



A Transitional Living & Learning Center

1522 Compton Avenue
Nashville, TN 37212
Office: 615-742-3463

Email: jsettles@aphesishouse.org
Web: www.aphesishouse.org
Fax: 615-742-5177

Dear Prospective Resident:

Thank you for your interest in Aphesis House. Please complete all of the attached documents requiring your signature and return the package to the above address. We will review it and let you know if you are accepted as a Resident. However, **we cannot make a final decision** on your request to become a resident until we receive official records of your **current medications** and any **medical or psychological diagnosis** from the prison or other facility that you are currently in. Remember that documents not submitted will delay the review and final decision. Furthermore, **failure to disclose your complete criminal background can result in automatic Application denial**. Please provide all official disciplinary documents and convictions (whether county, state, and/or federal).

A **\$475.00** admission fee (money order only) is required after approval. Only a money order is accepted. This admissions fee includes the payment of your first two weeks at the house, a 31 -day bus pass, and other charges which are directly related to assisting our residents, plus administrative costs. After the first two weeks, a program fee of \$125.00 per week is required. We ask that you do not send in your advanced payment until you have been granted parole or, otherwise, accepted as a resident and receive a letter giving a specific address of where you are to report.

Sincerely,

James Settles

Executive Director

NOTE: Please read the Program Contract **thoroughly** and **understand** the program rules and regulations to make sure that you can abide by them before signing.



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Program Overview

*Our **90-day** program consists of a structured environment primarily for men coming out of incarceration or drug treatment and is approved by the Tennessee Board of Probation & Parole as a transitional living facility. Aphesis House, Inc. (AHI) requires four (4) in-house meetings a week (Anger Management, Relapse Prevention, Critical Thinking, and Spiritual Foundations {Bible Study}) and outside meeting{s} (either a 12 Step recovery meeting, a local church worship service, or both), as dictated by the treatment provider. Each resident is responsible for chores each day and the curfew is 8:00 p.m. for the first 30 days and 10:00 p.m. for the remainder of the 90 days. Furthermore, each resident is drug and alcohol tested when he enters AHI, returns from an overnight pass (no overnight passes for the first 30 days), and on a random basis each month or if a staff member deems that the resident may be under the influence. AHI has a zero tolerance policy regarding alcohol and illicit drugs. Also, a resident cannot stay at AHI if he has been prescribed a benzodiazepine, narcotic drug, or controlled drug. Those individuals with co-occurring disorders or other medical issues must be medication compliant and capable of dispensing their own medications.*

Our residents are provided an assessment of individual needs, orientation to the AHI rules and regulations, case management services, medical assistance, individual counseling, etc. and the staff works with them to gain employment and succeed through an intensive project entitled Operation Excel which provides the resident with job readiness, life skills, budgeting, and saving 75% of his net pay in a special account to prepare him to gain permanent housing upon leaving AHI. Our Admission Fee is \$475, which covers two weeks of program fees, a 31 -day bus pass, birth certificate, state ID, food until the resident is signed up for Food Stamps, some needed clothes, work boots, etc—whatever it takes to help the resident prepare for success.

A non-for-profit 501 (c) (3) and
Tennessee Board of Probation & Parole Approved Housing Facility



APHESIS HOUSE

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TRANSITIONAL HOUSE APPLICATION

Name: _____ TDOC Number: _____ Institution: _____
Last First Middle

Birth date: _____ Birth Place: _____

Social Security No: _____ Driver License? _____

Last Residence: _____
City County State

Next of Kin: _____
Name Relationship Address Phone No.

One other person who will always know how to contact you: _____

Address: _____ Phone No.: _____

What are your financial obligations?

List your economic resources:

Marital Status: _____ Number of Children: _____

Are you in contact with spouse or significant other? __ Children? __ Parents/Family __



Transitional House Application

Health

Have you ever been diagnosed for any health problems? _____

If so, list and give treatment received.

List any handicaps or health problems that would prevent you from working:

Alcohol/Drug History

Have you ever had an alcohol or drug problem?

If so, what programs have you attended or treatments received?

List all primary drugs that you have used in the past.

Education

Last grade completed in school: _____

Diploma GED: _____

Place and Date

List college, trade school, and degree:

Years in military service:

List branch and type of discharge:



Transitional House Application
Employment History

List name and address of last company you worked for: _____

From: _____ To: _____ Why did you leave? _____

Were you employed at the time of your most recent arrest?

How many jobs in the last 5 years before your arrest?

What is the longest time that you have ever held the same job?

What are your future employment plans?

