



Brief Description

Divine Transformation Transitional Housing (DTTH) is a new and upcoming transitional house located in Coosa County, AL. DTTH will be designed to help released individuals gain the wisdom, knowledge, and practical techniques to transform back into society. Our services will provide training and mentoring for individuals' success while transforming them into a new way of life. DTTH is a motivational embracing transitional house, and our purpose is to provide a structured and stable environment for all individuals. We want to set the highest standards of care to enable self-growth, recovery, and quality of life. We are here to help them gain the support they need from their families. We also want them to be reliable, trustworthy, independent, have leadership skills, and know how to function in society. DTTH is to get them back on their feet and help them prove to themselves that anything is possible. This program can help individuals be someone great and make a difference in life.

Mission Statement

Divine Transformation Transitional Housing (DTTH) mission is to provide a structured and stable rehabilitative environment for individuals. DTTH will be designed to help individuals from prison gain the wisdom, knowledge, and practical techniques to transform back into society. DTTH is committed to promoting an all-inclusive environment that welcomes all, working to collaborate with local organizations and leaders to build a strong network of support. We believe that if you set high standards, you will achieve personal growth and become a productive member of society.

Vision Statement

DTTH's vision is to reintegrate individuals back into the community, reduce prison recidivism, and improve public safety. We aspire to foster a unified environment and community where every individual, regardless of their past, can transform their lives and contribute to society. DTTH will provide education, employment, housing, family relationships, counseling, etc. DTTH will work hard to establish partnerships with various agencies to aid with behaviorism that is much needed throughout communities. Our objective is to be a leader in creative reintegration practices, setting a standard for communities everywhere.

This is an application to Divine Transformation Transitional Housing or DTTH in Kellyton, Alabama. Please answer the following questions so that we can best help you at our transitional house and in other ways.

Have you ever been convicted of a sexual offense, or do you have any sexual charges pending?

☐ Yes

☐ No

If yes, unfortunately, we cannot take sex offenders at this time. If no, then please continue:

Are you applying for yourself, your loved one, or someone you know?

☐ Myself

☐ A Loved One

☐ Someone I know

APPLICANT'S INFORMATION:

First Name:
Middle Initial:
Last Name:

Have you ever applied to or lived at Divine Transformation Transitional Housing?

☐ Yes

☐ No

If yes, when? _____ AIS# _____

Current Address (If Incarcerated, Include the Name of the Facility)

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____ Race: _____

Distinguishing marks (tattoos, scars): _____

In case of emergency, notify: _____

Telephone: (_____) _____ Relationship: _____

Marital Status:

<input type="checkbox"/> Divorced
<input type="checkbox"/> Single
<input type="checkbox"/> Married

<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed

Spouse/Significant Other's name: _____

Do you have children?

☐ Yes

☐ No

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Religion:

☐ Christian

☐ Jewish

☐ Islam

☐ Other

Race:

☐ Black

☐ White

☐ Hispanic

☐ Asian

☐ Indian

☐ Other

Have you ever served in the military?

☐ Yes

☐ No

If yes, did you receive an honorable discharge?

☐ Yes

☐ No

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

Best Contact Number: _____

Do you currently have a sponsor?

☐ Yes

☐ No

Sponsor Information

First Name: _____ Middle: _____ Last: _____

Age: _____ DOB: _____/_____/_____

Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Are you working or willing to work the 12 steps?

☐ Yes

☐ No

Are you currently attending CR, AA, or NA meetings

☐ Yes

☐ No

If yes, how many per week? _____ Date of last use of drugs or alcohol: _____

Legal Information

Are you currently on probation/parole?

☐ Yes

☐ No

Where: _____ Telephone: (_____) _____

What is your current offense? _____

List all Prior/Current Convictions: _____

Offense: _____

Scheduled Court Date (s)

☐ Yes

☐ No

Date of Court ____/____/____

Have you ever been charged/convicted with arson?

☐ Yes

☐ No

Have you ever been charged/convicted with cruelty to animals?

☐ Yes

☐ No

Have you ever been charged/convicted of a violent crime?

☐ Yes

☐ No

Have you ever been charged/convicted with a sexual crime?

☐ Yes

☐ No

Do you have an attorney or any other legal representation?

