

**OFFENDER REENTRY RESOURCE
MANUAL APPENDIX
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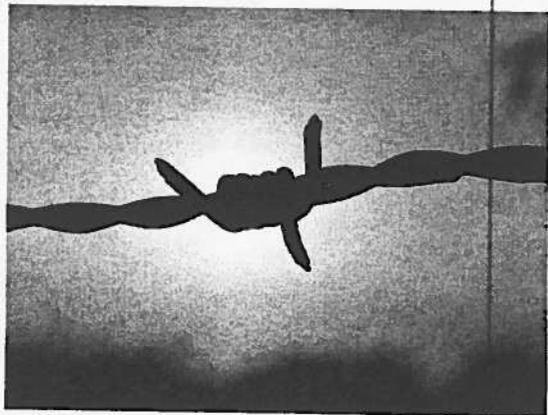
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The APH Vision...

To extend Christ's unconditional love and hope to women released from correctional facilities. By supporting them through this transition, we not only encourage but assist them in becoming independent, contributing members of society. We hope to assist other groups throughout NM to develop equivalent programs, serving women transitioning from incarceration within their community.



The APH Mission...

enlightens women with the Word of God

empowers them with workshops and resources to grow spiritually, physically and emotionally;

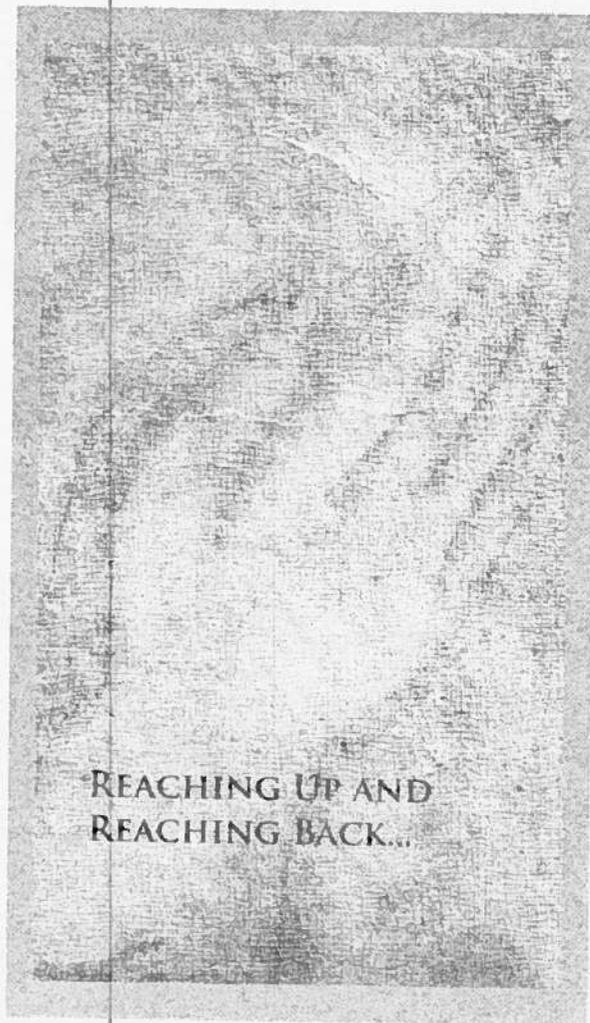
encourages daily with unconditional love, support and guidance.



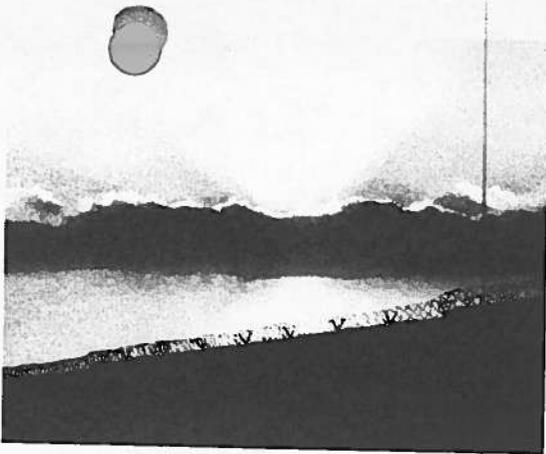
A PEACEFUL HABITATION
LAWRENCE R. ANDERSON MINISTRIES
PO BOX 10000
ALBUQUERQUE, NM 87110



A PEACEFUL HABITATION



REACHING UP AND
REACHING BACK...



Why Aftercare is Essential

Life after incarceration is not a simple path.