If you have a job plan, list company name and address:

List your job skills:



APHEsis HOUSE

Prison History

Current Charges: _____

Current Convictions: _____

Current Sentence: _____

Date Incarcerated: _____

Did you know the victim? _____

How? _____

Plea or Jury Trial? _____

Expiration of sentence date? _____

Have you met with the Board of Paroles on these convictions?

How many times? _____

Next parole hearing: _____

Earliest release date? _____

Have you ever been on parole?

Did you violate parole?

Were you charged for a new crime while on parole?



Prison History

List all prison disciplinarys:

How long since your last disciplinary? _____

Current prison job:

Prison programs:

List prison, volunteer or other community references:

Name	Occupation	Phone	Number	OF	Years Known
------	------------	-------	--------	----	-------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List the name of your counselor or caseworker:

Past Record

Your age at first arrest: _____

Juvenile record: _____

Prior adult arrest and charges: _____

Prior adult convictions:

Have you ever been convicted of a sexual offense? Yes No If so, What?

How many years have you spent total in prison during your adult life?

Hobbies:

Personal Goals:



Agreement

If accepted at Aphesis House, Inc., I will follow the rules, programs, and regulations as outlined in the contract that I will sign. I give permission for Aphesis House, Inc., to review any information in their files with Tennessee Department of Correction or by any other agency. I understand that Aphesis House, Inc. keeps this information confidential.

Signature

Signature Date

Aphesis House, Inc. does not discriminate in selecting applicants solely on the basis of gender, race or religious conviction.



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Program Contract

I _____, agree to follow the program, rules and regulations as contained in this Contract. Upon release, I will report to Aphesis House, Inc. expeditiously. I also agree to abide by the guidelines set forth by the Tennessee Board of Probation & Parole, if I am released on Parole.

I furthermore give permission to Aphesis House, Inc. (hereinafter referred to as "Aphesis House" or "House") to review any information in the files kept on me by the Tennessee Department of Correction or by any other agency. I understand that Aphesis House keeps this type of information confidential. An admission fee of \$475.00 must be paid for the first two weeks of my stay. Upon moving into Aphesis House I agree to pay a weekly program fee of \$125. The Admission Fee will not be reimbursed to me, if I am terminated by Aphesis House for breach of contract anytime during the first two (2) weeks.

Initials of Applicant

I agree to find work as soon as possible after moving in and further to maintain employment throughout my stay. I understand that if I fail to find and maintain work, I am subject to immediate termination from the program and will leave the house immediately. I understand that Aphesis House may inform my parole officer of my breach of contract.

I understand and agree that my program fee of \$125 is due weekly on Friday.

While living at the Aphesis House, Inc., I agree to the following rules and regulations:



1. **No alcohol or illegal drugs** are allowed on the premises. Only medications prescribed directly to me, or over-the-counter medications, are permitted. I may not have a prescription drug which contains benzodiazepine, a narcotic, or is considered a controlled substance.
2. All residents are subject to drug screens.
Aphesis House is a **smoke-free environment**. The use of any tobacco product is permitted only on the outside of the residence. Users of chewing tobacco or snuff must use a spittoon outside, while smokers will use ash trays.
4. No personal visitors are permitted in the bedrooms.
5. I am **responsible for** keeping my room and the House areas clean.
6. Aphesis staff may inspect my room at any time. Beds must be made up at all times.
7. I will clean up immediately after using the restroom and kitchen areas.
8. I am responsible for keeping up with the house door key. If lost, it is to be reported immediately, and a **fee of \$25.00** will be charged for a new key.
9. Those with program fees not paid on time will be given a 24-hour notice to vacate the premises.
10. If I am absent from the premises for **three consecutive days without prior approval, it will be considered abandonment**.
11. Upon abandonment, whether by arrest, parole violation, or voluntary, all personal items left on the premises will be disposed of by the staff of Aphesis House.
12. All my personal property is my responsibility and I will not hold Aphesis House responsible for the lost of damage of such property.
13. I agree to stay at Aphesis House for a **minimum of 90 days**. A minimum of 7 days notice must be given before leaving.
14. No vehicles are allowed for 60 days, unless approved by the Executive Director.
15. **Violence or threats of violence are cause for immediate dismissal**.
16. I am not permitted to cook any food in my room or living area other than the kitchen.
17. All cooking utensils and dishes will be washed immediately after each use.
18. Upon moving out of Aphesis House, Inc., all items issued to me shall be left in my room.
19. Unless I am working, I will be in the House between the hours of 1 P.M. and 5 A.M.
20. **During the first 30 days at Aphesis House, it shall be between the hours of 8 P.M. and 5 A.M.**
21. **No pets** of any kind shall be kept in the House.
22. I am not to cause any alteration to my room or any part of the premises without prior permission from the Aphesis House staff.



