



Immaculata Home

Sister Application

Send or scan completed application to:

Immaculatahome@gmail.com

Or Immaculata Home, Inc.

P. O. Box 103

Lockport, NY 14095

Mission

Immaculata Home provides Christian housing and programs for women touched by incarceration who desire to live and grow within a family-style spiritual community.

Our Values

Human life in all Stages and Diversity

Cooperation

Community Service

Personal Responsibility

Openness to lifelong Learning and Listening

Growth in Holiness

NOTE: It is Immaculata Home policy to respect and support your personal spiritual perspective.

About Us:

The Immaculata Home community has a particular spiritual component and mission. It is an ecumenical, diverse spiritual community founded upon the Christian faith; however, all women without dependents are welcome to apply if they have a proven interest in growing in the spiritual life and are open to participating in our programs and to serve and enhance the local Lockport community.

Immaculata Home is in the small city of Lockport, NY, located walking distance from services, groups, church communities and several places of employment. The home is a beautiful converted 5 bedroom Victorian home in a nice neighborhood. It has laundry facilities, a shared kitchen, dining room, living room and library, chapel and large yard with gardens. Each resident has a bed, nightstand, dresser and closet space. There is an office on premise with case management assistance.

The home has four regular staff members: A Chaplain/Executive Director, A Administrative Assistant Program Director and a Clerk. We also have a Resident Assistant who volunteers to assist. There are several other supportive volunteers that also assist and mentor.

Immaculata Home provides programs for the residents' healing and enrichment: Job Readiness and Conflict Resolution, Community Service (must give 3 hours per week if not employed), Walking the 12 Steps (only supplements outside AA/NA or other mandated groups), Healthy Cooking, Crafting, Gardening and Food Preservation (in season), Chapel Prayer and monthly Spiritual Direction. Occasionally, educational and spiritual field trips are offered.

Application to become part of our Immaculata Home Family

Basic Information

Full Name (as well as any aliases)	
If applies: DIN #	
Date of Housing Need begins	
Current Address/Facility	
Telephone	
Social Security #	
Date and Gender assigned at birth	
Last address	
If applies: County of Conviction	
List any arrests or convictions with full description	

Family & Close Friends (must be complete)

1. Emergency Contact

Name:

Address:

Relationship:

Telephone:

2. Name:

Address:

Relationship:

Telephone:

3. Name:

Address:

Relationship:

Telephone:

4. Name:

Address:

Relationship

Tell us about yourself:

What do you feel makes you a good fit for a spiritually-centered communal home?

How have you grown as a person because of your experience with incarceration?

Are you willing to complete at least 6 month stay at home, including participation in community service and home programs and activities? Yes No

What are some concerns/fears you have? With independent living?

Are you able to lift 50 pounds? Yes___ No___ Do you have any physical limitations preventing you from performing inside and outside house upkeep?

Do you have any bladder/bowel control issues? (We need to know for the safety of the home. This will be addressed, but will not affect application status.)

Do you have estranged children, adult or not in your custody? Are you seeking reconciliation? If so, list their names and ages:

Have you been threatened? By whom? Are you afraid this person will seek you out?

What addictive substances have you used (list all drugs including prescription use)? What is your most recent length of sobriety? Is this your longest length of sobriety?

If you have used heroin, will you consent to taking an opiate blocker? Yes No What are some of your short term goals? Long-term goals?

Short:_____

Long:_____

OPTIONAL: If you are in need of items such as clothing, etc. Please provide which items you'd welcome as donation and the sizes you would need them in:

Are you willing and able to seek part-time employment?

Your application must include:

1. Signed "Residential Policy Agreement"
2. Signed and Dated "Authorization to Release information" with **listed persons we may need to speak with concerning your health and case management.**YOU must WRITE THESE IN****
3. **Application fee of \$50.00** (Can be waived if client is unable to pay. Will be refunded upon leaving if all rules are followed.)

