



Thank you for your interest in Friends of Guest House!

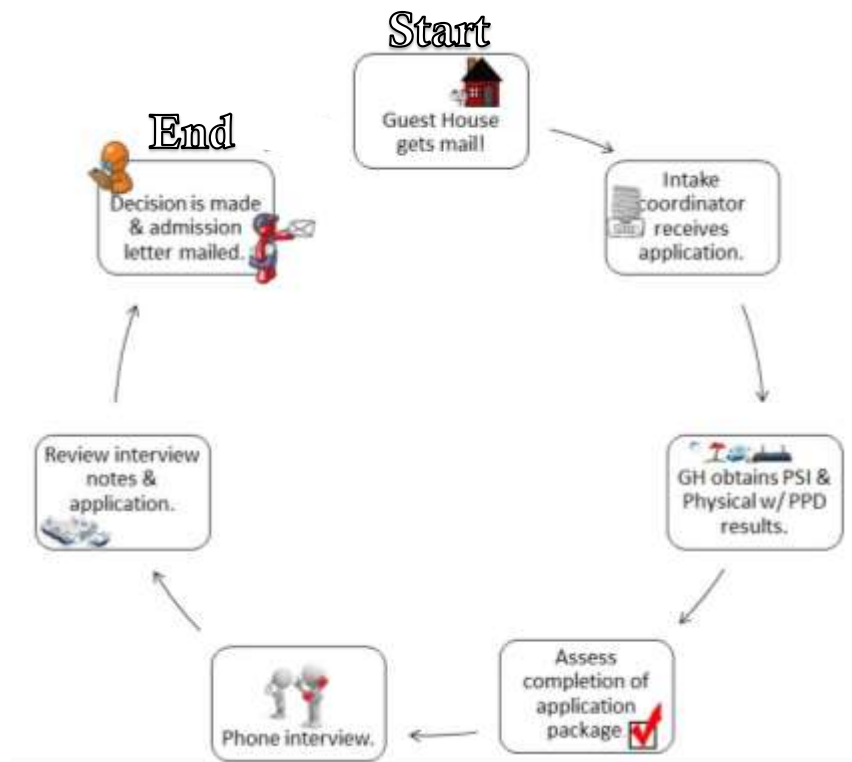
The program is a Department of Corrections regulated and community based residential program for female offenders who are on supervision. The program consists of two components: residential and aftercare.

The **residential** component offers a group home setting including structured services and support, where some of these services are mandatory. The **aftercare** component is mandatory for successful completion of the program and consists of continued services and support. Both components must be completed for successful completion of the program and to take part in the graduation.

Residential Program (90 days)	Aftercare (6-9 months)
<ul style="list-style-type: none"> • Individual case management • Group meetings • Life skills development workshops • Support groups • Employment and vocational assistance • Educational assistance • Housing assistance • One-on-one mentoring • Referrals to community resources 	<ul style="list-style-type: none"> • Case management • Expansion of support system • Workshops and groups • Referrals to counseling and therapy • Socialization activities • Referrals to other community resources

Application Process

PLEASE NOTE THE APPLICATION PROCESS FROM START TO FINISHING CAN TAKE 30 TO 90 DAYS.



A decision will be on your application after we have received ALL items listed below and a phone interview is completed which we will schedule.

1. Completed Application
 - a. Background Information
 - b. Biography (“Tell Us Your Story”)
2. Consent for Release of Confidential Information (included in application)
3. A physical exam *within the past six months*, including the date and results of your TB/PPD test
4. A copy of your Presentence Investigation Report (PSI)

Guest House will request of documents 3 & 4 mentioned above after receiving your signed and dated Consent of Release of Confidential Information form.

Overview of Guest House Rules

- There is a no tolerance drug, alcohol and violence policy.
- All medications must be turned in to staff and distributed by staff.
- Chores are assigned to each resident to be completed at the beginning and end of each day.
- Personal vehicles are not allowed.
- Cellphones are allowed with limited use. There is a phone in the living area for the residents to use during the hours of 7am-11pm in 15 minute intervals.
- All money received by residents must be turned in to staff, and the money will be placed in an account and received by resident at time of exit. Each resident is allowed to request a maximum of \$80.00 a week from their account, at the discretion of their case manager. Exceptions are made for such things as restitution, child support, court fines or attorney fees.
- All residents are required to save money while at Guest House.
- All food is provided to residents and is prepared by residents. No food is allowed in resident bedrooms.
- All resident rooms, bags and persons are subject to search by staff at any time.
- A washer, dryer and detergent are provided for residents to do laundry between the hours of 6am-11pm.
- Residents are required to attend the mandatory meetings organized by Guest House, Monday through Thursday, as well as attend at least three individual meeting outside of Guest House per week.
- Residents are required to fill out and submit Destination Sheets outlining where they are going, when they are leaving, and when they will return. This Destination Sheet will be reviewed and signed by the residents’ case manager. Residents must also sign in and out in a logbook, with a staff signature confirmation.
- Residents will be assigned a case manager. It is mandatory that residents participate in case management. Missing meetings with your case manager can result in restricted privileges.
- Residents will be assigned a mentor. It is mandatory that residents maintain their appointments with their mentor. Missing meetings with your mentor can result in restricted privileges.
- All mail received by residents is to be opened in front of staff.
- After the first three weeks at Guest House, resident are eligible for a four hour pass. After one month (31-60 days) a resident will be eligible for one transition visit of 24 hours. At 61-90 days, a resident will be eligible for two transition visits. These visits cannot interfere with work or mandatory meetings. After 90 days, a resident will be eligible for weekly transition visits. All passes approved or denied at the discretion of a resident’s case manager.