☐ Yes

☐ No

If yes, who? _____ Phone: _____

Attorney Address: _____

Attorney Email: _____

Financial Information

***Divine Transformation Transitional Housing LLC requires a non-refundable Intake/Entrance fee of \$400.00.**

The fee is due upon arrival.

***The weekly Program fee is \$300.00. The fee is due every Friday.**

Do you have funds to cover the entrance fee/first Program week?

☐ Yes

☐ No

*We encourage each applicant to have a financial sponsor. A financial sponsor is someone that will ensure that your financial obligation will be fulfilled.

Do you currently have a financial sponsor?

☐ Yes

☐ No

Financial Sponsor Information

First Name: _____ Middle: _____ Last: _____

Age: _____ DOB: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Do you have legal identification?

☐ Yes☐ No

Do you currently have a job?

☐ Yes

Full time/ Part time

☐ No

(Circle one)

Name of company: _____ Supervisor's Name: _____

Telephone: (_____) _____ How long have you been employed? _____

Employment/Vocational Skills? _____

Do you have a current valid driver's license?

☐ Yes☐ No

If yes, what is your driver's license #: _____ and state issued: _____

Any outstanding debts? (child support, installment loans, IRS, etc.): _____

Arrangement for payments: _____

Are you court ordered to pay child support?

☐ Yes☐ No

Amount? _____

Are you behind?

☐ Yes☐ No

Do you receive any ongoing financial reimbursement for any reason? (such as, SSI, Disability, Medicaid, Trust Fund, etc.)

☐ Yes☐ No

If yes, how much? _____

Are you under application for any of the above?

☐ Yes☐ No**Medical History**

List any medical/mental issues:

Have you ever been under psychiatric care?

☐ Yes

☐ No

If yes, check all that apply:

<input type="checkbox"/> Depression
<input type="checkbox"/> Antisocial personality disorder
<input type="checkbox"/> Any type of brain injury
<input type="checkbox"/> Bipolar disorder
<input type="checkbox"/> Dementia

<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Borderline personality disorder
<input type="checkbox"/> Paranoia
<input type="checkbox"/> Psychotic Disorder
<input type="checkbox"/> Other

Are you under a doctor's care?

☐ Yes

☐ No

If yes, give name: _____ Telephone: (_____) _____

Do you have dental problems?

☐ Yes

☐ No

Current Dentist: _____ Telephone: (_____) _____

History of:

Seizures

☐ Yes

☐ No

TB

☐ Yes

☐ No

Diabetes

☐ Yes

☐ No

Hepatitis

☐ Yes

☐ No

AIDS/HIV

☐ Yes

☐ No

Are you suicidal?

☐ Yes

☐ No

Have you ever tried to commit suicide?

☐ Yes

☐ No

If yes, date of last incident? _____

Explain:

Have you had a TB test in the last year?

☐ Yes

☐ No

Are you currently on medication?

☐ Yes

☐ No

If yes, list:

Have you ever been tested for HIV?

☐ Yes

☐ No

Date: _____ Results: _____

EDUCATION AND SKILLS

What is the highest level of education achieved?

☐ 10th grade

☐ Some college

☐ 11th grade

☐ Graduated college

☐ 12th grade

☐ Trade school

☐ GED

☐ None of the above

If you do not have a high school diploma or GED, would you be interested in getting a GED?

☐ Yes

☐ No

If you completed high school or have a GED, would you be interested in going to college or getting a trade?

☐ Yes

☐ No

What skills do you have? Check all that apply.

<input type="checkbox"/> Administration
<input type="checkbox"/> Carpentry
<input type="checkbox"/> HVAC
<input type="checkbox"/> Upholstery
<input type="checkbox"/> General Labor
<input type="checkbox"/> Automotive

<input type="checkbox"/> Commercial Food
<input type="checkbox"/> Logistics
<input type="checkbox"/> Welding
<input type="checkbox"/> Barbering
<input type="checkbox"/> Diesel Mechanics
<input type="checkbox"/> Masonry

<input type="checkbox"/> Farming
<input type="checkbox"/> Cabinet Making
<input type="checkbox"/> Electrician
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Management
<input type="checkbox"/> Other

FAMILY SUPPORT AND REFERENCES – Name 2 Close Family members or Friends

Reference #1

First Name:	City:
Last Name:	State:
Relationship:	Zip code:
Address:	Best Contact Number:

Is your friend/family member willing to co-sign or guarantee your program fees?

