2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

APPLICATION FOR WOMEN

Date:	Expected Release Date:	☐ Male ☐ Female
Facility at which incarcerated:	Phone No.	
Case Manager:	DOC #	SS# -- --
Last Name:	First Name:	Middle Initial:
Date of Birth -- --	Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed	
No. of Children and Ages:		
Would you be homeless if it wasn't for Hand Up Ministry? ☐ Yes ☐ No		
EMPLOYMENT		
Last Place of employment prior to incarceration:		
Type of Work you have done:		
Special Training:		
Do you have a valid Drivers License? ☐ Yes ☐ No	Do you own a vehicle? ☐ Yes ☐No	
PROGRAMS COMPLETED: (List all programs completed while incarcerated)		
CRIMINAL HISTORY		
Current Offense:	Sentence:	
Age First Arrested:	Total Times Incarcerated:	
Have you ever been arrested of a sex related crime? ☐ Yes ☐ No		
Number of disciplinary write ups you have had during present incarceration:		
SUBSTANCE ABUSE HISTORY		
Is your current offense drug related? ☐ Yes ☐ No	Drug of Choice:	
Have you ever been in treatment for substance abuse? ☐ Yes ☐ No		
MEDICAL HISTORY		
Do you have any physical problems? ☐ No ☐ Yes What?		
Are you on any medications? ☐ No ☐ Yes What?		
Do you have any mental health problems? ☐ No ☐ Yes What?		
Have you ever attempted suicide? ☐ Yes ☐ No		
RELIGIOUS AFFILIATION		
Religious Preference (if any):		
You **must** also send us a copy of your **Birth Certificate and Social Security card** with your application. We can't accept anyone without these important documents. You will bring the originals with you.		

Hand Up Ministries, Inc reserves the right to refuse anyone we feel will not be faithful to work the program or be an negative influence on others or distract them from their commitment to the program, or for any other reason that may cause disharmony.We encourage each client to attend the church of their choice.
My signature below certifies that I am requesting to enter the Hand Up Ministries' Clean Living Program and that all my answers on this application are true and correct. **Please note that this is a program, not just a living arrangement. You will be required to follow all aspects of this program.**

____
Signature

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

SOCIAL HISTORY

Case Manager: ____________________________________

Case Manager's Phone: ______________________________

Who referred you?

- ☐ Attorney: ____
- ☐ Probation/Parole: ____
- ☐ Pre-Sentence Investigator: _____________________________________
- ☐ Judge: ____
- ☐ Court: ____
- ☐ District Attorney: ____
- ☐ Drug Court Admin: ____
- ☐ Other: ____

Presenting Problem (Please explain why are you incarcerated?)

____

____

____

____

History of Presenting Problem (Tell us how you crossed the line.)

____

____

____

____

____

Emergency Notification:

Name: ______________________________________ Relationship: ______________________

Address: ____

City, State, Zip: ____

Phone Number: (   )   - ____

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

FAMILY SYSTEM - SOCIAL & PRESENT LIFE SITUATION

Current Marital Status? ☐ Single ☐ Married Spouse's Name: ___________________________
☐ Divorced ☐ Separated How long? ___________

How many times have you been married? _______ How many times have you been divorced? _________

How many live-in relationships have you had? ________ How many children do you have? _______

Child's Name	Age	Gender	Residence
__________________________________	_____	☐ M ☐ F	_______________________________________
__________________________________	_____	☐ M ☐ F	_______________________________________
__________________________________	_____	☐ M ☐ F	_______________________________________
__________________________________	_____	☐ M ☐ F	_______________________________________

Do you pay child support? ☐ No ☐ Yes How much? Are you current? ☐ Yes ☐ No

Do any of your children have problems in any of the following areas?

