc.) YES \_\_\_ NO \_\_\_

If you are unable to perform any of the above, what is the reason?

- 3. Are you able to climb stairs? \_\_\_\_\_

Do you have Insurance? \_\_\_\_\_ If Yes who is your Provider & No. \_\_\_\_\_

Do you have a primary physician? \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Address and Phone No. \_\_\_\_\_

**PSYCHOSOCIAL EVALUATION** (to be filled out by Authorized individual)

Name:

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Languages Spoken:  
\_\_\_\_\_

Chief Complaint:

\_\_\_\_\_

History of Present Illness:

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

Past Psychiatric/Psychological History:

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

Past Medical History:

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

Past Surgical History:

\_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_

Current Medication List

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

Medication Dose Frequency Prescriber Reason

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

Past Medication List

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

Medication Dose Frequency Reason Started Reason Stopped

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

**Suicidal/Homicidal Ideation**

Is there a suicide risk? \_\_\_ No \_\_\_ Yes

Previous attempt (When: \_\_\_\_\_)

Do you feel you're a danger to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current plan : \_\_\_\_\_

\_\_\_\_\_

Means to carry out plan \_\_\_\_\_

\_\_\_\_\_

Intent \_\_\_ Lethality of plan \_\_\_ High risk behaviors \_\_\_ None \_\_\_ Cutting \_\_\_\_\_

Anorexia/Bulimia \_\_\_ Head Banging \_\_\_ Self injurious behaviors \_\_\_

Other:

\_\_\_\_\_

**Abuse Assessment**

In the past year have you been hit, kicked, physically, verbally hurt by another?

Are you in a relationship with someone who threatens or physically harms you?

\_\_\_\_\_

\_\_\_\_\_

If yes, describe by whom, when and how.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family/Social History

Born/raised \_\_\_\_\_ Siblings \_\_\_\_\_

# of brothers \_\_\_\_\_ # of sisters \_\_\_\_\_

Who primarily raised you? \_\_\_\_\_

Describe marriages or significant relationships

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Number of Children \_\_\_\_\_ Current living situation: \_\_\_\_\_

Military history/type of discharge \_\_\_\_\_

Support/social network: \_\_\_\_\_

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Significant life events: \_\_\_\_\_

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Family History of Mental Illness (which relative and which mental illness):

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**Legal History**

Are you currently on probation/ parole? \_\_\_\_\_

If Yes, for what charge? \_\_\_\_\_

Provide name and phone number for probation/parole officer(s):

Do you have current charges pending? \_\_\_\_\_ What are the charges? \_\_\_\_\_

Where were the charges obtained? \_\_\_\_\_

When is your next court date/ dates? \_\_\_\_\_

What is the nature of your current and past charges? \_\_\_\_\_

Have you ever been convicted of arson? No \_\_\_ Yes \_\_\_ please explain \_\_\_\_\_ pg 15

Have you ever been convicted of child abuse or sexual abuse? No \_\_\_ Yes \_\_\_ please explain on pg 15. \_\_\_\_\_

DATE	PLACE OF ARREST	NATURE OF CHARGES	ARRESTS	OUTCOME	TIME SERVED

**Assess your level of commitment:**

1. Are you a born-again Christian? \_\_\_\_\_
2. Do you realize that you are coming into a heavily Christian Orientated program? \_\_\_\_\_
3. Do you have a religious background? \_\_\_\_\_
4. Do you believe the Bible to be the infallible and inspired Word of God? \_\_\_\_\_
5. Do you want to change the way you are living? \_\_\_\_\_
6. Are you coming here because YOU want to? \_\_\_\_\_
7. Are you committed to our 9-12 month requirement? \_\_\_\_\_
8. How do you feel about participating in community living \_\_\_\_\_
9. How do you see TDOH enabling you to become self-sufficient?  
\_\_\_\_\_
10. How do you feel about any necessary rules and restrictions as a resident? \_\_\_\_\_

11. Please express as completely and honestly as you can, why you would like to be a resident at The Door of Hope and how you feel you could benefit from being involved here. \_\_\_\_\_

12. Do you currently attend any religious services? \_\_\_\_ Yes \_\_\_\_ No,

If so Where \_\_\_\_\_

List any important issues that have affected the ethnic/cultural background.

**Developmental History**

Describe your childhood: \_\_\_\_ Traumatic \_\_\_\_ Painful \_\_\_\_ Uneventful  
\_\_\_\_ Pleasant \_\_\_\_ Loving \_\_\_\_ Nurturing

Describe your childhood in relation to personality, school, friends, and hobbies:

Describe any traumatic experiences in your childhood: (List the age when they occurred)

What is your sexual orientation? \_\_\_\_ Heterosexual \_\_\_\_ Homosexual \_\_\_\_  
Bisexual \_\_\_\_

**Interests and Abilities**

What hobbies do you have? \_\_\_\_\_

Are you good at? \_\_\_\_\_

Coping Skills: Describe how you cope with stressful situations.

