

Revelation House for Men

VISION

Revelation House was birthed in Oct. 2004 by a couple whose family had been delivered from the strongholds of alcohol and drug addiction. After receiving so much, the O'Neal's were compelled to give back and God had a plan. In Isaiah 61, it tells us that in God's spirit we receive the Revelation that sets us free from the lies of this world. The Revelation House has become a place where people are brought to a revelation of God's purpose and plan for their lives.

Over 200,000 people die every year due to alcohol or drug addiction. In society today, people who struggle with substance abuse issues are all too common, but it is Christians who have the answer. Jesus came to heal the sick, bind up the broken hearted, and set the captive free; He is the only antidote for drug addiction.

At Revelation House, we provide a safe environment for people to be made whole. Our program is 9 months to 3 years depending upon the need of the individual. The first 6 months is an intensive residential discipleship program where we focus on the Word of God. Our main goal is to provide an environment that is favorable for the Word of God to take root in their lives. Our desire is to see our residents get grounded and focused on **God's Will** for their lives.

Our hearts soar every time we see a broken person healed and set free from the bondages of addiction or a child returned to their parent. It is only through the life-changing power of God that miracles like these happen and we have seen many.

Name

Entry Date

Revelation House

POLICY

“Always walking in the SPIRIT”

1. All residents are required to work. As each resident is equally responsible for the support of revelation house. All work will be done as unto the Lord.
2. No monies, credit cards, debit cards or any other form of money, including food stamps are allowed on residents or their belongings at any time.
3. All relationships of residents will be limited to JESUS during Rev. House program.
4. Wake up time is **5am** (must be out of bed at this time), bed made and dressed for **6am** and ready for devotion.
5. Shower time is limited to **10 minutes** per person.
6. Telephone privileges will be earned and directly supervised by Rev. House staff member. Cell phones and pagers are not allowed. **No telephone calls in or out will be permitted during the first initial 30 days of the program.**
7. Telephone privileges are from 6pm to 9pm and must be authorized by Director/Asst. Residents are allowed one phone call per day; each call should not exceed 10 minutes.
8. After the 1st 30 days, residents are allowed to go on pass every month. **This is a privilege and not a guarantee.** Pass starts at **6 pm Friday and ends at 9 am Sunday Morning**. All passes must be approved by Director no later than Wednesday, the week of pass.
9. **No Resident is ever to walk alone, behind the property in the woods, at the carwash, or across the street at the store.** This will be grounds for dismissal. Residents must be accompanied by another resident that's been authorized by the house monitor at all times.
10. Family members are allowed to attend church services.
11. No people are allowed in or on Revelation House premises unless authorized by Director/Asst. Director. This includes husbands, friends, family members, ect.
12. Residents are not allowed in parking lot before or after service for any reason unless authorized by Director/Asst. Director.
13. Residents are not allowed to go to lunch or dinner with visitors before or after services.
14. Residents and staff will abstain from any drug, tobacco, and alcohol use.
15. Residents and staff will agree to random drug testing and or K-9 search.
16. If any drugs or paraphernalia is found or suspected, the police will be involved.
17. Revelation House does not allow narcotics or psychotropic medicines in the program. We are not a medical facility and are not equipped to treat such individuals.
18. Residents and staff will dress modestly, appropriately and completely at all times while in the program. (No sleeveless shirts or shorts less than 2" above the knee are allowed, **NO SAGGING PANTS**)
19. Personal hygiene must be tended to daily. (i.e. shower daily) **All personal hygiene items must be kept with personal belongings.** (razors, toothbrushes, soap, etc.)
20. No piercings allowed.

