



The Ark Transitional Program Requirements

Panama City Beach, Florida

We are happy you have decided to participate in The Ark Transitional Program. We have developed program requirements to ensure the success of our residents and the integrity of our program. It is our intent to provide our residents with a safe and Christian environment where you can get back on your feet and begin again. The Ark staff will do what we can to encourage and help you move your life forward.

Here are the requirements for those applying to live in transitional housing here at The Ark.

1. The Ark is not a social service agency, but works with other agencies' case managers to provide short term, temporary housing for individuals in temporary housing crises, employment crises, etc.
2. ALL participants must pass a drug/alcohol screen for acceptance and maintain ABSOLUTE sobriety. Random screens will be required. You are also subject to RANDOM ROOM SEARCHES if deemed necessary.
3. If you are prescribed narcotics, you will not be able to reside here. Many of our residents are in recovery and we can not have them on our campus.
4. All required paperwork to enter program must be provided before approval.
5. Priority acceptance is:
 - a. Married couples (no co-habitation or "common law" marriage) with or without children who are biological, adopted, or under legal guardianship. Marriage status is required to be demonstrable.
 - b. Single head-of-household families with children (no more than six individuals in the family room.)
 - c. Single women- Single or double occupancy

- d. Due to the all-female staffing and the higher percentage of females in the J-1 college student population, single men are not given priority in housing.

Single men may be considered based on short term need, compliance with guidelines, and ability to pay.

5. Our program fees are as follows:

Program Fee Structure- Payable weekly, bi-weekly, or monthly IN ADVANCE

- a. Single Occupancy Room(one person) - \$100.00 per week (utilities included)
- b. Double Occupancy Room(roommates) - \$75.00 per person per week (utilities included)
- c. Family - \$100.00 per week (Family defined as parents, natural, adopted, or children under legal guardianship – maximum of 6 in the family room.)

** Rooms come furnished with a bed. Additional amenities may be provided according to availability.

- 6. You must follow ALL policies set by The Ark Board of Directors. Failure to follow guidelines of The Ark Transitional Program will mean immediate dismissal and termination of lodging privileges and also banned from The Ark property.
**see guidelines and policies*
- 7. You must establish attainable goals to work toward and present them to The Ark Transitional Program Supervisor. Examples of goals and skills are: employment searches, then obtain employment, developing and following a budget, balancing a checking account, writing a resume', interviewing etiquette, dressing properly, etc. **This is a 6 month program** and we will have evaluation meetings with you periodically through out your stay to check in and see how things are going with you obtaining your goals. Additional periodic meetings may be required.
- 8. We require a copy of your current employment pay stub either from your current job or from the job you acquire after coming into our program. Any salary changes have to be documented and provided to to the Transitional Program Supervisor. Any undocumented income may result in immediate dismissal
- 9. You must attend a Christian church on Sundays.
- 10. You must attend the Celebrate Recovery Program, which is held at Woodlawn United Methodist Church on Thursday nights.
- 11. You must meet regularly with an accountability partner whose name is on file with The Ark Transitional Program Supervisor.
- 12. You must arrange for your own transportation to church, Celebrate Recovery and other classes.

13. Upon entering the program, residents will begin a 45 day probationary period. At the end of which an evaluation will be required to assess if the resident or residents will continue in the program.

Print name: _____

Signature: _____

Date: _____

Program Supervisor: _____

Date: _____



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THE ARK TRANSITIONAL PROGRAM GUIDELINES AND POLICIES

We are first and foremost a Christian Organization located on Panama City Beach, Florida. The primary goal of The Ark Transitional Program is to provide safety and basic living accommodations that will support our residents as they develop their goals to move forward in their lives. The program has policies and procedures to help ensure the safety and well-being of the residents as well as maintain the integrity of the program. They are as follows:

_____ 1. **This is a drug and alcohol free program with ZERO tolerance.** All participants must pass a drug/alcohol screen for acceptance and maintain absolute sobriety while in the program. Random screens will be required. This means that neither is allowed on campus or to be consumed off campus and return in your system. If you do so, this will result in immediate dismissal from the program. You are also subject to **RANDOM ROOM SEARCHES** if deemed necessary. No Narcotics, even if prescribed is allowed.

_____ 2. The Ark is not a social service agency, but works with other agencies' case managers to provide short term, temporary housing for individuals in temporary housing crisis, employment crises, etc.

