Kinetic Horizons, Inc.

2828 Healthy Living Ave. Saint Louis, Missouri 63118 (314)555-5555

“For God has not given us a spirit of fear, but of power and of love and of a sound mind.”

*2 Timothy 1:7*

Personal Information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

Previous Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (CITY, STATE) (ZIP CODE)

Age \_\_\_\_\_\_ D.O.B. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

(Month) (Day) (Year)

Do you have Medicaid or Insurance? Y / N

Type of I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MO) (CHAUFFEUR'S) (OTHER)

Do you currently receive Food Stamps? Y / N

List all Medical problems, if any, that you are experiencing:

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

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

List all current Medications, if any, that you are taking:

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

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

Are you currently under a Doctor’s care? Y / N

Doctor’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, hereby understand that Stepping Into The Light, Inc. is not responsible for any accidents that may occur during my treatment. I also give Stepping Into The Light Ministry permission to assure me immediate medical attention if necessary.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

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Personal Skills

LIST MOST RECENT EMPLOYMENT HISTORY

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

From: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

(Month) / (Day) / (Year) (Month) / (Day) / (Year)

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

From: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

(Month) / (Day) / (Year) (Month) / (Day) / (Year)

Education Level: GED \_\_\_\_\_\_\_\_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_ COLLEGE \_\_\_\_\_\_\_\_\_\_

Have you ever served in the Military?

Yes\_\_ No \_\_

Have you ever been convicted or on parole for a sex offense?

Yes\_\_ No \_\_

Do you have any outstanding city, state, or federal warrants pending?

Yes\_\_ No \_\_

If yes to any of the above explain:

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

Race: Black White Hispanic Other

List 2 Contacts in case of an emergency:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kinetic Horizons, Inc.

2828 Healthy Living Ave. Saint Louis, Missouri 63118 (314)555-5555

Rules and Regulations:

**1. Refusal to follow any of the rules listed below will result in disciplinary action, termination and/or a $25, $50, $100 fine.**

**2. Possession of weapons, or any item, which may be used as a weapon, while in Stepping Into The Light Ministry Program, will result in immediate termination and possible police action.**

**3. Clients will conduct themselves as Christian men at all times: disrespect, threats, violence, or lewd comments directed toward staff members, volunteers, neighbors, or other clients will result in termination from the program.**

**4. Wake up is at 5:30 am daily except night shift workers, for whom wakeup is 10:00 a.m.**

**5. Clients must attend ALL worship services, bible studies, prayer meetings, and other church sponsored activities unless scheduled otherwise. Specific permissions must be granted by the Program Director.**

**6. Clients will be responsible for a daily chore, in addition to cleaning your area on a daily basis.**

**7. Use of laundry facilities will be coordinated by the program director; SCHEDULED WASH DAYS ARE AS FOLLOWS.**

**Monday - 1404 2nd Floor \* Tuesday - 1402 2nd Floor \* Wednesday, Thursday & Friday - Third floor.**

**If your work schedule does not permit you to wash on your scheduled washday you can ask the Director for permission to wash on a Saturday.**

**8. If you qualify for food stamps, we ask that you donate your EBT benefits for food purchases during your stay. Other room and board charges in the amount of $75.00 weekly are required if you have a job or other benefits.**

**9. Clients are not to ask neighbors for rides.**

**10. Residents are subject to random search of personal belongings or when alcohol, drug use, or other suspicious behavior is noted by the staff. Signature of this document constitutes submission to alcohol/drug testing as deemed necessary. Please note that use or possession of alcohol/illegal drugs while enrolled in the program will result in immediate termination.**

**IMPORTANT: There is to be no use of tobacco on the premises.**

**11. All appointments, personal or otherwise, will be scheduled 24 hours in advance at the front desk, except in an emergency, so that adequate transportation can be arranged.**

**12. NO loitering in the front office area, around the computers, in the kitchen, the Pastor’s office, on the front or side of the building, is allowed at any time. Failure to comply will result in disciplinary action.**

**13. The building located at 1400 Hebert is off-limits at all times unless appointed by staff.**

**14. No personal items of ANY type will be stored in such a way as to be visible from the outside of the building(s).**

**15. Proper documentation must be provided upon return from any appointments.**

**16. All clients must follow proper sign-out procedures when leaving the ministry area for any reason other than a work related activity. Clients must have proper permission before departing. Failure to comply may result in termination from the program.**

**17. Clients must be in their respective units by 9:00 p.m. unless work responsibilities do not permit.**

**18. Selection of television/radio programs should be consistent with Christian standards and will be monitored by staff.**

**19. Clients may use front office phones if not on restriction for 15 minutes daily between the hours of 5:00 pm and 9:00 pm.**

**20. Fasting is observed from Monday at 10:30 p.m. until Tuesday at 3:00 p.m.**

**21. Paging or phoning the Bishop at home by a non-staff member, except in an emergency, is not permitted and disciplinary action will result.**

**22. Refusal to comply with a disciplinary action will result in termination.**

**23. STEALING WILL NOT BE TOLERATED! Immediate termination and/or police charges will result. This includes food items from kitchens or any other item you have in your possession without the owner’s permission.**

**24. Kitchen area is off-limits during non-mealtimes without staff authorization.**

**25. Visiting hours are from 12:00 – 7 pm on Saturday’s and from 4 pm – 7 pm on Sunday’s.**

**26. Every effort to protect client confidentiality will be made by the staff. Clients will not violate confidentiality of another client without that client’s expressed permission. Refer questions pertaining to confidentiality to a staff member.**