Program Policy Agreement

1. Program Participants at Immaculata Home will avoid dating relationships to work on issues of independence and codependency.
2. All will participate in Immaculata Home programs and in a local spiritual community. Once employment is secured, attendance requirements will be evaluated based upon the priority of employment.
3. Curfew in the home is 7 pm for one month and 9 pm afterward; however, exceptions can be granted *with written permission* from the appropriate staff, for employment reasons, official Immaculata Home business, meetings, or community participation. Weekends away can be granted after one month of compliance.
4. All visitation takes place in downstairs public areas and only with written permission from appropriate staff. Family encouraged to visit.
5. Residents are responsible for home and outside property chores.
6. Room and property are to be kept orderly and clean, and all will be subject to search. Property limitations are imposed and followed.
8. Program fees are presently \$400, however may be changed with a 60 day verbal notice, or public notification on the bulletin board. Financial grants can be given to those who have no financial resources other than the Department of Social Services housing grant. Please speak with Chaplain Kesterson. Financial help is available.
9. Program Fees are due on the 1st. A \$25 late fee will apply afterward.
10. Zero tolerance for lack of sobriety, engaging in illegal activity, threat of violence or touching anyone or speaking to anyone in an aggressive manner. (Using 'f---' or other fowl language is considered aggressive.) Random drug testing is required and cooperation is expected.
11. Program Participants in recovery will be required to participate and must sign a release with substance abuse counselors to confirm attendance and negative/positive drug tests.
12. Any additional rules established by the house staff will be followed. Any obstinate resistance to staff direction, divisive instigation,

conflict that keeps coming up once addressed, destruction of the peace and community in the home will be written up and after three disciplinary write-ups will result in being expelled from the program.

12. Immaculata Home does NOT create a tenancy with program participants. Your participation in our home is a month to month agreement that you are in a program, not a lease or rental agreement. This means that any lack of cooperation with the residency policy results in immediately being expelled from the program and home; however, Immaculata Home will do our best to place you at a homeless shelter if you cooperate with staff direction.

13. Before leaving, your room must be in the same condition it was when you arrived. If you do not comply with this direction, you will be charged \$200 cleaning fee and for any damage to property and the \$50 application fee will not be refunded.

14. Any medications left unattended on the property will be disposed of at the Lockport Police Department.

I, _____ (print name), have read the residential policy and I agree to follow all rules and to participate in Immaculata Home programs.

_____ signed _____ date Revised

Authorization to Release Information



Immaculata Home
P. O. Box 103
Lockport, NY 14095
(716) 870-6932

Name _____ Date of Birth _____

Social Security Number _____

1. Information to be released from/to:

Immaculata Home, P.O.Box 103, Lockport, NY 14095
716-727-0003
Contact: Sarah Ferguson

care):

2. Information to be exchanged:

Agency Name: Niagara County Department of Social Services
Phone # _____

Agency Name: _____
Phone # _____

Agency Name: _____
Phone # _____

Agency Name: _____
Phone # _____

Agency Name: _____
Phone # _____

Information to be received/released by (Agencies)(Please fill out agencies we may need to collaborate with regarding your

(X) Verbal Exchange
() Other _____

4. Information may be released by:

- (X) Written
- (X) Court Testimony
- (X) Psychiatric Information
- (X) Discharge Summary
- (X) Medical Information - History and Physical

- (X) Assessments
- (X) Lab Test Results
- (X) Progress Notes
- (X) Treatment Plans and Service Plans
- (X) Educational Information

(X) Legal Services (Judges, Attorneys, Probation/Parole, Case Workers)

3. For the purpose of:

- (X) Treatment
- (X) Family Reunification
- (X) Discharge Planning

- (X) Housing Information
- (X) Reentry Task Force
- (X) Grant Writing

(X) Electronic Information Exchange () Other: _____

(X) Fax

I, the undersigned, have either read or had the above explained to me and I authorize the person of the disclosing agency to disclose the information cited above. I understand that my consent may be withdrawn at any time except to the extent that action has been taken upon. This consent will expire 18 months from its signing. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and the redisclosure is forbidden without additional written authorization on my part.

Consenters Signature _____ Date _____

Witness's Signature _____ Date _____

Accountability Contract

Applicant Name:_____

The following is a contract to be signed by the care team of the resident. To be accepted into the home a care team associate must sign off on this contract.

As a resident of the Immaculata Home my client is able to do the following:

- 1) **Self Care:** The resident is able to shower /bath everyday without supervision. Maintain personal hygiene by brushing teeth, brushing hair, and washing face.
- 2) **Clothing:** Clothes will be worn that have no stains on them, and are appropriate fit. They will have no profanity or offensive language or words/ sayings (If you are in need of any clothing items, we will be able to assist you)
- 3) **Medication:** The resident is able to take their medication everyday without supervision. Will be able to pick -up their own medications in a timely manner. Will be able to maintain their own medication refills .
- 4) **Programming:** The resident is able to participate in programming without a dilemma. This includes reading assignments, participation in groups, being able to keep track of the times and days of the programming, keep organization of the homework assignments, and turn in the homework at the appropriate time.
- 5) The resident must be fully functioning and capable of independent living, although they may still need skills development/confidence.

Care Team

By signing this form you are acknowledging that this resident is capable of all the listed tasks.

Thank you.

Referring Provider:_____

Signature:_____ date_____