The choices and decisions that must be faced are daunting for those that lack a proper foundation.

Without God-centered aftercare the prospect for success is an insurmountable challenge for ex-offenders. Women released from prison must overcome difficult odds and many will fail to manage in society without the right tools and outlook. The church can have an active role in the growth of those women who find themselves with a new horizon, limited options, and not much in the way of a roadmap.

The principal goal of A Peaceful Habitation is to provide a safe and nurturing setting where real life decision making is guided by self-discipline through discipleship, and accountability is encouraged.

The groundwork for creating this structured support environment begins with a safe and secure place to live for the months that follow release. A home environment in a safe neighborhood, with accessibility to Church and Work, is the cornerstone upon which renewed lives might flourish.

The Facts...

1 in every 35 adults is under correctional control

In 2008 a total of 4,270,917 adult men and women were on probation and 828,169 were on parole or mandatory conditional release following a prison term.

In the same year NM corrections received 3,752 admissions to prison, 33.8% of which were parole violation returns.

How You Can Help

Volunteer Opportunities

Bring the program and participants into your daily prayer life

Become a Mentor

Work one on one with a resident as she completes the program

Become a Volunteer Team Member

Support household operations or

Become a Board Member

Help set administrative and financial policy

Participate on a Working Committee

Executive, Finance & Fund Raising, Program Support, Housing, Public relations

Your Financial Support

The success of the program depends upon your contribution of money, time & service

Contact info

Leticia Chavez-Palette, Executive Director

A Peaceful Habitation, Inc

505.440.5937

letiplet@msn.com

www.apeacefulhabitation.org

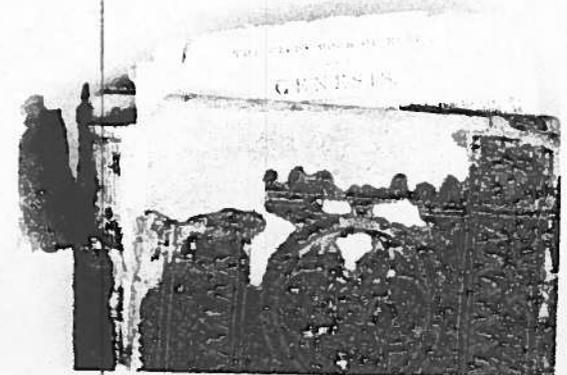


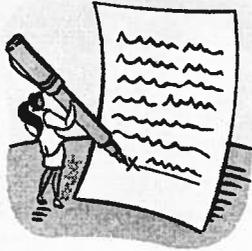
The Program

A Peaceful Habitation is a Christian aftercare ministry; a non-profit organization created to help "bridge the gap" for incarcerated and recently released women who want to live transformed lives.

The program provides structured support and mentoring with educational content and bible study to help break patterns of self-defeating behavior.

Godly support and safe, small group housing opportunities provide the essential elements to build the program





HOW TO APPLY:

1. Pray about your participation at A Peaceful Habitation. Your success is dependent on your desire to make a meaningful change. If you do not want to change, or feel you are ready then APH, Inc. may not be for you. But with God's help, the true desire to change, a helping hand and your participation at A Peaceful Habitation, you can make a successful transition into the community!

2. Fill out the application and provide all required documentation and information to APH, Inc. and mail it to the address below.

3. If possible, schedule an interview through your case manager.

LETICIA CHAVEZ-PAULETTE

P. O. Box 50326,

Albuquerque, NM 87181

Phone (505) 440-5937 Fax (505)-296-0745

www.apeacefulhabitation.org

Email: leticia@apeacefulhabitation.org

A PEACEFUL HABITATION

Home & Aftercare Ministry, Inc.

P. O. Box 50326,

Albuquerque, NM 87181

Phone (505) 440-5937 Fax (505)-296-0745

www.apeacefulhabitation.org

Email: leticia@apeacefulhabitation.org



A PEACEFUL HABITATION

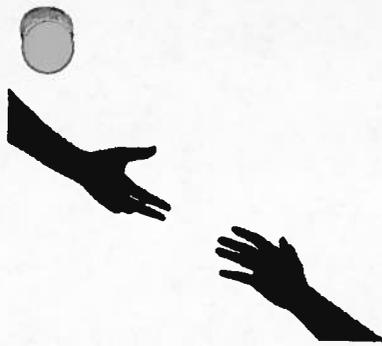
**"My people will dwell in a peaceful habitation in secure dwellings, and in quiet resting places." –
Isaiah 32:18 (NKJV)**

ENLIGHTENING

ENCOURAGING

EMPOWERING

Women in their transition to a new and better life!