☐ Behavioral ☐ Mental Health ☐ Emotional ☐ Alcohol
☐ Drugs ☐ Physical ☐ Educational ☐ Other

Your usual living arrangements? ____
Father's Name: ____ Father's Age: ___________
Father's Occupation:_______________________________________ Health: ☐ Excellent ☐ Good ☐ Fair ☐ Bad
Relationship with Father: ☐ Excellent ☐ Good ☐ Fair ☐ Bad

Mother's Name: ____ Mother's Age: ___________
Mother's Occupation: _____________________________________ Health: ☐ Excellent ☐ Good ☐ Fair ☐ Bad

Relationship with Mother: ☐ Excellent ☐ Good ☐ Fair ☐ Bad

Sibling's Name(s)	Age	Gender	Older/Younger	Relationship
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad
_____________________________	____	☐ M ☐ F	☐ Older ☐ Younger	☐ Excellent ☐ Good ☐ Fair ☐ Bad

Do either of your parents or any of your brothers or sisters have problems with:

☐ Alcohol ☐ Drugs ☐ Mental Health

Have you ever been physically, emotionally, or sexually abused by either of your parents? ☐ Yes ☐ No
Have you ever been physically, emotionally, or sexually abused by any of your siblings? ☐ Yes ☐ No

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

PERSONAL & CULTURAL (GENERAL)

Military History: Branch of Service ____
Discharge: ☐ Honorable ☐ Dishonorable

Race: ☐ Caucasian ☐ African American ☐ Native American (tribe)_______________
☐ Alaskan Native ☐ Hispanic ☐ Asia ☐ Other _______________

Religious Preference: ☐ Protestant ☐ Catholic ☐ Jewish ☐ Islamic ☐ None

What are your Strengths:

____

What are your Weaknesses:

____

What is your Recreation/leisure history:

____

What are your Expectations of this agency:

____

EDUCATION

Education completed: ☐ Elementary School ☐ Middle School ☐ High School
☐ Some College ☐ GED (Highest Grade Completed _______)
Major: _________________ No. Credit Hours: ________

Difficulties with school: ____

Occupational

Current Occupation while incarcerated: ____

Last Employer: ____

Length of time you were with this employer: ______________________________

Type of work you usually perform: ____

Special skills or trade: ____

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

FINANCIAL

Do you have disabilities that will limit or prevent your employment? Yes ☐ No ☐

If yes, how will you pay your program fees? ☐ SSDI ☐ VA Disability ☐ Retired ☐ Annuity ☐ Trust

Other____

How many people will depend on you for the majority of their food, shelter, etc.? ______________________

Do you have any income or other financial resources? ☐ Yes ☐ No

If Yes, Source: ________________ Amount: _____________ per Hour / Week / Month *(Circle one)*

Will someone contribute to your support in any way? ☐ Yes ☐ No

Who and What? ____

Attach your previous 3 months income statements or pay stubs (if any)

CLINICAL TREATMENT HISTORY

Do any of the following apply to you?

☐ Headaches	☐ Fainting Spells	☐ Stomach Trouble
☐ Bowel Disturbances	☐ Insomnia	☐ Take Sedatives
☐ Feel Tense	☐ Tremors	☐ Suicidal Ideas
☐ Unable to Relax	☐ Unable to have a good time	☐ Can't make friends
☐ Can't make decisions	☐ Inferiority feelings	☐ Financial problems
☐ Over ambitious	☐ Dizziness	☐ Palpitations
☐ No appetite	☐ Fatigue	☐ Nightmares
☐ Alcoholism	☐ Feel panicky	☐ Depressed
☐ Drugs	☐ Sexual problems	☐ Shy with people
☐ Feel lonely	☐ Can't keep a job	☐ Home conditions bad
☐ Don't like weekends	☐ Don't like vacations	

Do you have any chronic medical problems? ☐ Yes ☐ No
What? ____

Are you taking any prescribed medications? ☐ Yes ☐ No

Medication	Strength/Dosage	How Long	Benefits	Side Effects
____________________	________________	_______	__________	____________
____________________	________________	_______	__________	____________
____________________	________________	_______	__________	____________

Have you ever been hospitalized? ☐ Yes ☐ No

When: ______________________ Where: ______________________ Problem: ________________
When: ______________________ Where: ______________________ Problem: ________________

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

SEXUAL HISTORY

Have you ever been diagnosed and/or treated for a sexually transmitted disease? ☐ Yes ☐ No

Have you ever been tested for HIV/AIDS? ☐ Yes ☐ No Results? ☐ Positive ☐ Negative

Do you consider yourself: ☐ Homosexual (Gay) ☐ Bisexual or ☐ Heterosexual (Straight)?

