



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 Department of Correction as a transitional living facility. Aphasis 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 program. 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. Those individuals with co-occurring disorders (addiction and a mental health disorder diagnosis) or other medical conditions must be medication compliant and emotionally, mentally, and medically stable.

Our residents are provided an assessment of individual needs, orientation to the AHI rules and regulations, case management services, medical assistance, mental health referrals, 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 Transitional Living and Learning Center

120 Rayon Dr.
Old Hickory, TN 37138
Office: (615)742-3463

Email: jsettles@aphesishouse.org
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 have been 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 coming from. Remember that documents that are not submitted will delay the review and final decision. Furthermore, failure to disclose your complete criminal background can result in an 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 accepted & WE DONOT ACCEPT RHP) is required after approval. 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 administration costs. After the first two weeks, a program fee of \$150.00 per week is required (\$145 in money order for rent & \$5.00 cash for House fees).

We ask that you do not send in your advanced payment until you have been granted parole or otherwise have been accepted as a resident and receive a letter giving a specific address and date 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.

Revised 3-31-2020

APHESIS HOUSE, INC.

120 Rayon Dr.

Old Hickory, TN 37138

TRANSITIONAL HOUSE APPLICATION GENERAL INFORMATION

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

Birth date: _____ Birth Place: _____

Social Security No: _____ Driver License? _____

Last Residence: _____

City **County** **State**

Next of Kin: Name _____ Address: _____

Address: _____ Phone Number _____

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 _____

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 brand and type of discharge: _____

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: _____

PRISON HISTORY

Current Charges: _____

Current Convictions: _____

Current Sentence: _____ Date Incarcerated: _____

Did you know the victim? _____ How? _____

Plea or Jury Trial? : _____ Expiration of Sentence _____

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? _____

List all prison disciplinary actions: _____

How long since your last disciplinary? _____

Current Prison Job: _____ Prison Programs: _____

List prison, volunteer, or other community references:

| Name | Occupation | Phone Number | Years Known |
|-------|------------|--------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List the name of your counselor or caseworker : _____

PAST RECORD

Your age at your first arrest: _____ Juvenile Record: _____

Prior adult arrest and charges: _____

Prior adult convictions: _____

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

Have you ever been convicted of a sexual offense? No: ___ Yes ___ What : _____

Hobbies: _____

Personal Goals: _____

AGREEMENT

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

Signature

Date

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

APHESIS HOUSE, INC.

A Transitional Living and Learning Center

120 Rayon Dr

Old Hickory, TN 37138

PROGRAM CONTRACT

I _____, agree to follow the program, rules and regulations as contained in this contract.

Upon release, I will report to Aphasis 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 give permission to Aphasis House, Inc. (hereinafter referred to as "Aphasis 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 Aphasis 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 Aphasis House, I agree to pay a weekly program fee of \$150.00. The Admission Fee will not be reimbursed to me, if I am terminated by Aphasis House for breach of contract anytime during the first 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 Aphasis House may inform my parole officer of my breach of contract.

I understand and agree that my program fee of \$150.00 (\$145.00 Money Order Rent/ \$5.00 House fee Cash) is due weekly on Friday to the House Manager.

While living at the Aphasis 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.
2. All residents are subject to drug screens.
3. Aphasis 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. Aphasis 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 repeated instances of rental fees not being paid on time will be required to come up with an action plan with staff. If the plan is not followed, termination may occur.
10. 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 Aphasis House.
12. All my personal property is my responsibility and I will not hold Aphasis House responsible for the lost or damage of such property.
13. I agree to stay at Aphasis House for a minimum of 90 days. A minimum of seven (7) days notice must be given before leaving.
14. No vehicles will be allowed for the first 60 days, unless prior approval is given by Executive Director.
15. Violence or threats of violence are cause for immediate dismissal.

APHESIS HOUSE INC.