A Peaceful Habitation may be for you, if you know that:

- ❖ *Doing the same thing over and over and expecting different results is insanity!*
- ❖ *You are sick & tired of being sick & tired!*
- ❖ *You have tried it on your own and it's just not working!*
- ❖ *You are ready to say that "Going back to prison is no longer an option and you need help to change!"*

PROGRAM OVERVIEW

A Peaceful Habitation Home and Aftercare, Inc. is a place for women to transition from incarceration and destructive behaviors to a successful life in a Christ-centered atmosphere and community.

It was created to help bridge the gap for women who want to live transformed lives and break patterns of self-defeating behaviors. The programming combines caring support and mentoring with educational content to improve life skills in a context of personal accountability. APH, Inc. is a transitional residence with a daily structured schedule created to assist the participant in her journey.

Christian principles form the substance and intent of the home, which consists of structured support, education, accountability, and community.

WHAT APH IS:

- A home where God is honored
- A drug, alcohol & smoke-free environment
- A highly structured home based on Christian principles
- A safe and secure temporary residence
- Restricted to adult women only (children may visit but not live on site)

WHAT APH IS NOT:

- A drug or substance abuse treatment facility
- A government sponsored program
- A permanent residence: (The Program allows for a 6-12 months stay only.)
- An assisted living facility: Women must be able to live independently without medical or psychiatric services on site
- A "free ride": Resident women must pay monthly fees and comply with all requirements

REQUIRED QUALIFICATIONS:

- Must be 21 years old or older
- Must be serious about change and committed to change past behaviors
- Does not have serious medical or psychiatric problems; be able to self-medicate
- Have a true desire for self-improvement
- Must be state supervised or court ordered
- Cannot have a sex-offense on record

RESIDENT RESPONSIBILITIES:

- **Comply with all parole and/or probation conditions of release;**
- Participate in daily devotions
- Participate in scheduled activities
- Meet with Program Manager weekly
- Be honest, responsible, and accountable for her behavior and residence requirements
- Maintain drug and alcohol free status
- Pay monthly fees:
- Must be employed within 30 days of arrival or be actively seeking employment
- Contribute to household upkeep with assigned chores, i.e. cooking, cleaning, etc.
- Residents must fulfill requirements in order to stay at APH



A Peaceful Habitation Home & Aftercare Ministry, Inc.

P. O. Box 50326, Albuquerque, NM 87181

Phone: (505)-440-5937 Fax (505) 296-0745

Email: leticia@apeacefulhabitation.org Web: www.apeacefulhabitation.org

ADMISSION APPLICATION

Answer all questions as completely as possible. Attach additional sheets of paper if more space is needed.

Personal Information (Please print legibly)

Today's date: _____

1. Name (Last/ First/Middle Initial) _____
2. Birth date _____ Present age _____ DOC Number _____
3. Institution Address (include Unit) _____
4. Social Security Number _____
5. Last Home Address _____
6. Institutional contact person (Case worker & phone #) _____
7. Projected Date of Release _____ Is this a definite date? ___ Yes ___ No

Family Information

1. Marital Status Single Married Separated Divorced

- Spouse's name (if applicable) _____
3. Number and ages of children _____
 4. Current living arrangements of children _____
 5. Do your plans include family reunification? _____

CHILDREN:

NAMES:

AGES-DATE OF BIRTH:

Name of person(s) responsible for your children during and after your incarceration:

6. Are your family/friends a positive or negative influence? (Please be honest.) Positive _____ Negative _____

7. Name & relation of person to contact in case of emergency _____

Address _____

Phone # _____

Medical and Substance Abuse History and Information

- 1. List all past medical problems _____
List all present medical problems _____
- 2. List all past psychological problems _____
List all present psychological problems _____
- 3. List all medications you are presently taking and why you are taking them. _____

List all medications you have taken in the past and why you were taking them: _____

Did you have a problem with alcohol and/or drugs before you were incarcerated? ____ Yes ____ No

If so, what was your drug of choice? _____

What other drugs have you used? _____

At what age did you begin using? _____

Have you ever had treatment for substance abuse? _____

When _____ Where _____

For How Long _____

4. List counseling programs you have attended _____

5. What help or treatment do you need now? _____

6. What programs did you participate in during incarceration? _____

Educational and Job Interests

1. Please circle the last grade you completed in school 9 10 11 12 College 1 2 3 4
Other (i.e. trade school, etc) _____

2. List significant jobs you have held _____

3. What would you like to do in the future? _____

4. What goals are you working on now and will you be working on upon release? (Use a separate sheet, if you need additional room for your response.)

