



2130 SE 59<sup>th</sup> 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 MEN

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
No. of Children and Ages:		Divorced Widowed			
Would you be homeless if it wasn't for Hand Up Ministry? Yes No					
<b>EMPLOYMENT</b>					
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	
<b>PROGRAMS COMPLETED: (List all programs completed while incarcerated)</b>					
<b>CRIMINAL HISTORY</b>					
Current Offense:			Sentence:		
Age First Arrested:			Total Times Incarcerated:		
Have you ever been arrested of a sex related crime?		Yes	No	What State?	
Number of disciplinary write ups you have had during present incarceration:					
<b>SUBSTANCE ABUSE HISTORY</b>					
Is your current offense drug related?		Yes	No	Drug of Choice:	
Have you ever been in treatment for substance abuse? Yes No					
<b>MEDICAL HISTORY</b>					
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					
<b>RELIGIOUS AFFILIATION</b>					
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.**



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**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: ( ) \_\_\_\_\_ - \_\_\_\_\_



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**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? \_\_\_\_\_

<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>	<u>Residence</u>
_____	_____	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

<u>Sibling's Name(s)</u>	<u>Age</u>	<u>Gender</u>	<u>Older/Younger</u>	<u>Relationship</u>
_____	_____	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



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



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**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

<u>Medication</u>	<u>Strength/Dosage</u>	<u>How Long</u>	<u>Benefits</u>	<u>Side Effects</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been hospitalized? Yes No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Problem: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_ Problem: \_\_\_\_\_



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



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**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



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**LEGAL CRIMINAL RECORD**

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

	<u>No. of Arrests</u>	<u>Dates</u>
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

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**Gang History**

Gang Affiliation/Status \_\_\_\_\_ Age on joining \_\_\_\_\_ Leaving \_\_\_\_\_ Motivation for joining

\_\_\_\_\_ Motivation for leaving \_\_\_\_\_ Violence with gang

\_\_\_\_\_ Sexual offenses with gang

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**SUBSTANCE ABUSE HISTORY**

<u>Substance</u>	<u>Age first use</u>	<u>Date last use</u>	<u>Frequency</u>	<u>How used</u>			
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





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### 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 and that my program fees, \$ 140.00 per week, for three bedroom trailer per occupant, \$115 for travel trailers after first week. I understand that Hand Up Ministries will work with me on paying program fees out over an agreed upon time while paying current fees with the goal of being ahead **at least** one week. Non sex offenders pay \$115 a week.

#### 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**.

#### FINANCIAL MANAGEMENT

1. I agree to participate with a financial counselor at Hand Up Ministries to prepare a financial budget based on my income.
2. I agree that **I will not borrow money** from other residents or staff of Hand Up Ministries.



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## 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 WOMEN OR CHILDREN are allowed in any living quarters at any time.**
7. **I agree to keep my voice, radio, and television volume at a level that will not disturb my roommate or my neighbors.**

## PERSONAL BELONGINGS

1. I agree that any appliance that does not pass electrical inspection will remain in the office to be properly disposed of.
2. **I agree that Hand Up Ministries is not responsible for my personal belongings.**
3. I agree that upon my leaving Hand Up Ministries, I will take all of my personal belongings.
4. 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.



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### **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 to  
participate in any medical and/or psychological program deemed necessary by Staff.

### **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.



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### **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.

### **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 Thursday nights each week at 6:00pm 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.



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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 agree that the integrity of the Hand Up Ministries program depends on each member following the rules.
9. I agree to participate in at least eight (8) hours of community service each month at a location designated by Hand Up Ministries.
10. I agree that I will not participate in cursing, vulgar and/or suggestive language or gestures, or rude or negative behaviors.
11. 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.
12. I agree that there will be no violence or threats of violence made by me.
13. I agree that I will not possess any guns or any illegal weapons while on the property of Hand Up Ministries.
14. 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.
15. 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.
16. I agree that the integrity of the Hand Up Ministries program depends on each member following the rules.
17. 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.
18. **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.**
19. 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.**



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**Print Your Full Name**

---

**Date of Birth**

---

**Soc. Sec. Number**

---

**Sign Your Full Name**

---

**Date**

---

**Witness Signature**

---

**Date**