_____ 3. Program participants may be allowed to work on the premises in lieu of a portion of the weekly program fee for NO MORE than four weeks, if and when there is work available. Quality of their work and progress toward their own specific goals will be evaluated weekly. Transitional residents must meet all program requirements (job search goals, savings, CR attendance, church attendance and any other guidelines and policies)

_____ 4. There are to be NO visitors on the property or in your room unless cleared with The Ark staff. No overnight guests.

_____ 5. Smoking is allowed in the designated areas which are at the road or the at the table and chairs facing the middle dorm. Please dispose of butts in appropriate container.

_____ 6. No animals are allowed.

_____ 7. No weapons of any kind are allowed; guns, knives, explosives, etc.

_____ 8. No pornography is allowed.

_____ 9. Gambling is not allowed.

_____ 10. CHILDREN:

a. Each resident is responsible for the care of his or her own children. Children shall be under direct supervision at all times. This means that you must supervise your children more closely than you did when you were in your own home. Direct supervision means within a short distance of and directly attending to children, whether awake or asleep, they are NEVER to be left at home without a designated and staff approved childcare provider. Also, children may never return to the property alone before a parent or childcare provider is home to attend to them. Children are not allowed to cook in the community kitchen and have to be supervised when in community kitchen.

b. Children under the age of 18 are not allowed on community computers without approval of staff. Computers are to be used for job searches, government applications and similar duties.

c. Children are not allowed to play in the road or in or around the Winter program facility. No playing with any type of ball near buildings. This is allowed in the grass area behind coffee shop only. No bouncing or throwing balls on roofs or by windows. This can be destructive and also disturbs other residents.

_____ 11. Inappropriate behavior toward staff or other residents WILL NOT BE TOLERATED, i.e. disrespect, arguing, fighting, verbal threats, sexual advances, disorderly conduct, etc. A client deemed disruptive may be asked to leave.

_____ 12. Those responsible for property destruction will pay for all damages and possibly result in immediate dismissal.

_____ 13. You are expected to abide by all federal, state, and local laws.

_____ 14. All vehicles must display current registration and have valid insurance coverage. No storing of or working on vehicles is allowed. Residents are not allowed to drive each others vehicles.

_____ 15. Bikes must be stored and secured in the designated areas.

_____ 16. The Ark is not responsible for any lost, stolen, or damaged property. Please secure your personal belongings.

_____ 17. In order to keep our fees to a minimum we ask that you conserve energy by turning off any lights and other things when not in use.

_____ 18. Thermostats will be set for your comfort. Please do not remove the box that covers them, this may result in immediate dismissal.

_____ 19. Please keep all common areas clean and neat. The Ark staff will also make random room checks.

_____ 20. Please be considerate and respectful of the other residents. Refrain from loud talking, loud music, loud televisions, or anything else that may be disruptive to others. When using the community kitchen, please be aware that there are staff rooms in this area.

_____ 21. A laundry facility is located on the premises. Please be courteous and promptly remove clothing from the machines in a timely manner. Laundry hours are 7am to 10pm week days and 8am to 11pm weekends.

_____ 22. When outside trash cans are full, please place in the dumpster. This should be done at least twice a week.

_____ 23. If there is an emergency such as fire, a medical condition or serious injury call 911 and police, fire, or medical personnel will respond. Notify The Ark staff and/or the program supervisor immediately.

_____ 24. Please bring problem areas to the attention of The Ark staff and let them know if you have any questions. They will be happy to assist you. We will have mandatory resident meetings on a regular basis. We will let you know in time to work around any work schedules etc.

_____ 25. If you leave the transition program without notification, or due to relapse, you must call Evelyn Willis before returning to the property to collect your belongings. A staff member must be present when you come to get your things. Violation of this will result in the police being called. You have 3 days after you leave to get your things, or they will be donated

_____ 26. Mouth wash that contains alcohol is not allowed.

_____ 27. We will administer your first room key. Any replacement or additional keys will be a mandatory \$5.00 fee.

_____ 28. ALL residents and their children are REQUIRED to attend Celebrate Recovery on Thursday nights at Woodlawn Methodist Church. It is also your responsibility to find a ride. The church will pick you up but you must call and arrange no later than Wednesday at noon. If you or your child is sick, or if you will be working, you must let staff know before Thursday evening. It is also REQUIRED that you attend a Christian church on Sundays.

***If you are ill or your work schedule interferes with one of these, you MUST contact Evelyn Willis and let her know. We understand that life happens and it may require you to miss once in a while but communication is key and mandatory in this situation.