Religious Affiliation and Involvement

1. What is your present religious faith? _____ How long? _____

2. What, if any, is your religious background? _____

3. When did you first accept Jesus Christ as your Savior? _____ Have you been baptized? _____

4. Comment briefly on who Jesus Christ is to you, (testimony): _____

5. What Christian and self-improvements activities have you been actively involved in while incarcerated? _____

6. Explain your spirituality and the role God plays in your life: _____

Legal Matter

1. What was your current charge(s)? _____

2. What is your account of the events that led to your last arrest? (If you need more space attach a page) _____

3. Arrest Date _____ Length of sentence (years & months) _____

4. Parole Date _____ Length of parole _____

5. Parole or probation conditions (counseling/treatment) _____

6. Date you will be off parole or probation _____

7. Do you have outstanding charges? _____ If yes, what are they? _____

8. What are your offense history, charges and/or arrests and convictions?

9. Have you had any disciplinary reports during your incarceration? _____ Yes _____ No

If so, what was the report for and the outcome/consequence? _____

10. References in addition to staff members: (Name, address and phone number and number of years known:

No Family Members:

Affirmation

I am hereby applying to APH, Inc. and release this information for use in making a decision about my acceptance. I certify that the information contained in this application is true and complete. I further understand that any false statements or misrepresentations made by me on this application or any supplements thereto will be sufficient ground for rejection of this application or expulsion from APH, Inc. I have read the house brochure and agree to willingly abide by the policies of APH, Inc. I further understand that this is a Christ-centered ministry with Christian values and expectations for my behavior.

Signature: _____

Date: _____

PS: Please share any other information you think may be of importance for us to know about yourself: Strengths, weaknesses, difficulties, etc.

**RETURN TO: Leticia Chavez-Paulette, Executive Director
A Peaceful Habitation Home & Aftercare Ministry, Inc.
P. O. Box 50326
Albuquerque, NM 87181
(505) 440-5937**

**AUTHORIZATION TO RELEASE INFORMATION TO
A PEACEFUL HABITATION HOME & AFTERCARE MINISTRY, INC.**

I, _____, have submitted an application for residency at the Christian transitional home of A Peaceful Habitation Home & Aftercare Ministry, Inc. (hereinafter APH, Inc.). I am also interested in having a mentor or mentors from the faith community through APH, Inc. that will assist me in my transition from prison to my family, community and society. I have received a brochure telling me about the program. I understand what I have agreed to do. I understand the role of the mentors. I know that people from the faith community involved with APH, Inc. need to have information about me in order to determine whether they will be able to assist me.

I give permission for the APH, Inc. Executive Director and/or her designee to discuss the following issues about me with others in the prison programs, in the prison system and the parole division: my name, age, family situation, my crime and my prior history and convictions, my participation and progress in prison programs and work release, my support system, my goals and needs, and any other pertinent information that they need to decide if they can accept my application.

I authorize the release of my classification/case management file information, education file, substance abuse records, medical and mental health/psychiatric record information, as well as my probation and parole plan to the APH, Inc. Executive Director and/or her designee. I understand that all of the information will help them determine whether the APH, Inc. can assist me.

I understand that the APH, Inc. Executive Director and/or her designee will share pertinent information about me with my prospective mentor(s), as well as volunteers/members of the APH, Inc. Selection Committee. I understand that the members of that committee may be allowed to read my application form and letters of recommendation. I also understand that the APH, Inc. Executive Director will have ongoing meetings with the mentors to discuss my progress and needs so that she can assist them in assisting me.

I give permission for the APH, Inc. Coordinator to exchange information about me with those facilities and/or organizations that I will be referred to for assistance with counseling, NM DOC Probation and Parole Offices, AMCI, CCU, CCP, PB & J, and other aftercare support agencies, both before and after my release.