☐ Yes

☐ No

Reference #2

First Name:	City:
Last Name:	State:
Relationship:	Zip code:
Address:	Best Contact Number:

Is your friend/family member willing to co-sign or guarantee your program fees?

☐ Yes

☐ No

Applicant's Parents:

Father's Name: _____

Deceased:

☐ Yes☐ No

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Mother's Name: _____

Deceased

☐ Yes☐ No

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Substance Abuse Information

(This information is confidential and will not affect your application)

Please list in order of preference all drugs used; past to present. This must be completed.

Drug: _____

Amount used at peak: _____ Age of first use: _____ Date of last use: _____

Have you ever lived in a recovery house before?

☐ Yes☐ No

If yes,

Name: _____ Where? _____ When? _____

How long? _____ Why did you leave? _____

Have you ever been in a treatment program?

☐ Yes☐ No

Name: _____ Where? _____ When? _____

How long? _____

Did you complete?

☐ Yes☐ No

If no... Why did you leave? _____

Do you consider yourself an alcoholic/ addict?

☐ Yes☐ No

Background Screening Consent Form

I, _____ authorize Divine Transformation Transitional Housing LLC to conduct an independent investigation of all public records, my background, my driving report, my police record, and my criminal history information for the purpose of providing a background report. Divine Transformation Transitional Housing LLC and its agents will adhere to applicable state and federal statutes concerning the securing, handling, and release of information obtained in the background investigation.

Print your true and complete legal name on the line below

Print all other names ever used including nicknames, adoption names, etc.

List all addresses for the past seven (7) years below.

Present Address: _____

City/State/Zip

Former Address: _____

City/State/Zip

Former Address: _____

City/State/Zip

DOB: ____/____/____ Social Security Number ____-____-____
Month Day Year

Driver's License No: _____ Driver's License State: _____

All information on this document is true and correct to the best of my knowledge.

/ /

SIGNATURE

DATE

RELEASE OF LIABILITY MEDICAL RELEASE**MEDIA RELEASE**

PLEASE FILL OUT CIOMPLETELY, INITIAL, AND SIGN WHERE INDICATED

RESIDENT (PRINT NAME): _____ **DOB:** ____/____/____

I RECOGNIZE THAT PARTICIPATION IN ANY, AND ALL ACTIVITIES, INVOLVES AND SUBJECTS ONESELF AND OTHERS TO THE RISK OF INJURY. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I AM RELEASING DIVINE TRANSFORMATION TRANSITIONAL HOUSING LLC AND OTHER RELATED PARTIES OF ANY LIABILITY.

Medical release/Disclosure _____ **(INITIAL)**

I UNDERSTAND THAT WORKING AND EXERCISING IS REQUIRED IN THE **DIVINE TRANSFORMATION TRANSITIONAL HOUSING LLC** PROGRAM. I ASSUME THE RESPONSIBILITY OF ANY AND ALL INJURIES WHICH MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS PROGRAM. DESPITE ANY PHYSICAL AND/OR EMOTIONAL CONDITIONS IDENTIFIED IN THIS APPLICATION OR ANY OTHER APPLICATION. PLEASE IDENTIFY ANY PHYSICAL OR EMOTIONAL CONDITIONS WHICH MIGHT LIMIT OR AFFECT PARTICIPATION OR MAKE THE APPLICANT SUSCEPTIBLE TO INJURY.

AUTHORIZATION FOR EMERGENCY TREATMENT _____ **(INITIAL)**

PHOTO MEDIA RELEASE _____ **(INITIAL)**

THE UNDERSIGNED GRANTS DIVINE TRANSFORMATION TRANSITIONAL HOUSING LLC PROGRAM, THEIR EMPLOYEES, STAFF, AGENTS, SUCCESSORS AND ASSIGNS, THE RIGHT TO USE, REPRODUCE, ASSIGN AND/OR DISTRIBUTE PHOTOS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS INVOLVING THE APPLICANT/ PARTICIPANT FOR USE IN MATERIALS THAT THE AGENCIES DESCRIBED HEREIN, MAY COMPILE AND DISTRIBUTE. FOR USE IN THE MATERIALS THAT THE AGENCIES DESCRIBED HEREIN, MAY COMPILE AND DISTRIBUTE.

