



PAPA'S HOUSE

He's prepared a place for you

APPLICATION PACKET

Information & Application



Hello:

We are very excited that you are considering joining the Papa's House family! We have prepared this packet to give you some basic information that should help you in making that decision. We have also included the application and attachment requests should you decide to apply.

We look forward to meeting you and discussing whether Papa's House is a good fit for your needs.

Papa's House Introduction Packet:

- Basic Description of Papa's House
- Criteria
- Things you should know
- Application process
- Application and attachment requests

PAPA'S HOUSE

Who we are

When you come to Papa's House you will quickly meet Jodi the current house manager. She lives in the house with the women. You will also meet others of us that will be working with you. We are here to help you, pray with you and for you, and encourage you throughout your healing journey

We believe that God is the Healer and we strive to point each other to Him at all times. We believe that He has the answers to all our questions and as we learn to hear His voice, we are better equipped to follow Him.

What is Papa's House

We are a Christ-centered, family-style residential program where emotional and spiritual healing take place. While here, you will experience grace, mercy, and unconditional love in action.

Papa's House is not a "traditional" transition home. We live together in community and as a family. We encourage and require family members to cultivate and foster communication between the other family members. We strongly encourage each family member to share, as they feel comfortable, and participate in family activities on a regular basis. Sleep and personal time are important, but we encourage a healthy balance between rest, quiet time and interactions with others.

This is a place where real-life events are met with God's truth and healing. We learn to receive love from others and from God; then healing happens. We strive to learn to see ourselves as God sees us; fully accepted and completely loved.

Through courage, dedication and with consistent support, each family member is challenged to work through difficult issues, false beliefs and destructive cycles. We support this journey with prayer and patience; and with God as the Comforter and Healer, transformation happens. With this transformation comes freedom, which allows us to share our joy, hope and the love of Jesus Christ with others.

At Papa's House we work on our issues and we enjoy friendship, laughter, and fun.

At Papa's House, we live as family; which means we eat meals together, play, study and pray together.

We are not

We are not a drug rehab center, counseling service, nursing or retirement home, emergency shelter or day center.

Expected Stay: 6 Months – 2 Years

At Papa's House we focus on learning:

- Who Jesus is to us
- Who we are to Jesus
- Unconditional love (how to give and receive)
- Unconditional forgiveness (how to give and receive)
- Grace (how to give and receive)
- Being real with ourselves and other (how to lay down our masks)
- How to listen to others and keep an open mind
- How to respect others, their opinions, feelings, time and possessions
- Sharing our space, gifts, and talents
- Tearing down walls (no hiding)
- How to be honest (with ourselves and others)
- How to trust again
- How to be vulnerable
- What it feels like to be safe
- How to set safe and healthy boundaries

Healing takes time...

Criteria to be at Papa's House:

Papa's House will accept women who fit the following eligibility requirements:

- 18 years old or older
- 90 days clean from drugs and/or alcohol
- Must be mentally stable and/or managed
- Suboxone, or any form of such, is not allowed at Papa's House.
- No controlled substances or mind-altering medications will be allowed at Papa's House.
A complete list is available upon request. But basically, if you have to sign for it, it is not allowed.
- Must have legal identification
- Must not have any active warrants
- Committed to following Papa's House guidelines
- Committed to actively seeking God and building a relationship with Him as your God and your healer
- Committed to self-improvement and learning healthy habits
- Committed to separation from abuser if a victim and separation from toxic people. (other users, unhealthy relationships ect.)
- Committed to recovery and/or seeking healing

Things you should know:

- Papa's House supplies all food and personal hygiene items needed. Soda and sweets will be limited to special events / activities.
- Only cigarettes are allowed at Papa's House. (no vapes, chew, pouches, e-cigarettes, etc)
- Each family member is asked to make a monthly donation to Papa's House. The amount will be based on your income. Snap or Insurance cards are acceptable while you are not working.
- We do believe that what we watch, read and listen to will have an impact on the choices we make in life. Therefore, no violent content will be allowed.
- Everyone pitches in to keep Papa's House clean and cook meals. You will have weekly chores and be expected to cook one dinner meal each week.

Application Process

- Once an application has been received, we will attempt to call you to arrange for an interview. This can be completed via phone or in person.
- Then we will pray over the application – seeking God's direction.
- We will contact you within a couple of days with a decision
 - If a bed is available and you are accepted we will arrange for your move in.
 - If a bed is not available, we will place you on the wait list and keep in touch with you. When availability changes, we will contact you to arrange for your move in.