Print Name

Signature

Date

RELEASE OF INFORMATION

Client Name: _____ **DOB** _____

SSN: _____

The above named individual hereby authorizes A Peaceful Habitation and/or its agents to:

1. Release the following confidential information:

- | | |
|--|---|
| <input type="checkbox"/> Incarceration History | <input type="checkbox"/> Reports of Progress and Compliance |
| <input type="checkbox"/> Treatment History | <input type="checkbox"/> Psychosocial Assessment/History |
| <input type="checkbox"/> Substance Abuse History | <input type="checkbox"/> Substance Abuse History |
| <input type="checkbox"/> New Life Plan | <input type="checkbox"/> Other |

2. Receive Confidential Information:

From:
Name: _____
Address: _____
City: _____ State _____ Zip Code _____

3. Information to be released:

- | | |
|--|--|
| <input type="checkbox"/> Incarceration History | <input type="checkbox"/> Probation/Parole History and Plan |
| <input type="checkbox"/> Substance Abuse History | <input type="checkbox"/> Children Youth and Families History |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Psychiatric History and Treatment Summary |
| <input type="checkbox"/> Psychological History and Treatment Summary | <input type="checkbox"/> Employer Personnel Records |
| <input type="checkbox"/> School Counseling Records | <input type="checkbox"/> Other |

Your rights to confidentiality include protection from release of information of information regarding your diagnosis and treatment except by your written authorization. Drug/Alcohol Abuse information is protected under federal law CFR 42 Part 2, and may not be released except by written authorization.

I understand that the above information is or may be protected by law or regulation and hereby release the Releaser/Receiver of the information and the individual/institution named above from any liability associated with the release of such information. I also understand that this release expires upon my completion of my stay at A Peaceful Habitation Home & Aftercare Ministry, Inc.

Signed _____

Date _____

Witness _____

Date _____

RECOMMENDATION
A Peaceful Habitation Home & Aftercare Ministry, Inc.
(To be completed by staff member.)

I recommend _____ for A Peaceful Habitation Home & Aftercare Ministry, Inc.'s residential program. I understand that APH, Inc. is a faith-based program and volunteers and mentors will be providing spiritual and emotional support. I also understand that the program will also provide life skills, substance abuse groups and Bible studies. The participants will also be provided resources that will assist them in their transition from prison to the community.

I have known _____ for _____ months/years and through

(In what capacity and in what programs.)

Personal opinion of resident's character, strengths and weaknesses:

Printed Name:

Title

Signature

Date

Please Return To: Leticia Chavez-Paulette
Executive Director
A Peaceful Habitation Home & Aftercare Ministry, Inc.
P. O. Box 50236
Albuquerque, NM 87181



3911 4th St. NW, Ste. B
Albuquerque, NM, 87107
(505)345-6801
Fax (505) 341-0458

REFERRAL FORM

Name: _____ Date of birth: _____
 Address: _____ Phone: _____
 SS#: _____ Docket #: _____
 Judge: _____ Referral date: _____
 Probation Officer: _____ P.O.'s Phone #: _____
 Public defender/Attorney: _____
 Current Charges: _____
 Previous alcohol related charges: _____
 Blood alcohol level test done? Yes No Result: _____
 Probation period: From _____ To _____
 Additional comments: _____

I understand that payment for treatment is my responsibility: _____

The Court has referred my case to the Probation Division which has requested information concerning my history and records.

I am aware that such information may be included in the Probation report and a matter of public record.

I hereby authorize the release of my records to the Court and realize this release is reciprocal and therefor allows the Probation Department to discuss my case with your agency.

Client Signature

Date

Witness Signature w/title

Date



Crossroads For Women
 805 Tijeras Ave. NW
 Albuquerque, NM 87102
 Phone: (505) 242-1010
 Fax: (505) 242-1551

Maya's Place
 640 Grove St. SE
 Albuquerque, NM
 Phone: (505) 266-0110
 Fax: (505-266-0998

Current location: _____
 Facility Contact Name: _____
 Facility Contact Phone #: _____

APPLICATION FOR: CROSSROADS MAYA'S PLACE

*****Please check box for program that you are applying to*****

Basic Client Information

1. Legal Name: _____ Phone: _____

2. Date of Birth: _____ 3. Age Today _____

4. Social Security Number : _____

5. Emergency Contact Person:

Name: _____ Phone: _____

Relationship to you: _____

6. Current Marital Status (circle one): Married Separated Divorced Widowed
 Never Married Partnered

7. Current Partner: _____ Location: _____

8. Where were you born and raised? _____

9. How long in Albuquerque? _____

10. List the names, ages and locations of your children:

Name	Age	Location	With Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Do you have custody of your children? Yes No Explain:

