



4 Anchors Women's Ministries, Inc., PO BOX 54, 811 Whitlock Ave, Crawfordsville, IN 47933

Participant Application

Instruction Sheet

1. How to Apply:

- a. Complete the full application
- b. Mail completed paperwork to 4 Anchors Women's Ministries Inc., PO Box 54, Crawfordsville, IN 47933 or email to dcook@4anchors.org.

2. Admission Process:

- a. Each application received will be reviewed to determine whether or not an interview will be scheduled. Interviews may be conducted via phone, electronic communication, or in-person.
- b. Each applicant will be notified of the determination as to whether the admission request is approved or denied.
- c. Referral agencies, attorney, or other coordination person/agency will be notified of application results, as applicable.
- d. Admissions will be scheduled between the hours of 9AM and 2PM, Monday through Thursday, when admissions personnel are available. We operate on a first-come, first-served approach for intake. The prospective Participant should check periodically for availability.
- e. If accepted into the home, you will need to have a tuberculosis screen (done within the past 90 days) and submit documentation. If you are unable to do this prior to admission, we will take you to the Health Department and it can be done there for a cost of \$20 that you will be responsible to pay.
- f. Each Participant is required to signed releases for individuals and/or agencies applicable for coordination of care upon intake.
- g. Each Participant is required to have possession of proper identification needed to obtain employment.
- h. A drug/alcohol test will be administered at the time of arrival and personal belongings will be searched.
- i. There is a \$180 admission fee that will apply to your first week of residence.

3. Medications:

4 Anchors Women's Ministries, Inc. does not permit the use of any controlled substances, addictive medication, or medications easily abused while in the program. All medications must be approved at or prior to intake. Any and all medications shall be kept by, secured by, and supervised by the Director or Designee. The Director or Designee shall watch the Participant self-administer the medication to ensure that it is being taken according to the instructions on the bottle. Over-the-counter medications that have inappropriate or undetermined labeling will be disposed of. Failure to surrender any and all medications will be grounds for immediate expulsion.

Orientation Period Overview

More in-depth program guidelines will be presented during intake

Orientation is the time to familiarize yourself with other Participants, house guidelines and procedures, and house responsibilities.

1. Initial Supervision Level - For the first month, you must remain on premises except to attend approved appointments or activities arranged by 4 Anchors. There shall be no other passes off premises during this time other than to attend church. Following the first month, off-premises privileges are contingent on status of response to policies and curriculum, the status as to sanctions, the acceptance of appropriate “Responsible Person,” etc.

2. Leaving the premises - If you leave the premises, you must complete the sign out sheet stating the date, the time you are leaving, where you are going, and your anticipated return time. When you return, you must sign the sheet stating what time you returned. You are to return immediately following the activity that you are approved for leave. You are not to get into vehicles with unapproved people, even while at church.

3. Approval Required - Any and all other activities or reasons to leave the property must be submitted for Director/Designee approval by the due date indicated.

4. Obtain and maintain employment - You must obtain and maintain employment during your stay, unless otherwise approved. Ladies do not work during the first three months (Anchor 1), as this is time to learn about the love of God and our identity in Christ, building a foundation of truth. Part-time employment will be in place for months 4-6 (Anchor 2) and full-time employment for months 7-12 (Anchors 3 and 4). If unemployed, you are to apply to (or follow-up with submitted applications to) jobs each day. There will be opportunities to serve our community through volunteer work during your stay.

5. Pay \$180 per week toward fees – You are required to complete a budget and payment plan with the Director/Designee. Your 4 Anchors fees are your first priority with your paychecks, because failure to pay is grounds for termination from the program (other than during Anchor 1). You will submit pay stubs to the Director/Designee upon receipt. We do not accept Recovery Works for housing.

6. Obtain and maintain a spiritual mentor - You must obtain a spiritual mentor. This cannot be another Participant or recent alumni. The Director/Designee can partner with you to find a mentor.

7. Participate in classes and curriculum - You will be required to attend classes offered and complete assigned curriculum during your participation in the ministry. We ask that you keep an open mind and heart that you will be learning a new way to think and live. We will teach from the word of God and from the leading of the Holy Spirit. *4 Anchors is not connected with a specific denomination or church. Various translations of scripture may be used.