Thank You,

Friends of Guest House



FRIENDS OF
GUEST HOUSE
ALEXANDRIA

APPLICATION

GENERAL INFORMATION

Name: _____
Last First MI

Date of Birth: _____ Place of Birth: _____ Social Security No.: _____

Race: _____ Veteran: Yes No **Inmate #:** _____

Jail: _____ **Probation District:** _____

Current Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone Number: _____ Alternate Number: _____

Relationship Status: Married Separated Divorced Dating Single

Number of Children/Dependents: _____

Caretaker of Child(ren)/Dependent(s): _____

Support: Yes No If yes: Voluntary Court Ordered Amount: _____

Identify individuals who are supportive of you: _____

EDUCATION

Last Grade Completed: _____ Do you have a high school diploma or GED? Yes No

Have you completed any vocational or college training? Yes No

Name of Institution	Dates Attended	Training/Certificate/Degree Received
1.		
2.		

EMPLOYMENT (List most recent employment first)

Employer Name: _____ Start Date: _____ End Date: _____

Position Title/Duties, Skills _____

Salary: _____ Reason for leaving: _____

Employer Name: _____ Start Date: _____ End Date: _____

Position Title/Duties, Skills: _____

Salary: _____ Reason for leaving: _____

EMERGENCY CONTACTS (MANDATORY):

Contact 1: _____ Relationship: _____
Name (Last, First)

Address: _____
Street City State Zip Code

Number: _____

Contact 2: _____ Relationship: _____
Name (Last, First)

Address: _____
Street City State Zip Code

Number: _____

MENTAL HEALTH/PSYCHIATRIC CARE

Do you have mental health issues? Yes No

Dr.'s diagnosis: _____

Are you on medications for these? Yes No

Have you ever been hospitalized for mental health issues? _____

If so, where, when and what for? _____

Have you ever attempted suicide? Yes No If so, how many times? _____

PHYSICAL HEALTH

Personal Physician: _____ Date of last physical: _____

General Physical Health: Excellent Good Fair Poor

Do you have any health problems? Yes No

If yes, what are they? _____

DENTAL HEALTH

Personal Dentist: _____ Date of last dental exam: _____

MEDICATIONS (IF APPLICABLE)

	Medication Name		Taking For:
1		1	
2		2	
3		3	
4		4	
5		5	

DRUG/ALCOHOL HISTORY

Substance	Age Started	Date of Last Use	Frequency	How much

Any clean time outside of jail/prison? Yes No

If so, how much time: _____

PREVIOUS SERVICES AND TREATMENT (DRUG AND ALCOHOL TREATMENT PROGRAMS)

-attach additional pages if necessary-

Place: _____

Start Date: _____ End Date: _____ Successfully Completed: Yes No

Place: _____

Start Date: _____ End Date: _____ Successfully Completed: Yes No

Place: _____

Start Date: _____ End Date: _____ Successfully Completed: Yes No

Do you have a sponsor? Yes No If so, how long have you had a sponsor? _____

CRIMINAL HISTORY

Arrest Date	Jurisdiction	Offense	Outcome

Court Ordered Payments: _____ Attorney Fees: _____

Other Detainers/Charges _____ Special Conditions _____

Previous Work Release, Probation, Parole Violations: _____

Number of Previous Felonies: _____ Misdemeanors: _____

Total time spend in jail/prison: _____

ESTIMATED PAROLE/RELEASE DATE: _____

Future Court Dates: _____

PROBATION/PAROLE

Are you on? Probation Parole Both Is it court recommended? Yes No

Length of Probation/Parole: _____

PROBATION/PAROLE OFFICER CONTACT INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____ Other: _____

LEGAL STATUS

Do you have legal representation? Yes No

Attorney/Lawyer/Public Defender's Name: _____

Address: _____

Phone: _____ Fax: _____ Other: _____

I affirm that all the information I have provided is true to the best of my knowledge. I understand that if Guest House finds that I knowing provided false information, my application will be immediately denied. I also affirm that I am willingly applying to the Guest House program, and I know that it consists of a 3-month residential component and 6-9 month aftercare component, a total of 9 months.

Signature of Applicant

Date

Department of Corrections

Consent for Release of Information

I, _____, the undersigned hereby authorize any agency, institution, public or private, or person to release any information they may have concerning me or my background to a Department of Corrections authorized agent. Implicit to this authorization is that a Department of Corrections authorized agent may release to you any necessary information regarding me to facilitate this request.

This consent and authorization for release of information shall include such information as it relates to my emotional, mental, or physical health, medical records, school records, tests scores, academic or behavioral memoranda, all court records, employment records (both past and present), and any possible military history.

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

Signature of Client

Date

Substance Abuse Disclosure

Consent Authorization

If applicable

I, _____, the undersigned, hereby authorize the Virginia Department of Corrections, The Virginia Parole Board, and/or the Virginia Courts and their agents to receive and to release confidential information on my history or drug and/or alcohol use in their knowledge, possession, or records for the purposes of identifying, diagnosis, prognosis, and/or treatment by the Courts in sentencing, the Virginia Department of Corrections and the Virginia Parole Board in the investigation and/or supervision of my case for probation and/or parole (to include any future application for supervision transfer to a member of the Interstate Compact).

I understand that (1) the use, disclosure, and re-disclosure, of such information is made only in the investigation and/or supervision of my case, (2) while under investigation and/or supervision, I cannot revoke this consent; and (3) this consent will terminate upon my release from the custody of the Courts, Virginia Department of Corrections, Virginia Parole Board and their authorize agents (to include members of the Interstate Compact).

By affixing my signature, I attest to having read, or been read, this document and fully understand it. I consent and request that all such personal or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

Signature of Client

Date