12. What belongings do you have? (Examples: car, personal items, clothing, other property, house/trailer/condo):

13. Which forms of identification do you have (circle)?

SS Card Birth Certificate License/State I.D

14. What is your religious/spiritual practice if any? _____

15. How do you describe your ethnic/racial background? _____

Legal Information

1. Why are you currently in jail?

2. When do you expect to be released?

3. Next court date / what for? _____

4. Are you asking for reconsideration of sentence? Yes No

5. What are your current legal charges other than probation violation?

6. Explain how you received these charges and when? _____

7. Are you on probation? Yes No How long? _____

8. Are you on parole? Yes No How long? _____

9. Probation/parole officer name/phone (if assigned): _____

10. Name/phone of attorney/public defender/case worker? _____

11. What other prior charges/sentences have you had? _____

Medical and Health History

1. What health insurance do you have (if any)? _____

2. Do you have a primary care physician?

Name	Address	Phone

3. When/where was your last physical exam? _____

4. Last mammogram: _____ Last Pap smear: _____

5. Known Health Problems/Conditions:

6. Have you been tested for the following (when, where, results)?

HIV _____

Hepatitis _____

Tuberculosis (TB) _____

7. What medications do you currently take?

Medication	Who Prescribed?	When?	What for?

8. List hospitalizations.

When?	Where?	What for?

9. Are you in pain today? Yes No When did it start? _____

10. Is there any chance that you may be pregnant right now? Yes No

11. How would you describe your daily nutrition (circle)? Good Fair Poor

12. Do you have special nutritional needs/follow up needed? _____

Housing

1. Where did you live before jail? _____

2. Where do you live now? _____

3. Are you homeless? Yes No

4. Have you had more than four episodes of homelessness in the past three years? Yes No

5. Do you need protection from anyone when you get out? Yes No

6. Are there people or places you need to stay away from in order to stay safe/clean/sober?

7. Where did you do drugs? _____

8. Where did you do prostitution? _____

9. Do you owe anyone money (credit cards, gas, electric, phone, student loans, payday loans, drug dealers, etc.)?

Yes No How much total do you owe? _____

Education and Employment

1. Can you read and write? Yes No

2. What is the last grade in school you completed? _____

3. Where did you go to school? _____

4. What was your favorite subject? _____

5. Briefly describe any job training, certifications, licenses, or job skills you have.

6. Briefly describe what jobs you have held, for how long, and your rate of pay?

Job

How Long

Pay Rate

7. What is your current income? _____

8. Do you receive Social Security Benefits? Yes No

9. Do you receive food stamps/welfare? Yes No

10. Do you receive child support? Yes No

Mental Health History

1. Have you received mental health or psychiatric treatment in the past? Yes No

Where

When

What for?

3. Are you currently taking any mental health medications? Yes No

Please list: _____

4. Have you been hospitalized for a mental health/psychiatric condition? Yes No

Describe where/when what for: _____

5. Do any family members have a mental health or psychiatric history? Yes No

Explain: _____

6. Have you been involved in or witnessed any violent incidents? Briefly describe:

7. Have you experienced physical abuse as a child? Yes No As an adult? Yes No

8. Have you experienced sexual abuse as a child? Yes No As an adult? Yes No

9. Have you experienced emotional abuse as a child? Yes No As an adult? Yes No

10. Have you ever attempted to harm yourself or harmed yourself? Yes No

11. Have you ever attempted to harm or have you harmed someone else? Yes No

History of Alcohol and Substance Use

1. Complete the following chart to tell us about your history of substance use.

	Age at First Use	How Many Years?	Used in Last 30 Days?
Alcohol			
Marijuana			
Cocaine/Crack			
Heroin			
Opioids (Pain Pills)			
Benzos (Tranquilizers)			
Amphetamines/Meth			
Inhalants			
Tobacco			

2. What is the longest amount of time you have been clean and sober? _____

When did this period of sobriety occur? _____

3. Describe your clean and sober support system, if any? _____

4. Briefly describe your family's history of alcohol or substance abuse: _____

5. Prior to incarceration/homelessness, were you living with someone who abused alcohol/drugs? Yes No

Explain: _____

6. Which of the following have you experienced related to your drinking/drug use?

- ___ Blackouts or other periods of memory loss
- ___ Injury to your head
- ___ Convulsion, seizures, or DTs
- ___ Hepatitis or other liver problems
- ___ Depression and/or anxiety when not using
- ___ Used needles to shoot drugs
- ___ Lost your temper or gotten into arguments/fights
- ___ Other withdrawal symptoms (explain): _____

7. Briefly describe problems with family/friends related to your use of alcohol/drugs:

8. What legal problems do you have related to your use of alcohol/drugs:

9. What alcohol/drug treatment have you participated in the past:

Where?	When?	How Long?

10. Tell us something about what you have learned about why you use alcohol/drugs, what progress you have made in recovery from substance use, and what you see as the next steps in your recovery.

Initial Treatment Plan/Goals

I would like help with accomplishing to following goals:

What specific help will you need to accomplish your goals?