MENTAL HEALTH HISTORY

Have you ever been treated for an emotional/mental health problem? ☐Yes ☐ No

When: ________________________ Where:____

Diagnosis: _______________________________ Physician: ____________________________________

Has any one in your family even been treated for emotional/mental health problems? ☐ Yes ☐ No

Who: __________________________ When: ________________ Where: _________________________

Diagnosis: _______________________________ Physician: ____________________________________

Have you experienced any of the following?

Depression	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Anxiety or Tension	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Hallucination (excluding drugs)	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble Understanding	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble Concentrating/Remembering	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Trouble Controlling Violent Behavior (including periods of rage or violence)	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild
Thoughts of Suicide	☐ Past 30 days	☐ Lifetime	☐ Serious	☐ Moderate	☐ Mild

Attempted Suicide
Explain: When _______________________________ Where ______________________________
Method _____________________________ Drugs involved? ☐ Yes ☐ No

Homicidal thought and History
Explain:____
____
____

Have you been prescribed medication for any psychological/emotional problem? ☐ Yes ☐ No

Physician: ____

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

DOMESTIC VIOLENCE/SEXUAL ASSAULT

Have you ever had feelings of uncontrollable rage? ☐ Yes ☐ No

Have you had any thoughts about harming others? ☐ Yes ☐ No

Have you ever had trouble controlling your impulses? ☐ Yes ☐ No

As an adult, have you been involved in fights? ☐ Yes ☐ No

Were you ever arrested for fighting or for other violent behavior? ☐ Yes ☐ No

If any of the above are answered YES, answer the following:

What were the circumstances of the violent act? ____

____

When did they occur? ____

Who was involved? ____

How did you feel about this? ____

Did the behavior involve substance abuse? ☐ Yes ☐ No

What was the effect on the victim? ____

What happened to you as a result? ____

Were you arrested? ☐ Yes ☐ No How much time did you serve? ______________________________

Have you ever been accused of rape or sexual crime? ☐ Yes ☐ No

If yes, was your victim Male or Female? ______________

Have you ever been accused of domestic violence? ☐ Yes ☐ No

Have you ever had a Victim's Protective Order against you? ☐ Yes ☐ No

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

LEGAL CRIMINAL RECORD
How many times in your life have you been arrested and charged with the following?

	No. of Arrests	Dates
Public Drunk	______	______
DUI	______	______
DWI	______	______
APC	______	______
DUS	______	______
Shoplifting/vandalism/theft	______	______
Parole/probation violation	______	______
Drug charges	______	______
Forgery	______	______
Weapons offense	______	______
Larceny	______	______
Burglary	______	______
Breaking & Entering	______	______
Robbery	______	______
Assault	______	______
Arson	______	______
Rape/sex related crimes	______	______
Homicide/manslaughter	______	______
Prostitution	______	______
Contempt of court	______	______
Disorderly conduct/vagrancy	______	______
Major driving violations	______	______
Other	______	______

Have you engaged in illegal activities for profit? ☐ Yes ☐ No

What is your explanation of legal problems

____
____
____
____

Gang History
Gang Affiliation/Status ______________________ Age on joining ______ Leaving ________

Motivation for joining ____________________ Motivation for leaving ________________

Violence with gang ____

Sexual offenses with gang ____

What Programs have you completed while incarcerated: ______________________________

____
____
____

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

SUBSTANCE ABUSE HISTORY

Substance	Age first use	Date last use	Frequency	How used
Alcohol	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Alcohol to intoxication	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Heroin	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Methadone	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Painkillers	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Sleeping pills	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Valium, Librium, Zanax	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Cocaine/Crack	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Crank/Methamphetamine	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
THC (marijuana)	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Hallucinogens	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Inhalants	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
PCP	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
More than 1 substance at a time	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral
Other	___________	___________	_________	☐ IV ☐ Snort ☐ Smoke ☐ Oral

Drug of Choice: ___________________

Have you ever experienced DTs: ☐ Yes ☐ No Drug Overdose? ☐ Yes ☐ No

Where do you usually drink or use drugs? ______________ Do you ever drink or use drugs alone? ☐ Yes ☐ No

Have you ever drank or used drugs more than you intended? ☐ Yes ☐ No

Have you ever been treated for alcohol/drug abuse? ☐ Yes ☐ No

When: _____________ Where: _____________________________ Complete: ☐ Yes ☐ No Length: __________

When: _____________ Where: _____________________________ Complete: ☐ Yes ☐ No Length: __________

Tobacco Usage: Check all that apply to you.