21. Everyday residents are required to make their bed, clean their quarters, eat breakfast, and be dressed by 6:00 am for devotion.
22. Kitchen and bathroom cleanup, cooking and other chores will be designated by house monitor and will be done on a daily basis.
23. All conversations will be of a positive nature at all times. **Profanity is totally unacceptable anytime.**
24. **Any form of disrespect, rebellion, backbiting, lying, threatening, stealing, bickering, tormenting, teasing, insulting, demeaning conversations are grounds for dismissal.**
25. **Anyone caught fist fighting will be automatically dismissed and charges will be filed.**
26. **No sexual immorality of any kind** such as: homosexuality, fornication, masturbation, perversion etc.
27. Revelation House staff reserves the right to inspect all mail and/or packages a resident may receive or send while in the program.
28. Revelation House staff reserves the right to inspect all baggage and/or persons before entering the program and returning from pass.
29. All residents are expected to attend and will sit together at all Revelation House functions as well as services held at Voices of Mercy Outreach Inc. unless specifically directed otherwise by a staff member.
30. Only Christian audio or video programming as defined by staff will be allowed.
31. Anyone who is dismissed or leaves of his own accord prior to his completion of the Revelation House program will not be considered for reentry for a minimum of 30 days. Any and all property left behind will be held for 2 weeks and then placed in donations. Revelation House is not responsible for any lost or stolen personal belongings.
32. Lights out at 10:30 or 30 minutes after returning home.
33. All medications will be kept in a locked box and administered by the staff unless authorized by staff.
34. All grievances will be handled according to Matthew 18.
35. All residents will be held responsible for the washing of personal lines and clothes. Wash Days will be assigned.
36. No TV during the weekdays, movies must be pre-approved.

By affixing my name on the line below, I agree to abide by the policies set forth above.

Name of Applicant

Date

Director/Asst. Director

Date

Revelation House Application:

PERSONAL HISTORY

First Name	MI	Last

Physical address (number, street, and apt#)			City, State and Zip		
Day phone number where you can be reached			Night phone number		
Social security number		Height	Weight	Sex	Date of Birth
Driver's License Number		State Issued		License Expiration Date	
Marital Status	If Married Spouse's Name			Spouse's Phone Number	
# of Children	Names and Ages				
Do you pay child support?	Is it Court Ordered?	Amount Paid		Court Name	

If additional space is needed, please turn this sheet over and use the back.

Have you ever been arrested? _____ If yes, explain: _____

Have you ever had an experience with God? _____ If yes, explain, _____

Do you participate in drinking alcoholic beverages, smoking of any type, or any form of drug abuse? _____ If yes, explain: _____

Describe yourself in a brief summary using positive and negative traits: _____

PARENTS

Father's Name	Phone Number
Address (number, street, and apt#)	City, State and Zip
Mother's Name	Phone number

Address (number, street, and apt#)	City State and Zip
In case of emergency who should we contact	Phone number
Address (number, street, and apt#)	City State and Zip

SIBLINGS.

Name	Phone Number
Address (number, street, apt#)	City, State and Zip
Phone Number	Fax Number

HEALTH HISTORY

Name of Family Doctor	Date of Last Visit
Address (Number, street, and Apt #)	City, State, and Zip
Phone number	Fax Number

List all prescription medication you are currently taking _____

List any over the counter medication you are currently taking: _____

Are you currently using any illegal, restricted or controlled substance except prescribed by a physician? _____ List substances: _____

Have you ever been tested positive for Tuberculosis also known as TB? _____

If yes, when and at what doctor or clinic? _____

Have you ever tested positive for Human Immunodeficiency Virus (HIV) also known as AIDS?

_____ If yes, when and at what doctor or clinic _____

Circle any of the following that you have ever been treated for or diagnosed with:

Cancer, Diabetes, Stroke, High Blood Pressure, Seizures, High Cholesterol, Mental or Psychological Disorder, or **any disorder** of the Blood, Kidney, Liver Heart Gastrointestinal System, Respiratory System, or Nervous System

If yes, explain: _____

EDUCATION

	Year Completed	Did you graduate?
Name of High School		
Name of College		
Name of Vocation School		
Other Training		

WORK HISTORY

Company Name	Position
Supervisors Name	Phone Number
List Duties	
Company Name	Position
Supervisors Name	Phone Number
List Duties	

Other Skills: _____

FAMILY HISTORY

If additional space is needed, please turn this sheet over and use the back.