585-434-2449

The Door of Hope PO Box 12866  
Rochester, NY 14612

director@thedoorofhope.us

PLEASE USE THIS PAGE FOR ADDITIONAL ANSWERS, QUESTIONS COMMENTS OR CONCERNS

## *The Door of Hope*

*HaDalet Shel Tiqvah*

*A safe place*

**The Door of Hope is a Christ Centered Program providing a safe and secure environment for women**

### PROGRAM RULES & CONFIDENTIALITY

(We reserve the right to change the rules and format at any time)

1. Use of illegal drugs and/or alcohol will result in immediate discharge.
2. Sexual activity on the premises will result in immediate discharge.
3. Physical violence, destruction of property or verbal threats of violence will result in immediate discharge.
4. Smoking inside The Door of Hope will result in immediate discharge.
5. Weapons or tools that can be used as weapons are not allowed in the building. They will be confiscated upon admission to the program.  
Refusing to turn them in will lead to immediate discharge.
6. **Clients are not allowed to keep any products containing alcohol, including personal care products that contain alcohol + vaping will be immediate discharge.**
7. The Shepherd's House is not responsible for valuables of clients and not responsible for any resident's belongings that are lost or stolen. Property left behind by residents upon discharge will be disposed of after 3 days.
8. Clients engaging in any illegal activity on the premises will be discharged and/ or arrested.
9. The Door of Hope staff reserves the right to search client's possessions (including car, clothing, etc.) for contraband (as defined above) at any time. Any contraband found will be disposed of
10. Residents are not allowed in another resident's room.
11. Clients are required to attend all program activities unless excused by the Director, or her designee.
12. Clients may be requested to take a breathalyzer and/or a urinalysis test at any time. Refusal will be grounds for immediate discharge.
13. Clients should refrain from financial transactions with The Door of Hope staff and/or other clients.
14. For the case of extreme insubordination-illegal behavior, resident could be discharged. Activities by the resident that compromise the integrity of The Door of Hope will not be tolerated.

Federal Law and Regulations protect the confidentiality of alcohol and drug abuse client records maintained by this program. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser  
UNLESS:

1. client consents in writing
2. the disclosure is allowed by a court order, or
3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Federal Law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for a program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to the appropriate state or local authorities (42 CFR Part 2).

I HAVE READ AND UNDERSTAND THESE RULES AS THEY HAVE BEEN EXPLAINED TO ME.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewers Signature

\_\_\_\_\_  
Date

**AGREEMENT ‘NOT’ TO BE UNDER THE INFLUENCE OF ANY SUBSTANCE**

I, \_\_\_\_\_ understand that by entering The Door of Hope that I am not under the influence of any mood- or mind-altering substance. **TDOH is NOT a detox center**, or a rehabilitation program. We are simply a place to obtain healing and guide you to become the woman that God called you to be.

This will be accomplished only through the power of the Holy Spirit and a willingness to surrender and completely abandon yourself over to a loving God.

If you are willing to allow God to take you through your past and bring healing to your life you are in the right place. By signing below, you are saying yes to a journey of redemption and healing. It is only by the Blood of Jesus Christ that we are saved.

**PLEASE SIGN BELOW INDICATING YOUR UNDERSTANDING OF THIS AGREEMENT:**

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**APPLICANTS SIGNATURE**

**DATE**

**Please Note: All applications are private and filed**

**Agreement and contract for program and guidelines**

The Door of Hope is a Christ Centered Ministry. There are requirements that must be met by each resident that wishes to enter and remain here at The Door of Hope.

*The Ministry is as follows and includes but is not limited to*

Please initial by each rule

- \_\_\_\_\_ Worship & Devotions  
Depending on schedules, 6 or 7 am each morning (excluding Saturday and Sunday)
- \_\_\_\_\_ Group counseling where a client will be asked and required to participate, share openly, and honestly in front of others.
- \_\_\_\_\_ Inner Healing using biblical applications.
- \_\_\_\_\_
- \_\_\_\_\_ Will not be able to act on ANY sexual tendencies and displays of affection towards another client in an unhealthy manner. \*Note Passing \*Touching \*Hugging inappropriately \*3<sup>rd</sup> party Messages \*You will guard yourself from former unhealthy relationships
- \_\_\_\_\_ The Door of Hope is an abstinence-based program (**Encouraged NOT to smoke, No Vaping, smoking in designated area's**)
- \_\_\_\_\_ There are daily chores assigned to each resident that they are to be responsible for.  
(Failure to do so will result in restrictions)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff/Witness \_\_\_\_\_ Date \_\_\_\_\_

Staff/Witness \_\_\_\_\_ Date \_\_\_\_\_