☐ I am a non-smoker ☐ I smoke cigarettes ☐ I smoke a pipe ☐ I dip snuff ☐ I chew tobacco

HAND UP Christian Prison After-Care for Men and Women
Offering a hand up, not a hand out.

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

My Faith-Based Experience
(TESTIMONY)
(Please describe below)

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

Program Rules

EMPLOYMENT

1. I agree that I will make every attempt to find and maintain permanent employment while in the program of Hand Up Ministries, and accept ministry staff's input in my job search..
2. While seeking employment, I agree to present verification of **at least five** job interviews per week to Hand Up Ministries.
3. During times that I am unemployed, I will participate in job search, or assignment of work to be done at the ministry each day. **Monday thru Friday I will be in the office at 8:00 AM**. **signed in, bathed and groomed ready for work** or planning and assignments for the day.
4. I agree that I **will not quit** my job before discussing it with my Hand Up Ministries Counselor and having another job.
5. I understand that I am to obtain work as soon as possible.

TRANSPORTATION

1. I understand that if I do not have transportation to work, Hand Up Ministries will assist with transportation to work. I also understand that there will be a nominal fee **per one way trip** for each trip I utilize Hand Up Ministries transportation.
2. I understand that there will be a flat rate charge for any **court related out of county** transportation.
3. I agree to present a request for transportation needs to the office of Hand Up Ministries at least **12 hours** before the time transportation is needed.
4. I agree that any vehicle that I bring to Hand Up Ministries will be properly registered in my name and display current motor vehicle tags. A copy of the current registration and title will be given to Hand Up Ministries.
5. I agree that any vehicle that I bring to Hand Up Ministries will be maintained in proper running condition and that any cleaning or mechanical work to be performed on any vehicle will be performed in **designated areas only**.

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

FINANCIAL MANAGEMENT

1. I agree that my pay check will be turned into Hand Up Ministries each week and deposited in a trust account in my name until my trust balance reaches $500.00 or more**. Should my balance DROP BELOW $10.00 I will be placed back on Money Management.**
2. I agree to participate with a financial counselor at Hand Up Ministries to prepare a financial budget based on my income.
3. I agree to accept an amount agreed upon with my financial counselor for personal cash expenditures that will be disbursed once each week..
4. I agree that **I will not borrow money** from other residents or staff of Hand Up Ministries.
5. I understand that this financial arrangement will remain in effect until such time as **Hand Up Ministries determines** that I am capable of handling my own financial matters.

LIVING QUARTERS

1. I agree that my living quarters will be kept neat and clean at all times.
2. I agree that my living quarters may be inspected at any time **without notice** by Hand Up Ministries.
3. I agree that if my living quarters are found to be less than neat and clean, I will make the necessary improvements within **24 hours** at which time the living quarters will be re-inspected.
4. I agree that **private cable lines** installed in my living quarters will be at my own expense and all cable service will be basic cable only.
5. I agree that if I possess a computer in my living quarters that has a modem, the carrier for internet services will be by a carrier approved by Hand Up Ministries only.
6. I agree and understand that **NO MEN** are allowed in any living quarters at any time, and possibly children according to my charge.
7. **I agree to keep my voice, radio, and television volume at a level that will not disturb my roommate or my neighbors**.

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

PERSONAL BELONGINGS

1. I agree that all electrical appliances will be presented for inspection and identification before being utilized in my apartment.

2. I agree that if on inspection of my living quarters, any electrical appliance is found which is not tagged as passing inspection, that appliance will be removed from my living quarters and may be retrieved from the office only after it has been inspected.

3. I agree that any appliance that does not pass electrical inspection will remain in the office to be properly disposed of.

4. **I agree that Hand Up Ministries is not responsible for my personal belongings.**

5. I agree that upon my leaving Hand Up Ministries, I will take all of my personal belongings.

6. I agree that any personal belongings left at Hand Up Ministries after my departure, will be disposed of within 24 hours by Hand Up Ministries.

MEDICAL AND/OR PSYCHOLOGICAL

1. I agree to reveal to Hand Up Ministries any medical and/or psychological problems that I might currently have or that might develop during my participation in the Hand Up Ministries Program.

2. I agree to release to Hand Up Ministries any and all medical and/or psychological records.

3. I agree that any narcotic or psychotropic medications that are prescribed to me by a licensed physician will be turned over to Hand Up Ministries and will be placed in the office safe.