Describe your parents in a brief summary: _____

Describe your family's religious beliefs: _____

Were your parents ever: Separated? _____ Divorced? _____ How old were you? _____
Describe how your parents divorce, separation or death affected you: _____

Describe the positive and negative effects that your childhood had on you: _____

In what ways do you want to differ from your parent's _____

Who fulfilled the decision-making and leadership roles in your parents' home? _____

Did your parents train you in spiritual matters? _____

Describe your relationship with your brothers and sisters during your childhood years: _____

Including yourself, were there any chemical dependency problems, either drugs or alcohol in your family? _____ If yes, list relationship and what type of dependency: _____

How has this problem affected you? _____

I acknowledge and represent that all information provided in this application is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

ARREST RECORD

Number of arrests:

(Date)	(Where)		(Charge)
Were you convicted?	YES	NO	Sentenced? YES NO

(Date)	(Where)		(Charge)
Were you convicted?	YES	NO	Sentenced? YES NO

(Date)	(Where)		(Charge)
Were you convicted?	YES	NO	Sentenced? YES NO

When is your next court date scheduled for? _____

Judges Name: _____

Please list any additional arrests on a separate sheet of paper and attach to your application.

CASES PENDING

1. Charges: _____

2. Disposition: _____

3. Name of Judge: _____

4. Name of Court and Address: _____

5. Prosecutors Name: _____ Phone: _____

Address: _____

6. Defense Attorney: _____ Phone: _____

Address: _____

7. Parole/Probation Officer: _____ Phone: _____

Address: _____

NAMES AND ADDRESSES OF PEOPLE YOU EXPECT TO CORRESPOND WITH:

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

PHONE #: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

PHONE #: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

PHONE #: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

PHONE #: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS _____

PHONE #: _____

Revelation House

Medical Release Form

I authorize any physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau ("MIB") or any other institution or person having any records or knowledge of me or my health, to give such information to the Revelation House representative, if they choose to request such information for my personal file.

I agree that this authorization is valid for 36 months, that a photocopy of it is a valid as the original and that I may request a copy of this authorization.

Name

Date

Name

Date

General Release of all Claims

I, the undersigned, being an adult, being completely free of the influence of alcohol or drugs of any kind whatsoever and having explained to me the importance of this paper as evidence of my present and future intent to forgive and release the Voices of Mercy Outreach Ministries "Revelation House", and its officers, directors, employees, and agents of and from all claims which I, at anytime, may have against it, them or any of them.

AND IN CONSIDERATION of and for my being into the Revelation house program, the lodging, board, vocational, biblical, educational, work detail and general training and education, which I receive: The rehabilitation from drug and alcohol dependence and from other forms of socially deviant behavior which I shall receive: The social and spiritual, guidance and counseling which I shall receive and fully intending to be legally bound;

AND ON BEHALF of myself and my heirs, executor, administrators and assigns I do hereby fully forgive, release and discharge Revelation House and its officers, directors, employees, and agents and it successors and assigns of and from all claims which I, at anytime, may have against it, them or any of them as a results of any publication or biography: the inspection of my mail, property or room: any administrative, disciplinary or other action affecting me; any medical, dental, physical or emotional condition which I may experience, whether experienced before, during or after my involvement with Revelation House, any assault, distress injury, damage or loss which I may suffer, whether as the result of intentional, reckless or negligent conduct or the part of myself, or others, including but not limited to the officers, directors, employees and agents of the Revelation House and whether suffered before, during or after my involvement with the Revelation House program; any disposition of my property which I leave behind upon my departing any premises owned, controlled, or operated by Revelation House.

HAVNG CAREFULLY READ this paper and all of my questions concerning it having been answered so that I fully understand its importance to me and to induce the Revelation House to admit me into the program, I have freely and understandably signed this General Release of All Claims;

READ CAREFULLY BEFORE SIGNING.

This _____ day of _____ AD20_____

Print Name

Signature

Witness

Date

Witness

Date