



## **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:

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Have you had a TB test in the last year?

☐ Yes

☐ No

Are you currently on medication?

☐ Yes

☐ No

If yes, list:

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Have you ever been tested for HIV?

☐ Yes

☐ No

Date: \_\_\_\_\_ Results: \_\_\_\_\_

### EDUCATION AND SKILLS

What is the highest level of education achieved?

☐ 10<sup>th</sup> grade

☐ Some college

☐ 11<sup>th</sup> grade

☐ Graduated college

☐ 12<sup>th</sup> 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

<b>FAMILY SUPPORT AND REFERENCES – Name 2 Close Family members or Friends</b>
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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.

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**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:

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**(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: \_\_\_\_\_



## **Rules**

1. Absolutely no drugs, alcohol, or weapons will be tolerated. In a circumstance where any of the three are proven to be in possession of, immediate expulsion of the program will be implemented.
2. Compliance with staff and rules are non-negotiable once a rule is established or a direct order is given it will be carried at or a reprimand will take place.
3. All laws of the United States government and the state of Alabama will be acknowledged and respected, non-negotiable.
4. No aggressive or violent behavior.
5. No disrespect or disobedience.
6. No providing false information during your residency.
7. No gambling of any kind.
8. No trading or accepting money from anyone that's housed at DTTH
9. No soliciting individuals, churches, businesses, or any other type of organization.
10. No littering in any undesignated areas.
11. No using profanity.
12. No participating in or assisting another person in violating a rule.
13. Possessing at any time an object that can be used as a weapon is not tolerated.
14. Saying false things about people with the intention to hurt them isn't tolerated. **No bullying**
15. Performing body piercing or applying tattoos to another person or participant while on the property of or relating to DTTH will not be allowed.
16. Any electronic smoking devices are prohibited.
17. Cigarettes and chewing tobacco are permitted in designated areas only; anything outside is subject to disciplinary action and restriction.
18. Cigarette butts that have been lit and extinguished will not be permitted in any building owned by DTTH.
19. You will not use tobacco products while walking on DTTH property.
20. No mouthwash with alcohol
21. You will not use any tobacco products while in any vehicle being used or owned by DTTH.
22. You will refrain from smoking at any DTTH event or class/meeting.
23. Any violation of these policies may result in disciplinary action from the program.

### **Additional Requirements:**

\*No sexual activity

\*Lights on at 5:30 AM (can change over time)

\*Lights out at 11:00 PM unless it's a holiday or weekends (can change over time)

## **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.**

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For Divine Transformation Transitional Housing LLC Use Only

☐ Approved      Date for move in \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Denied      Reason \_\_\_\_\_

Approved By: \_\_\_\_\_