A Transitional Living & Learning Center

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- 12 I am not permitted to cook any food in my room or living area other than the kitchen.
- 13 All cooking utensils and dishes will be washed immediately after each use.
- 14 Upon moving out of Aphasis House, Inc., all items issued to me shall be left in my room.
- 15 Unless I am working, I will be in the House between the hours of 10 P.M. and 5 A.M.
- 16 During the first 30 days at Aphasis House, it shall be between the hours of 8 P.M. and 5 A.M.
- 17 No pets of any kind shall be kept in the House.
- 18 I am not to cause any alteration to my room or any part of the premises without prior permission from the Aphasis House staff.
- 19 I am liable for any damages that I cause while living at the House.
- 20 No TV's are allowed in the bedrooms. TV & movies are provided in the living room.
- 21 I will follow and adhere to the dress code as established by the House Staff. (No "grills" of any type, no dreads of any kind, no braids or twists and no baggy clothing). Furthermore, no visible body piercing adornments will be allowed (ex. Nose rings, pierced ear studs of any kind, etc.)
- 22 Appropriate dress is required when out of my bedroom area-this means having on a shirt, pants and shoes.
- 23 No phone calls after 10:00 p.m.
- 24 Phone calls are limited to 15 minutes per person.
- 25 Two weekend passes a month will be allowed after 30 day probation period, if the resident is meeting the requirements for a weekend pass.
- 26 Pornographic material is grounds for immediate discharge.
- 27 Relationships with females are not suggested in the first 90 days of the program.
- 28 Sponsorship is a requirement in the program. A temporary sponsor should be chosen within the first 14 days of arrival into Aphasis House and a permanent sponsor within the first 30 days of arrival.
- 29 Each person's progress will be periodically evaluated on an individual bases.
- 30 Weekend passes will be approved according to your performance within the rules of Aphasis House, Inc.
- 31 Four in-house mandatory meetings and One outside meeting are required each week
- 32 Cell phones will be confiscated, weekend passes may be curtailed or denied, and curfew is subject to change if program fees are delinquent.
- 33 Any property of the client can be held and secured by the staff of Aphasis House until program fee balance is paid in full.
- 34 The admission fee of \$475.00 will not be reimbursed to me, if I am terminated anytime during the two (2) weeks for breaking the rules and regulations set forth in this contract.
- 35 Personal cell phones will not be allowed for the first 30 day probation period, without prior approval of the Executive Director
- 36 Aphasis House, Inc. will not be held legally liable for any injuries incurred in the use of the "free weights" apparatus at the various resident facilities.

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 Aphasis House, Inc. the right to have me vacate the premises immediately. Any breach of this Contract or non-compliance 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 _____, 202__

Signature _____

Revised 3-31-2020

OPERATION EXCEL: Bridge to Independence

PROGRAM CONTRACT

I _____ agree to follow the program, rules, and regulations

(Print)

Contained in this Contract, in addition to those in the Aphasis House, Inc. general Program Contract.

I understand that the goal of Operation Excel is to help me move into permanent housing at end of Ninety days (90), 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 can 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 thirty (30) days of the program.
3. I will attend each session of Operation Excel and understand that any session I miss 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 Aphasis House. Inc. the right to remove me from this model program.

Signed on this _____ day of _____, 202_

Signature: _____



120 Rayon Dr.
Old Hickory, TN 37138

Dear Prospective Resident:

Please sign the Release of Information consent form and the Medical/Mental Health summary form that you received in this application packet and send the Medical/Mental Health Summary form to the Medical Records office to be completed by them. Please request that they send the completed information to us at the above referenced address. This form will help us to better make a knowledgeable decision of whether we can serve you with the resources that we have available to us. We **cannot approve** you for one of our facilities until we get information regarding current medications that you are taking and any medical or psychological diagnosis for you from the prison or other facility that you are currently in.

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).

If you have any questions, please feel free to have your counselor, case manager, or other Staff member call our office at 615-742-3463.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "James Settles", written over a light circular stamp or watermark.

James Settles
Executive Director

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

APHESIS HOUSE INC.

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120 Rayon Dr.

Old Hickory, TN 37138

Office: 615-742-3463

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Email: jsettles@aphesishouse.org

Release of Information Consent Form

I, _____, TOMIS # _____

Here by give my consent to have the following information released to Aphasis 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. Prison Medical 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.

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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: Aphasis House, Inc.

120 Rayon Dr., Old Hickory, TN 37138