RELEASE OF ALL CLAIMS (LIABILITY RELEASE) _____ **(INITIAL)**

I HAVE READ THIS FORM AND AM AWARE OF AND UNDERSTAND THAT IN CONSIDERATION OR (IN EXCHANGE FOR) THE RIGHT OF THE APPLICANT/ PARTICIPANT TO PARTICIPATE IN THE PROGRAM (SO NOTED, THE APPLICANT (INCLUDING: THEMSELVES, PARENTS, GUARDIANS, ESTATE, AGENTS, SUCCESSORS AND ASSIGNS) AGREE TO INDEMNIFY AND HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE. DIVINE TRANSFORMATION TRANSITIONAL HOUSING LLC AND ALL THEIR OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FROM ANY AND ALL MANNER OF ACTIONS, SUITS, CLAIMS, DEMANDS, JUDGMENTS, DAMAGES, AND LIABILITY IN LAW AND IN EQUITY WHICH MAY ARISE OR MAY RESULT FROM ANY PARTICIPATION IN THE ABOVE-MENTIONED PROGRAMS OR ACTIVITY INCLUDING COSTS AND REASONABLE ATTORNEY FEES. THE TERMS HEREIN SHALL SERVE AS A RELEASE NOT ONLY FOR THE RECOVERY PROGRAM PARTICIPANT, BUT ALSO APPLY TO THEIR HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES, PARENTS, GUARDIANS AND FOR ALL MEMBERS OF THEIR FAMILY. THE PARTIES SIGNING THIS FORM ACKNOWLEDGE THAT THE DIVINE TRANSFORMATION TRANSITIONAL HOUSING PROGRAM AND THE OTHER AGENCIES MENTIONED HAVE RELIED UPON THE FOOD FAITH EXECUTION AND DELIVERY OF THIS FORM. THE PARTIES SIGNING THIS FORM ASSUME THE RISK OF ANY AND ALL INJURIES, AND/OR DEATH RESULTING FROM SAID INJURIES, WHICH MAY OCCUR WHILE PARTICIPATING IN THE ABOVE REFERENCED PROGRAM (S). I HAVE READ AND UNDERSTAND THIS FORM, HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS, AND FREELY AGREE TO THE TERMS AS EXPRESSED IN RETURN FOR PARTICIPATION IN THE ABOVE REFERENCED PROGRAM(S).

RESIDENT'S SIGNATURE: _____ **DATE:** ____/____/____

WITNESS SIGNATURE: _____ **DATE:** ____/____/____

Letter of Authorization for Payroll Deposits/Debits

I, _____ (PRINT NAME), do authorize any agent or representative from Divine Transformation Transitional Housing LLC to deposit my payroll check into Divine Transformation Transitional Housing LLC's bank account. This is to include the processing/withdrawal of funds from a payroll debit card that had been issued to me by my employer without any other written consent or without my physical presence. I also understand that my payroll check will be cashed, or payroll card will be debited, and any available funds will be applied to my account balance of my dismissal.

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Release of Personal Property

I, _____ (print name), do hereby release any/all of my personal belongings (wallet, check/money, cell phone, clothing, etc.) in/after the event of my dismissal from Divine Transformation Transitional Housing Program to the person/persons stated below:

Person 1: _____ Relation: _____

Person 2: _____ Relation: _____

Person 3: _____ Relation: _____

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Personal Mail

I, _____(print name), give permission for any general correspondence, special mail, and/or packages addressed to me to be opened, red, and inspected by a representing agent of Divine Transformation Transitional Housing LLC before being delivered to myself. Again, I understand that a representative of Divine Transformation Transitional Housing LLC may open and read my general correspondence.