Each family member will be working on their ‘stuff’ by working through (together) several studies and activities. Papa’s House is set up to work each family member through 3 phases.

Phase 1 is a time to shift and change our focus: (1st 3-4 months)

Transitioning from one lifestyle to another life requires a great shift in thinking. Moving from striving and surviving to thriving and a place of rest takes intentionality and time. That requires letting go of old habits and old ways of doing things. Family members will not work outside of the home during this phase. Teachings will be completed through group studies and meetings.

Phase 2 – A Time to Heal and Discover Who God made you to be. (6 mths)

Phase 2 is a time to focus on continued healing, growing in the Lord, gaining personal strength and direction, and setting life goals and building a plan. Classes will focus on going deeper with God, budgeting, and other life skills as needed / desired. During this phase, family members will begin working 10 – 20 hours, depending on the person.

Phase 3 is a time to prepare for a healthy future and ministry

During phase 3 family members will work full time and begin to prepare for your next steps beyond Papa’s House. You will be reflecting on and writing your story and begin sharing it. This will be a time of gaining personal strength and direction as you continue to grow in your relationship with the Lord.



Papa's House Family Member Application

Date: _____

Applicant Information

Full Name	_____	Birth Date	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Current Address	_____		
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
Home Address	_____		
	<i>City</i>	<i>State</i>	<i>Zip</i>

	<i>Street Address</i>	<i>Apartment/Unit #</i>	
Personal Phone #	_____	Other Phone #	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Email	_____		
Emergency Contact:	_____		
	<i>Phone:</i> _____		
Relationship	_____		
	<i>Address</i> _____		

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Children? ☐ Yes ☐ No Who has custody? _____

Do you have a valid driver's license? Yes ☐ No ☐

Vehicle: (Make, Model, Year) _____

Current Monthly Income: _____ Source: _____

Are you or will you be on probation? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

Do you have pending/unsettled charges? ☐ Yes ☐ No

If yes to either please list

Charge, Date, Sentence:

Medical

Primary Care Physician: _____ Phone: _____

Physician Address: _____

Allergies: (food / medicine /
environmental) _____

Special Diet requirements: _____
(Please include or send a copy of the diet sheet you received from your doctor.)

Other physical limitations / special needs: _____

References

Please list three personal references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Employment History

Current Job: _____ Job Title: _____

Address: _____ Start Date: _____

3 Most Recent Positions Held

Company: _____ Job Title: _____

Start Date: _____ End Date: _____

Company: _____ Job Title: _____

Start Date: _____ End Date: _____

Company: _____ Job Title: _____

Start Date: _____ End Date: _____

Treatments / Programs

Are you currently seeing a Counselor or Therapist? _____ Name: _____

Frequency: _____ Start Date: _____

Are you currently seeing a Psychiatrist? _____ Name: _____

Frequency: _____ Start Date: _____

Diagnoses: _____

What treatment centers / programs do you currently attend or have completed:
(Name, frequency, begin date, end date if completed):

Are you currently attending a church: _____ Name: _____

Other Information

What has caused you to look for a place such as Papa's House? _____

What do you want to get out of a stay at Papa's House? (add attachment if more space is needed)

Why do you think Papa's House is a good fit for you? (attach a page if more space is needed)

How did you hear about Papa's House: _____

When do you anticipate coming to
Papa's House?

Papa's House is committed to following the letter and spirit of the Federal Fair Housing law by respecting the diversity and differences within our client base by providing equal service to all, without regard to race, color, religion, sex, handicap, familial status, national origin or other protected status.

☐ I have read and understand the above statement.

Signature

Signature: _____ Date: _____

(By signing this – you are giving us permission to run a background check)

Additional Information

Please click on the following links or go to the following sites and complete the questionnaires.
(These will help us to better serve you.)

Love Languages: <https://www.5lovelanguages.com/quizzes/singles-quiz/>

Basic Personality: <https://www.16personalities.com/profile>

Print and attach the resulting reports or email them to us at: Papas.house.office@gmail.com

Or mail to:

Papa's House
412 S West Street
Summitville, IN 46070

Attachments

Please list all medications / prescriptions that you take. (Include over the counter medications)

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

Name: _____

Dose: _____

What for : _____

Doctor Name: _____

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

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Dose: _____

What for: _____

Doctor Name: _____

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

Name: _____

Dose: _____

What for: _____

Doctor Name: _____

Papa's House
NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, and mode of living, may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Papa's House. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with Papa's House.** You have the right, upon written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Papa's House to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Papa's House. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Driver's License Number

Driver's License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years): _____

Signature

Date