**27. Clients who relapse will be placed on restriction for a period of 30 days or more depending on staff discretion.**

**28. Arrangement of all conferences/meetings with the Bishop must go through Staff.**

**29. Use of the Sanctuary bathroom or refrigerator is not allowed unless given permission by a staff member.**

**30. Only Christian movies may be viewed between the hours of 7 am and 5:00 pm.**

**31. Upon entering Stepping Into The Light Ministry program clients must turn in all medication.**

**32. Upon entering Stepping Into The Light Ministry, program clients must turn over cell phones.**

**33. No client with less than 1 year residency is permitted to have a cell phone.**

**34. Clients borrowing money from other clients is not allowed and will result in a write up.**

**35. There will be no sleeping or lying in the bed between 6 am & 5 pm, unless you have permission from the Staff.**

**36. There will be no dating or socializing with any females in this neighborhood, or on Stepping Into The Light Ministry premises or at the park. Doing so will result in immediate termination from the program.**

**37. Respect the leaders of this Ministry and respect yourself.**

**38. Stepping Into The Light Ministry is not responsible for personal belongings, clothing etc. left over 7 days after leaving the program.**

**39. No headscarf's, do-rags, pajamas or house shoes are to be worn outside your sleeping area.**

**40. Clients who relapse will sit down for a period of 60 days, and/or a $100 fine if you have an income. Any option is to be determined by the program director.**

Three write ups will put you out of the program and you cannot come back to the ministry for 28 days. If the offense is too harsh then you will be banned from the property for a minimum of 1 year.

I, hereby agree to the above terms and conditions.

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

(Client’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff Signature) (Date)

Kinetic Horizons, Inc.

2828 Healthy Living Ave. Saint Louis, Missouri 63118 (314)555-5555

Residential Contract

This agreement is between Stepping Into The Light, Inc. and the following signed client.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned client, agree to the following:

(Print Name)

1. The cost for enrolling in the Stepping Into The Light Ministry (SILM) is $75.00 per week for rent, $35.00 per week for food and $25 a week for transportation which a total of $135.00 per week. There will be no money refunded to any client who agrees to pay their rent in advance and either is terminated from the program or decides to leave early.

2. SILM reserves the right to waive the cost of services for those who are unable to pay on a case by case basis. However, I agree to take all necessary steps to aid in providing the Ministry proof of income which includes a letter from the unemployment office, food stamp office, social security office, employers, etc. or other government office that will assist us in identifying your income status.

3. I understand and agree to apply for food stamps and will allow 100% of my food stamp award to be used for food purchases during my stay at the ministry if I am approved. I understand that if I am approved for stamps I do not have to pay the $35.00 per week for food.

5. I understand that if I leave the program without meeting all your monetary obligations my clothing and personal belongings will be confiscated and held until payment is made.

6. The Director reserves the right to make a ruling or determination at any time on any action or situation not covered in the rules or contract.

I, hereby agree to the above terms and conditions.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

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Work Therapy

1. Work Therapy is mandatory for everyone that enters this program. If you cannot do your assignment then you need to either have a doctor’s excuse for why you are not able to perform the duty or talk to your residential leader about a transfer to a department that may be more suited for you.

2. If you do not show up to your work therapy assignment on time or at all or do not follow the rules you will be written up and further consequences may arise dependent on the circumstances.

3. Your immediate Supervisor will give you the instruction that you need to perform the duties. If you have questions then ask your supervisor. If you are still unsure what to do then ask any staff officer.

4. Appointments are to be told to your Supervisor at least 2 days in advance notice so that arrangement can be made to fill your position. You may be asked to find someone to replace your shift or to change your appointment to another date.

5. Work therapy is a chance to learn to be successful. To learn how to be cooperative and get along with your peers. It is also meant to teach humility, patients, teamwork and other high quality assets that you can take with you when you exit your in-patient stay here at Stepping Into The Light Ministry.

I agree that part of my recovery SILM requires service work whether I am a paying individual or an individual whose fees have been waived due to an inability to pay. This means that at times during my stay I will be assigned work at various job sites or for the ministry itself such as construction, yard work, thrift store, cleaning jobs, etc. This will be volunteer work and all money procured during this period will go toward the operating expenses of the Ministry, electric, gas, telephone, fuel for vehicles, etc.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

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EBT (Food Stamp) Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during my stay at Stepping Into The Light Ministry, voluntarily turned over my EBT card to Stepping Into The Light Ministry as my authorized representative.

I, hereby agree to the above terms and conditions.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

Kinetic Horizons, Inc.

2828 Healthy Living Ave. Saint Louis, Missouri 63118 (314)555-5555

Photo/Media Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Stepping Into The Light Inc. permission to photograph, film, and/or interview me for publicity, publication and other uses to benefit the Stepping Into The Light Ministry Inc. Mission and vision. The use of is only intended for an example of Stepping Into The Light, Inc. and what we do and to help others with similarities. Use of is limited to Stepping Into The Light, Inc. and staff of Stepping Into The Light, Inc. and is not to be sold or given to anyone outside of the ministry by anyone other than Staff for purposes previously stated.

I, hereby agree to the above terms and conditions.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

Kinetic Horizons, Inc.

2828 Healthy Living Ave. Saint Louis, Missouri 63118 (314)555-5555

Client Contract

This agreement is between Stepping Into The Light, Inc. and the following signed client.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned client:

(Print Name)

1. Will follow all the rules and regulations.

2. Will respect staff at Stepping Into The Light, Inc.

3. Will be on phone restriction for the first 30 days.

4. Will complete a 30 day in-house program at Stepping Into The Light Ministry. During this period I agree to remain on the premises, unless authorized by staff.

5. I agree not to hold Stepping Into The Light, Inc. responsible for any accident or injuries that may occur while residing at Stepping Into The Light Ministry.

I, hereby agree to the above terms and conditions.

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

(Client’s Signature) (Date)

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

(Staff Signature) (Date)

“RECONCILING MEN TO JESUS CHRIST”