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____

INFROMED CONSENT FOR VERBAL/EMAIL EXCHANGE OF INFORMATION

I, _____ (print name), hereby consent to the verbal/email exchange of information between Divine Transformation Transitional Housing LLC staff and:

(Court, Probation Officer, Parole Officer, Or Other Agency)

The purpose of and need for the disclosure is to inform the referral or other agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, attendance or lack of attendance at scheduled sessions, my cooperation with the program, prognosis, and any other information DTTH staff deems necessary to provide to the above-named agency/person.

I understand that this consent remains in effect and cannot be revoked by me until I have been formally discharged from probation, parole, or other proceeding under which I was mandated into this program.

I understand that my information is protected by federal law 42 CFR Part 2 (alcohol and drug treatment) and 45 CFR Part 160 et. Seq. (HIPAA) and cannot be disclosed without my written authorization unless otherwise allowed by law. This authorization expires when I no longer participate in the above listed program.

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____

House Rules and Regulations are subject to be revised at any given time

By signing below, I understand that failure to comply with house rules and regulations will result in serious sanctions and/or penalties, including but not limited to fines, additional chores, or termination.

By signing below, I understand that Divine Transformation Transitional Housing is a family oriented, self-made organization, and I will always conduct myself in a professional manner.

By signing below, I understand that Divine Transformation Transitional Housing LLC is a 1-year program and that I will be required to work as a volunteer for Divine Transformation Transitional Housing LLC. Volunteer work includes, but is not limited to, promotional work, community service work, grounds work on Divine Transformation Transitional Housing property, fundraisers, etc. I understand that I will not be compensated for any of my time spent attending said events or any hands-on work which I have provided.

By signing below, I authorize Divine Transformation Transitional Housing LLC and/or any agent to process my debit card or check card for ANY remaining balance that I may owe to the organization towards my program fees. I authorize Divine Transformation Transitional Housing LLC and/or any agent to complete this transaction with or without my presence. I understand that my signature is not required for this transaction.

BY SIGNING BELOW, I AGREE THAT VIOLATION OF ANY OF THE ABOVE RULES IS SUFFICIENT GROUNDS FOR IMMEDIATE DISMISSAL. I WAIVE ANY EVICTION PROCEEDINGS OTHERWISE APPLICABLE TO ALABAMA EVICTION LAWS. I UNDERSTAND THIS IS A **PROGRAM AND NOT HOUSING RENTAL AGREEMENT**. THEREFORE, I UNDERSTAND THAT I AM SUBJECT TO IMMEDIATE DISCHARGE OF SELF AND PERSONAL BELONGINGS AT ANY TIME FOR WITH OR WITHOUT CAUSE. ALL FEES ASSOCIATED WITH DIVINE TRANSFORMATION TRANSITIONAL HOUSING ARE IN ACCORDANCE WITH PROGRAM FEES AND **NOT** HOUSING RENTAL FEES.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Classes and Meetings

- You must be in your seat 10 minutes before the scheduled time.
- You must have assigned workbooks, homework, and writing utensils.
- You will not leave any scheduled meetings or classes without permission.
- You must keep up your appearance.
- You will remove any head apparel.
- Pants DO NOT need to be below the waistline
- You will be respectful and refrain from talking.
- No food or drinks while attending meetings or classes
- You must remain awake and alert.
- You are responsible for all materials provided to you and their replacement if lost.
- In class, all conversations will pertain to the topic of the class.
- We are here to build each other up (no negative feedback).
- You must use respectful language.
- Anything discussed in the group stays in the group.

***Any non-compliant participants will be subject to disciplinary action.**

Please attach, in your own words, why you committed offenses, what did you do in prison/jail to better yourself, and what are your plans when you come to DTTH. **I agree that all the above information submitted is true and correct to the best of my knowledge.**

APPLICANT'S SIGNATURE

DATE: _____

PRINT NAME: _____

RETURN YOUR APPLICATION ALONG WITH A COPY OF ANY CERTIFICATES, AS WELL AS A CURRENT INMATE SUMMARY AND/OR TIME SHEET, NO EARLIER THAN TWO MONTHS PRIOR TO YOUR PAROLE HEARING DATE OR EXPECTED ARRIVAL DATE.

For Divine Transformation Transitional Housing LLC Use Only

☐ Approved Date for move in ____/____/____

☐ Denied Reason _____

Approved By: _____