23. I am liable for any damages that I cause while living at the House.
24. No TV's are allowed in the bedrooms. TV & movies are provided in the living/TV room.
25. I will follow and adhere to the dress code as established by the House Staff. (No "grills" of any type, hair will not touch the collar of my shirt, no braids and no baggy clothing).
26. **Appropriate dress is required** when out of my bedroom area-this means having on a shirt, pants and shoes.
27. No phone calls after 10:00 p.m.
28. Phone calls are limited to 15 minutes per person.
29. **Two weekend passes a month after 30 day probation period.**
30. Pornographic material is grounds for immediate discharge.
31. Relationships with females are not suggested in the first 90 days of the program.
32. **Sponsorship is a requirement in the program.** A temporary sponsor should be chosen within the first 14 days of arrival into Aphesis House and a permanent sponsor within the first 30 days of arrival.
33. Each person's progress will be periodically evaluated on an individual bases.
34. Weekend passes will be approved according to your performance within the rules Aphesis House, Inc.
35. **Three in house mandatory meetings and One outside meeting are required each week**
36. Cell phones will be confiscated, weekend passes may be curtailed or denied, and curfew is subject to change if program fees are delinquent or the person is not following House rules..
37. Any property of the client can be held and secured by the staff of Aphesis House until program fee balance is paid in full.
38. **The admission fee of \$475.00 will not be reimbursed to me, if I am terminated anytime during the first two (2) weeks for breaking the rules and regulations set forth in this contract.**
39. Personal cell phones will not be allowed for the first 30 day probation period, without prior approval of the Executive Director.

These rules and regulations are subject to change at any time and without advance notice.

By signing below, I agree to all of the above terms and conditions. Any violation of them gives Aphesis House, Inc. the right to have me vacate the premises immediately. Any breach of this Contract or noncompliance of these rules and regulations could result in the notification to my parole/probation officer if I am on parole or probation.

Signed on this the day of , 201

Signature _____



Operation Excel: Bridge to Independence
Program Contract

1, _____, agree to follow the program, rules, and regulations (Print) contained in this Contract, in addition to those in the Aphesis House, Inc. general Program Contract.

I understand that the goal of Operation Excel is to help me move into permanent housing at end ninety (90) days, through my gaining meaningful employment and setting aside seventy five percent (75%) of my net pay (less any allowable deductions) in a special savings account. I am committed to this goal.

While enrolled in this pilot program, I agree to the following rules and regulation:

1. I will be an active participant in Operation Excel, so that I may reach my 90-day goal. This means that I will complete all class assignments on time, speak up in group discussions, and strive, to the best of my ability, to reach each goal that I set for myself in this program.
- 2- I will not have access to a cell phone for the first forty five (45) days of the program.
3. I will attend each session of Operation Excel and understand that any session missed must be made up.
4. If I have an appointment that would cause me to miss an Operation Excel class session and it cannot be rescheduled, I must have prior approval from my Case Manager.
5. I will gain employment during the first 30 days of Operation Excel.
6. I will participate in free community service work, as part of Operation Excel.

These rules and regulations are subject to change at any time and without advance notice.

By signing below, I agree to all of the above terms and conditions. Any violation of them gives Aphesis House- Inc. the right to remove me from this model program.

Signed on this _____ day of _____, 20 ____

Signature: _____



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Release of Information Consent Form

I, _____, TOMIS # _____ hereby give my consent to have the following information released to Aphesis House, Inc. for determination of eligibility into their transitional living and training center in Nashville, TN:

1. Disciplinary record,
2. Offenses for which I have been incarcerated,
3. Recommendation by the Pre-release Coordinator or other staff person (if incarcerated), and
4. Medical/Mental Health Summary.

(Inmate Signature)

(Date)

Office use only:

Received by:

Date:

NOTE: Please sign this form and give to your Counselor or Pre-Release Coordinator (if incarcerated). Attach the requested information with your Application and Contract. Failure to disclose your complete criminal background can result in automatic Application denial. Please provide all official disciplinary documents and conviction records (whether county, state, and/or federal).



Medical/Mental Health Summary
(Confidential HIPAA-Protected Medical Information)

Name _____

If Incarcerated: TOMIS # _____

Current Medical/Mental Health

Diagnosis

Past Medical/Mental Health Diagnosis

Current Medications

Documentation of Most Recent TB Test & Results: (Please attach a copy with the Date and Results)

(Signature of Medical Staff)

Inmate Signature for Release of Information

To be completed by Medical staff and returned to: Aphesis House, Inc., 1522 Compton Avenue,
Nashville, TN 37212.

