



The Living Harvest, Inc.

1219 W Tharpe Street • Tallahassee, Florida
32303

I Was In Prison And You Came To Visit Me.

Application for Residency

The Living Harvest (TLH) is a Faith based / 12 Step Residential Christian Recovery Program and Ministry for men. The primary goal and focus of TLH is to facilitate a stable environment that gives individuals an opportunity to rebuild their lives. TLH serves to empower men distressed by life who have recently been released from prison and/or are struggling with substance abuse to become responsible, functioning individuals in their communities.

Program: TLH provides an opportunity for you to build a new life conforming to Christian principles. We provide a loving and caring environment with accountability; mentoring and other life skills tools and resources which will help you become responsible, functioning individuals to your family and in your community.

Accountability: Residents develop a character of respect, integrity, and humility as they follow the program structure of TLH; i.e. Progressive Program, Daily Schedule, House Rules, Cause for Disciplinary Discharge, etc. as well as staff directives (please see program rules for complete details). These rules will seem strict and restrictive at first but the act of submission is important in recognizing that your way has not worked for you in the past and you are willing to make a change. As you progress, the rules will relax and let you transition to living in the real world again, but only when you demonstrate that you are ready.

Guidelines:

- A. Honor House rules and staff directives with diligence and respect (see program rules for details).
- B. Break from dysfunctional people, places, and things that are unhealthy influences in your lives.
- C. Agree to a search of your person and possessions upon arrival or at any time thereafter, while a resident of The Living Harvest.
- D. Agree to random alcohol and drug testing upon request from TLH Staff.
- E. The Living Harvest reserves the right to discharge any resident at any time for not complying with the Code of Conduct or Program Description. If discharged, you agree to leave without disruption to staff or other residents.

Cost: We require a onetime Deposit and Program Fee of \$125.00 upon acceptance. We have a payment plan to help you if you do not have the money and we do everything we can to accept those that are sincere in wanting to change and build a new way of life.

If you share the perspective offered by TLH, you are welcome to make official application admission by signing below. Your signature denotes that you have voluntarily and free of coercion, read and agree to the guidelines of TLH as referenced in this document and release TLH to acquire information from the Department of Corrections to determine eligibility. Upon the review of your completed application and the available bed space you will be notified as to acceptance. To contact TLH call (850) 491-8235, email: dale@thelivingharvest.org; or mail to:

TLH Admissions
1219 W Tharpe Street
Tallahassee Florida 32303

Applicant's Name (PRINT): _____

DC # if Florida DOC or other: _____

Applicant's Signature: _____ Date: _____

Expected Release Date: _____

What Date Do You Wish to Start at the Program: _____

Please take time to answer the following questions and answer them in as much detail as possible.

Please tell us why you want to come to The Living Harvest

What are your long term goals?

Please tell us about your faith and your relationship with God?

How have you tried to live your faith?

Do you like to take initiative in life or be directed as to what to do?

What do you do with your free time?

How do you deal with authority figures?

How do you feel about having to go frequently to recovery group meetings?

Do you believe in 12 step recovery programs?

How do you feel about the restrictions that will be placed on you by this program (read the rules before answering this question)?



Please tell us about your relationships with your family:

Have you come to the point in life where you feel that you can submit and follow the direction of this program even if it takes you well outside your comfort zone? In other words, are you tired enough of doing it your own way that you are ready to surrender?

Please list all programs (Faith Based and Other) you have participated in if you were incarcerated:

All questions and sections must be completed for this application to be processed. Please return your application to:

The Living Harvest, Inc.
Admissions Department
1219 W. Tharpe Street
Tallahassee Florida 32303

ALL SECTIONS AND QUESTIONS MUST BE COMPLETED IN ORDER TO PROCESS APPLICATION

Identification Information

Date: _____

First Name: _____ Last Name: _____ M.I.: _____

DC # (If applicable) _____

Current Facility and Address _____

State: _____ Zip Code: _____

SS#: _____ Citizenship: Yes No _____

Age: _____ D.O.B: _____ Marital Status: _____ Race: _____

Spouse Name: _____ Address: _____

No. of Children: _____ Are you a veteran? _____

Level of Education: _____

Do you have a I.D. /D.L.: Yes No State Issued: _____

Birth Certificate: Yes No Social Security Card: Yes No

What languages do you speak? _____

Give one word description of your life now: _____

Financial Assistance

Are you currently receiving assistance through the programs listed below, if so, provide the amount per month. *(check all that apply)*

SSI \$ _____

S SDI (Disability) \$ _____

Food Stamps \$ _____

WIC \$ _____

HUD \$ _____

Cash Assistance \$ _____

Veteran Benefits \$ _____

EMPLOYMENT HISTORY

LIST YOUR THREE MOST RECENT JOBS:

EMPLOYER	Position	Time Frame	Reason for leaving	Attitude toward job
1.				
2.				
3.				

What kind of work are you trained to do? _____

What kind of work are you interested in? _____

YOUR HEALTH AND MEDICAL INFORMATION

What medications are you currently taking? _____

Please list any current allergies or physical complaints and health problems:

SUBSTANCE ABUSE HISTORY

Check all that you have abused and when:

DRUG	USED/PAST	USED/PRESENT	HOW OFTEN/FREQUENCY	HOW LONG/DURATION
Alcohol				
Marijuana				
Hallucinogen				
Barbiturates				
Amphetamine				
Methamphetamine				
Heroin				
Methadone				
Cocaine Opiates				
Other?				
Other?				

QUESTIONS : *(Check Yes or No)*

- | | | |
|--|-----|----|
| 1. Do you feel alcohol/drugs were or are a problem for you? | Yes | No |
| 2. Have you ever been arrested under the influence? | Yes | No |
| 3. Have you ever needed more alcohol/drugs to get the same affect? | Yes | No |
| 4. Has anyone ever complained about your behavior? | Yes | No |
| 5. How old were you when you noticed your problem? | Yes | No |
| 6. Have you ever tried to cut down or stop using alcohol / drugs? | Yes | No |
| If so, When? _____ | | |
| 7. Have you ever attended any 12 Step Recovery meetings before? | Yes | No |
| 8. Are you willing to work with a sponsor? | Yes | No |



CRIMINAL JUSTICE SYSTEM

Do you have any detainers? _____

Charges Pending? _____

City: _____ Judge: _____

Next Hearing Date: _____

When you are released will you be on Probation/Parole or Conditional Release?

Date of sentencing: _____

Address of PO: _____

Terms of Probation/Parole: _____

Ever Violated Probation/Parole?: _____ When?: _____

Any other legal restrictions: _____

Prior Criminal History/Charges

Date	City	Charge	Disposition

Thank you for your interest in our program. Your application will be processed as soon as possible from the time we receive it. If you do not hear from our Admissions department regarding your application please feel free to contact us.