What are qualities you have that have helped you get through life (Strengths)?

What has prevented you from achieving your goals in the past (Barriers)?

I understand that I am providing this information voluntarily to show my interest in the Crossroads and/or Maya's Place programs. It does not guarantee me an interview or acceptance to either program. An interview may be scheduled based on review of the application and space availability in the programs.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

BIRTH SEARCH APPLICATION

The search fee for a certified birth certificate is \$ 10.00 per certificate.

Please make your **certified check** or **money order** payable to "New Mexico Vital Records". **DO NOT SEND CASH**

Warning: False application for a birth certificate is a criminal offense and punishable by fine and/or imprisonment.

Note: New Mexico Vital Records requires a photocopy of your government issued picture identification.

The birth name of the person on the certificate:

First, Middle Last Name

Date of birth:

Month/Day/ Century and Year

Place of birth:

City/County/State

The mother's full maiden name:

The father's full name:

Immediate Family means any of the following: mother, father, maternal grandparent, paternal grandparent (if father is listed on record), sibling, child or current spouse.

Your relationship to the person on the birth certificate *(Only immediate family as defined is eligible)*:

For what purpose is this certificate requested?

Number of Birth Certificates @\$10.00 each

I am requesting _____ certificates

Your legal signature:

Amount of Check or Money Order

\$ _____

Print your full name and mailing address:

First, First, Middle, Last Name
Mailing Address
(If mailing to PO Box, provide physical address or geographical location of your residence)
City, State, Zip Code
Daytime Area Code and Telephone Number (_____)

Please mail your application along with the search fee to:

New Mexico Vital Records

Post Office Box 26110

Santa Fe, NM 87502

PLEASE ALLOW 4 WEEKS FOR PROCESSING

NEW VISION HOUSE, Inc.
P.O. BOX 21395
ALBUQUERQUE, NM 87154
505-261-9706
FAX: 505-962-2339

RESIDENT APPLICATION:

NAME: _____

Last

First

Middle Initial

NMCD#

PRISON LOCATION

CASEWORKER'S NAME AND PHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

PLACE OF BIRTH (CITY & STATE)

DRIVERS LICENSE #

STATE OF ISSUE

PAST PLACE OF RESIDENCE (street, city, state, zip)

NEXT OF KIN

RELATIONSHIP

CURRENT ADDRESS (street, city, state, zip)

CURRENT PHONE NUMBER

OTHER EMERGENCY CONTACT

RELATIONSHIP

ADDRESS (street, city, state, zip)

PHONE #

CURRENT MARITAL STATUS (single, married, divorced, widowed)

NAME OF SPOUSE

DO YOU HAVE REGULAR CONTACT WITH YOUR SPOUSE OR SIGNIFICANT OTHER?

YES _____ **NO** _____

NUMBER OF CHILDREN _____

CURRENT ADDRESS _____

ARE YOU RESPONSIBLE FOR CHILD SUPPORT? YES _____ NO _____

DO YOU HAVE REGULAR CONTACT WITH YOUR CHILDREN? _____

DO YOU HAVE REGULAR CONTACT WITH YOUR PARENTS/FAMILY? _____

DO YOU HAVE ANY HEALTH PROBLEMS? YES _____ NO _____

DESCRIBE DETAILS OF HEALTH PROBLEMS. _____

ARE YOU RECEIVING TREATMENT MEDICAL OR OTHER, AND WHERE? _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT PREVENT YOU FROM WORKING?

YES _____ NO _____

IF YES, PROVIDE DETAILS: _____

WHAT PRESCRIPTION MEDICATIONS ARE YOU TAKING? _____

DO YOU HAVE A CURRENT OR PAST HISTORY OF DRUG OR ALCOHOL ABUSE?

YES _____ NO _____

ARE YOU AN ADDICT OR ALCOHOLIC? YES _____ NO _____

LIST PRIMARY DRUG OF CHOICE AND METHOD OF USE:

ARE YOU CURRENTLY ATTENDING AA/NA MEETINGS IN PRISON?

YES _____ NO _____

ARE YOU CURRENTLY SOBER?

IF YES FOR HOW LONG?