_____ 29. If you have been dismissed from our program you are no longer allowed on The Ark property.

_____ 30. Upon entering the program, residents will begin a 45 day probationary period. At the end of which an evaluation will be required to assess if the resident or residents will continue in the program.

_____ 31. We will conduct bi-monthly room inspections. We will notify you a day in advance. We will look at cleanliness and neatness. This is important due to pest control issues.

By initialing the statements above, I hereby agree to the rules and policies established by The Ark Transitional Program and signing this agreement implies full understanding of the above conditions.

Print Name

Signature

Date:

Transitional Program Supervisor

Date:

* Rooms come furnished with a bed. Additional amenities may be provided according to availability.

Rev. 9/3/15



The Ark Transitional Housing Application

We are first and foremost a Christian organization and our policy is to provide equal opportunity to all qualified persons without regard to race, creed, color, religious belief, age, national origin, ancestry, physical or mental disability, or veteran status.

This is a 6 month program and we will have evaluation meetings with you once a month to check in and see how things are going with you obtaining your goals. Additional periodic meetings may be required.

ASSESSMENT/INTAKE

Referred by: _____

Intake Interview Date: _____ Acceptance Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____

DOB: _____ SS # _____

2nd ID: _____

Cell #: _____ Other: _____

Marital Status: _____

Spouse Information: Full Name: _____

DOB: _____ SS# _____

****Children: We require either birth certificate for biological children or adoption paperwork showing proof they are your children. If you are a legal guardian, court/legal paperwork stating the same is required.**

List ALL children below:

1st Child's Name _____ DOB _____ SS# _____

____ Male ____ Female Child's Age _____ Does your child have WIC? _____

Is the child a special needs child? _____ if yes, explain: _____

Does your child have Medical Insurance? _____ If yes what? _____

Do you have Legal Custody? _____ if no, please list Name & Address of Custodial person. _____

2nd Child's Name _____ DOB _____ SS# _____

____ Male ____ Female Child's Age _____ Does your child have WIC? _____

Is the child a special needs child? _____ if yes, explain: _____

Does your child have Medical Insurance? _____ If yes what? _____

Do you have Legal Custody? _____ if no, please list Name & Address of Custodial person. _____

3rd Child's Name _____ DOB _____ SS# _____

____ Male ____ Female Child's Age _____ Does your child have WIC? _____

Is the child a special needs child? _____ if yes, explain: _____

Does your child have Medical Insurance? _____ If yes what? _____

Do you have Legal Custody? _____ if no, please list Name & Address of Custodial person. _____

****list other children on back if needed**

EMERGENCY INFORMATION:

Emergency Contact: _____

Relationship to you: _____

Phone: _____

Address: _____

Emergency Contact: _____

Relationship to you: _____

Phone: _____

Address: _____

GENERAL INFORMATION:

How did you hear about The Ark Transitional Housing Program? _____

How long have you been in Bay County? _____

Why are you seeking help from The Ark? _____

Do you have a vehicle? _____ Make _____ Model _____ Tag # _____

Is your license valid? _____ if no, when will you be eligible to obtain a driver's

license? _____

Driver's License number and State: _____

Do you have any outstanding tickets? _____

EMPLOYMENT

Are you a US citizen or otherwise authorized to work in the US on an unrestricted Basis? _____

Are you presently employed? _____ If yes how long? _____

Name of Employer: _____

Name of Supervisor: _____

Telephone Number of Supervisor: _____

Work Address: _____

Income amount per month _____

Are you looking for full-time employment? _____

What type of work are you seeking? _____

What type of work do you enjoy? _____

Do you have computer skills? _____

What hobbies do you enjoy? _____

Would you like assistance finding employment? _____

If you could do what you love doing, what would that be? _____

(1) Previous Employer Name: _____

Name of Supervisor: _____

Telephone Number of Supervisor: _____

Work Address: _____

Date Started: _____ Date Ended: _____ Position: _____

May we Contact? _____

Job Responsibilities: _____

Reason for leaving: _____

(2) Previous Employer Name: _____

Name of Supervisor: _____

Telephone Number of Supervisor: _____

Work Address: _____

Date Started: _____ Date Ended: _____ Position: _____

May we Contact? _____

Job Responsibilities: _____

Reason for leaving: _____

(3) Previous Employer Name: _____

Name of Supervisor: _____

Telephone Number of Supervisor: _____

Work Address: _____

Date Started: _____ Date Ended: _____ Position: _____

May we Contact? _____

Job Responsibilities: _____

Reason for leaving: _____

In addition to your work history, are there other skills, qualifications, or experiences
you would like to share? _____