4 Anchors: Admission Requirements Agreement

Applicant Name (Print): _____ Date: _____

In order to be eligible, you must meet and agree to the following criteria:

- Age 18 to 45*
- Commit to the entire 12-month program (365 days). The program will transition to open up more options and access to independence as you advance through the “anchors,” as long as you are making positive choices and are in compliance with the guidelines.
- Presently free from alcohol and all controlled substances and/or illegal drugs
- Medically stable and able to comply with 4 Anchors rules and policies
- Entering the ministry with an expressed desire for sobriety
- Able to manage daily living requirements
- Free of lice, scabies, roaches, and bed bugs
- Mentally and emotionally stable without the use of controlled substances or drugs
- Willing to abide by the 4 Anchors guidelines and regulations
- Willing to attend and complete in-house programming and curriculum
- Non-violent and have no history of sexual misconduct or any sex crime. Background checks will be conducted and reviewed for approval on a case-by-case basis.
- Willing to obtain and maintain employment after Anchor 1
- Willing to submit to, and pay for, drug and/or alcohol screening when requested
- Willing to protect the confidentiality of all Participants at 4 Anchors
- Willing to pay the weekly fees required (currently set at \$180 per week) plus individual expenses, as applicable
- Willing to adequately complete chores and other responsibilities within the home
- Willing to provide community service when directed
- Willing to provide information to the Director/Designee of any medical needs or issues, any food or other allergies, and pay for your own epi-pen.
- Understand and accept that our ministry is a smoke-free environment and will adhere to the policy concerning smoking that is outlined in the rules. No tobacco, vaping or e-cigs are allowed on the property or within the property.

I have read and agree to the above requirements:

Applicant's Signature: _____

**4 Anchors may accept women over the age of 45, depending upon the recommendation of the Admission Committee*

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Participant Applicant Information

Application Date: _____ Currently incarcerated in Jail/Prison? _____ Where? _____

Personal Information:

Applicant's Full Name: _____

Last known Address: _____

Phone: _____ Date of Birth: _____ SSN: _____

Race: _____ Religion/Faith: _____ Church: _____

You must have two forms of identification for employment. Can you bring these documents with you? **Photo ID or License:** Y / N **SS Card:** Y / N **Birth Certificate:** Y / N

Family:

Marital Status: (circle one) Single Married Separated Divorced Widowed

Emergency Contact (Name): _____ Emergency Contact (Phone #): _____

Number of Children: _____ Is DCS involved? Y / N

List all DCS History:

Date/Investigation	Cause No.	Allegations	CHINS Determination

Medical:

Medical Insurance Type: _____

Date of last Physical: _____ Allergies: _____

Special Dietary Needs: _____

Dental Concerns: _____

Medical Concerns: _____

Name and Address of Doctor: _____

Medication Information (include dosage): _____

Food or Other Allergies: _____

PPD (tuberculosis) Test Completed: Y / N Date: _____ Results: _____

HIV Test Completed: Y / N Date: _____ Results: _____

HEP C Testing Completed: Y / N Results: _____

Pregnant: Y / N Date of your last menstrual cycle: _____

Mental Health Needs:

Diagnosis: _____

Are you currently taking medication? Y / N

Note: *4 Anchors does not permit the use of controlled substances, easily misused, or addictive medication (prescribed or otherwise).* Would you be willing to substitute a medication if request? Y / N

Medications: _____

Prescribing Physician/Psychiatrist: _____

Legal:

Currently in Drug Court: Y / N County: _____

Probation/Parole/House Arrest: Y / N Location: _____

Name of Probation Officer or Case Worker: _____

Current Charges: _____

Pending Issues/Upcoming Court Dates: _____

Attorney: _____

Criminal History

Date of offense	Cause No.	Charges	Convicted of	Sentence

Substance Use History:

Substances:	Age at first use	Date of Last Use	Any other information you want to share

Prior Treatment Program(s):

Dates	Program Name	Location	Length you stayed in program	Did you successfully complete?

Education:

High School or College: _____ Highest Level Reached: _____ Diploma, High School Equivalency, Degree/Major: _____

Income and Employment:

Are you currently working? Y / N _____ Work hours (current position): _____

Employer, Address, Phone Number: _____

Rate of Pay: _____

Previous Employers	Location	Dates of Employment	Reason for Leaving	Hourly Rate of Pay

Are you currently eligible for unemployment? Y / N _____

Are you currently receiving benefits from the Division of Child Services or the Department of Family Resources? Y / N _____ If yes, which county? _____ Length of time: _____

Are you receiving any Government Assistance or TANF? (Please list) _____

Do you receive SSI or SSD benefits? Y / N _____ If yes, which one? _____ Monthly Income: _____

Referral Source:

Agency Name: _____

Contact Person: _____ Phone Number: _____

Attorney: _____ Probation Officer: _____

Application Questions:

What are your dreams for the future? _____

Can you agree to be open-minded to learn a new way of living, even if it is difficult? _____

Can you agree that your way of thinking has led to choices that have resulted in your current circumstances? _____

Are you willing to learn from the 4 Anchors team and attempt to put these new ideas into practice for a better future? _____

I affirm under the penalties of perjury that the above and foregoing information is true to the best of my knowledge.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

For 4 Anchors Home Office Use (Below)

Applicant: _____

Application Reviewed By: _____

Conditional Acceptance Status: _____

****Note:** Approved acceptance status is valid for 90 days from the date of the acceptance letter. Approved applicants must submit a status update past 90 days of acceptance for another review.