4. I agree to participate in any medical and/or psychological program deemed necessary by Staff.

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

ALCOHOL AND DRUGS

1. I agree that NO ALCOHOL OR ILLEGAL DRUGS will be used or possessed by me while participating in the Hand Up Ministries Program.

2. I agree that if any staff member at the direction of the executive director, requests a drug/alcohol test, I will submit to an observed urine specimen immediately and without argument or comment.

3. I agree that the urine specimen will be collected by authorized staff only, residents with positive UAs are charged $10.00 for the test, negative UAs are not charged.

4. I agree that drug/alcohol tests will be requested on a random and regular basis.

5. I agree that if I refuse to submit to or falsify a drug/alcohol test that the test **will be considered positive.**

6. I agree that any positive drug/alcohol test will result in **IMMEDIATE ACTION** by staff to recommend corrective action, or removal from the Hand Up Ministries program.

7. I agree that if I am aware of the presence of alcohol/drugs on the premises of Hand up Ministries, I will notify authorized staff immediately.

VISITORS

1. **I agree that all visitors will be met in the common area only**.

2. I agree that all visitors will register with the office before each visit.

3. I agree that if any visitor is deemed inappropriate by authorized staff of Hand Up Ministries, that the visitor will leave the premises immediately.

COMMON AREAS (eating area, meeting rooms, offices, yard, etc.)

1. I agree that all common areas are to be kept clean and that I will remove my trash and cigarette butts after each use of a common area.

2. I agree that when entering a common area I will be bathed and dressed appropriately.

3. I agree that if I am not properly attired and/or maintaining clean hygiene, I will be required to leave the area.

4. I agree that if at anytime it is determined by Hand Up Ministries staff that I am not acting in an appropriate manner, I will leave the common area without further disturbance.

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

PROGRAM SERVICES

1. I agree to participate in an evaluation of my needs to be performed by an assigned counselor.

2. I agree to participate in any program that my counselor deems appropriate to meet my identified needs.

3. **I agree to participate in Training classes on Sunday night each week at 7:00pm at Hand Up Ministries.**

4. I agree to participate in the at least one additional class held weekly at Hand Up Ministries as designated by my counselor.

OTHER RULES

1. I agree to participate in at least eight (8) hours of community service each month at a location designated by Hand Up Ministries.

2. I agree that I will not participate in cursing, vulgar and/or suggestive language or gestures, or rude or negative behaviors.

3. I agree that I will not wear any article of clothing that displays any vulgar and/or suggestive language or picture, and/or that is vulgar or suggestive in style, and/or that is related to any gang.

4. I agree that there will be no violence or threats of violence made by me.

5. I agree that I will not possess any guns or any illegal weapons while on the property of Hand Up Ministries.

6. I agree to protect the privacy of each member in the Hand Up Ministries Program. I agree that anything that is said in any group meeting will be kept in strictest confidence and will not be discussed with anyone outside of the Hand Up Ministries staff.

7. I agree to have my photograph taken by Hand Up Ministries and that the photograph along with my name and personal testimony may be used in advertising by Hand Up Ministries in Hand Up Ministries newsletters only.

8. I understand that any changes to these Rules must be submitted in writing and signed by both the participant and an authorized representative of Hand Up Ministries.

9. **I agree that I will adhere to an 11:00 PM curfew on Sunday thru Thursday and 12:00 AM curfew on Friday and Saturday. If I am to be out past the curfew I will notify the staff.**

10. I understand and agree that if I fail to return to Hand Up Ministries each and every night, and that my belongings will be removed from my room the next morning and I will be discharged from Hand Up Ministries immediately. If a need arises that requires me to be absent overnight, arrangements will be made with the staff prior to my leaving Hand Up Ministries, **and sign out in the overnight sign out log.**

2130 SE 59th Oklahoma City, Oklahoma 73129
P.O. Box 2896, Oklahoma City, OK, 73101
Phone: (405) 236-3349 – Fax: (405) 232-5871
Please email to Bobby@huminc.org

__________________________________ ____________ ________________
Print Your Full Name **Date of Birth** **Soc. Sec. Number**

____________________________________ __________________
Sign Your Full Name **Date**

____________________________________ __________________
Witness Signature **Date**