MEDICAL:

Do you have any medical limitations? _____

Are you currently taking any prescription medications? _____

Please explain: _____

Please List all medications:

ARREST HISTORY:

Have you ever been arrested? _____ What is the date of your last arrest? _____

Have you ever been charged or convicted of a sexual offense? _____

Have you ever been charged or convicted of a violent crime? _____

If yes to any of these questions, please explain:

Have you ever been convicted of a felony? (This will not necessarily affect your application) _____

If yes, please describe conditions: _____

Are you currently in Jail, on Probation or on Parole? _____

Are you on County or State Probation? _____

Parole/Probation Officer's Name and Number _____

List all Charges Felony & Misdemeanor, Case Number, Dates, and County & State: _____

Do you have any outstanding warrants? _____

DRUG/ALCOHOL HISTORY:

Are you currently under treatment for drugs and/or alcohol? _____

Are you currently attending AA/NA or a 12-step support program or any other counseling or classes? _____

Please Explain: _____

Are you now in treatment now? _____ Name of center _____

Completion Date: _____

Are you able to pass a drug test and or breathalyzer when you come in? _____

**** YOU MUST BE ABLE TO PASS A DRUG TEST AND BREATHALIZER TO ENTER THIS PROGRAM.**
All program residents are subject to random drug and alcohol screens at any time. Residents must maintain absolute sobriety while in the transitional program.

You are also subject to RANDOM ROOM SEARCHES if deemed necessary.

PRESENT LIVING SITUATION:

With whom did you live? _____

When/How long? _____

Address: _____

Contact Person: _____

Telephone Number: _____

Reason for leaving: _____

FAMILY INFORMATION:

Marital status: **(circle one)** Single Married Widowed Separated Divorced

***You must be legally married if you are a couple or family entering our program. A marriage certificate or same last name on ID/Driver's License or SS card is required.**

Name of Spouse/Partner _____ Age _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Years together _____ Date of Last Contact with Partner _____

Have you or your spouse filed for divorce? () Yes () No

Domestic Violence Victim () Yes () No Name of Offender _____

Is there a Protection Order () Yes () No If yes, when did the experience occur?

How often does the abuse occur? _____ Is it ___Physical ___Mental ___Emotional

___Other

How much contact do you want to have with your abusive partner? _____

Do you believe that your partner may be looking for you? () Yes () No

Do you feel that you are in danger? () Yes () No

REFERENCES:

1. Name: _____ Phone: _____

Years Known: _____ Relationship to you: _____

Address: _____

2. Name: _____ Phone: _____

Years Known: _____ Relationship to you: _____

Address: _____

3. Name: _____ Phone: _____

Years Known: _____ Relationship to you: _____

Address: _____

EDUCATION:

Highest School Grade Completed: _____

Name of School: _____

GED: _____ HS Diploma: _____ Other Training: _____

GOALS:

Short Term Goals: _____

Long Term Goals: _____

Additional notes or information : _____

** Rooms come furnished with a bed. Additional amenities may be provided according to availability.

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application. An untruth could disqualify my application and could result in IMMEDIATE DISMISSAL.

I authorize my employers, schools, or persons listed as references to give any information regarding me as it relates to this application. I will comply with all rules and regulations as set by The Ark Transitional Program.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to The Ark Transitional Program.

I authorize The Ark Transitional Housing Program to share my information with the Homeless Coalition of Northwest Florida and the participants thereof for a period not to exceed 1 year from the date of this execution.

I, _____ give permission to **The Ark Transitional Living Program, also known as Panama City Beach Ministries** to release information to other agencies participating in this Homeless Management Information System as laid out in the document entitled Service Point Consumer Notice posted on this date for the purposes specified in that same document. This will allow us to better serve you and give us access to a wider range of benefit and assistance options.

Parents or Guardians must sign for children 17 and under.

(Signature)

(Date)

(Signature)

(Date)

(Staff Signature)

(Date)

****If approved for residency and upon your arrival, your belongings are subject to be searched.**

****Copies of ID, Social Security Card and Insurance cards (including those for children) will be required upon admittance to The Ark.**

****Upon entering the program, residents will begin a 45 day probationary period. At the end of which an evaluation will be required to assess if the resident or residents will continue in the program.**