HIGHEST GRADE COMPLETED IN SCHOOL? _____

● DID YOU GET A GED? YES _____ NO _____

IF YES, GIVE THE DATE AND THE LOCATION OF GED: _____

COLLEGE OR TRADE SCHOOL: _____

TYPE OF JOB LAST HELD _____

NAME OF COMPANY AND LOCATION: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

WHY DID YOU LEAVE THIS JOB? _____

WHAT IS THE LONGEST PERIOD OF TIME THAT YOU HAVE HELD A JOB? _____

MILITARY SERVICE: BRANCH OF SERVICE _____ YEARS OF SERVICE _____

TYPE OF DISCHARGE _____

● COMBAT EXPERIENCE: YES _____ NO _____

WHAT CRIMES ARE YOU IN PRISON FOR NOW? _____

CURRENT SENTENCE: _____ DATE OF INCARCERATION _____

DATE OF NEXT PAROLE HEARING _____

EXPECTED RELEASE DATE _____

EXPIRATION OF SENTENCE _____

AGE AT FIRST ARREST _____ JUVENILE CONVICTIONS _____

TIME SPENT IN JUVENILE FACILITY _____

PRIOR ADULT ARRESTS AND CHARGES _____

● NUMBER OF TIMES INCARCERATED _____ TOTAL TIME SPENT IN PRISON _____

HAVE YOU MADE RESTITUTION TO ANY OF YOUR VICTIMS? _____

LIST ALL VIOLATIONS AND DISCIPLINARY ACTIONS WHILE IN PRISON _____

ST PRISON JOBS OR WORK ASSIGNMENTS _____

HOBBIES _____

PERSONAL GOALS _____

EXPLAIN WHY YOU WANT TO BE A RESIDENT OF NEW VISION HOUSE _____

GIVE DETAILED PLAN FOR SUPPORTING YOURSELF AND ACHIEVING YOUR GOALS ONCE YOU ARE PAROLED:

RENT IS DUE WHEN YOU PHYSICALLY START YOUR STAY AT NEW VISION HOUSE. RENT IS \$100.00 WEEKLY OR \$400.00 A MONTH. **YOU WILL NOT BE ALLOWED TO START RESIDING AT NEW VISION HOUSE WITHOUT THE FIRST MONTH'S RENT IN HAND.**

RENT IS NOT REFUNDABLE.

ALL INFORMATION MUST BE VERIFIABLE BY NEW VISION HOUSE AND APPLICATIONS ARE SUBJECT TO APPROVAL BY NEW VISION HOUSE REVIEW BOARD.

ALL RESIDENTS MUST BE WORKING OR HAVE ANOTHER RELIABLE SOURCE OF INCOME FROM A LEGIMATE SOURCE THAT CAN BE VERIFIED.

All forms must be filled out completely and honestly.

APPLICANT'S SIGNATURE _____

DATE _____

OUR PHYSICAL ADDRESS IS: 233 PENNSYLVANIA NE #C
ALBUQUERQUE, NM 87108

NOTE PLEASE DIRECT ALL INQUIRIES TO OUR POST OFFICE BOX:

**New Vision House
P.O. Box 21395
Albuquerque, NM 87154**

NEW VISION HOUSE RULES OF RESIDENCY

**NO ALCOHOL OR DRUGS OF ANY KIND
NO PERSONAL ITEMS CONTAINING ALCOHOL ALLOWED
NO FIREARMS OR WEAPONS OF ANY KIND
NO GUESTS ALLOWED ON PREMISES
NO VIOLENCE OF ANY KIND
NO PETS
NO LAUNDRY AFTER 9:00 PM
NO LOITERING, NO HORSEPLAY ON NEW VISION PROPERTY**

**Residents must perform all assigned chores. This includes all yard maintenance.
Residents must clean up after themselves and make beds every day.**

Curfew will be determined by your parole officer. At that time you will be required to advise management of the time that you are to be in for the night. All medications will need to be listed in writing with the name of the medication, the dosage and the doctor and phone number that prescribed the medication. Residents agree to drug testing if necessary at their own expense. All residents will be required to provide a parole plan, meaning what your parole officer is requiring you to do. (job search, counseling, etc.) to management upon arrival. This plan will also be verified by your parole officer. Changes are your responsibility to update with management and will be contacting your parole officer about any changes.

All residents are required to provide first months rent upon arrival at new vision and also to provide resources for future rents. If you are looking for work you will be required to provide your job searches to management on a weekly basis and these searches will be verified.

New Vision can no longer let you go past your rent due date.

~~We will also require that you sign an agreement that will allow us to seek restitution through probation and parole for any past due rents.~~

**Rent is due Friday at 7:00PM.
There are no refunds on rent.**

**VIOLATION OF ANY OF THESE RULES MAKES YOU SUBJECT TO EVICTION
AND YOUR PAROLE OFFICER WILL BE CONTACTED IMMEDIATELY.**

ACCOMODATIONS

Do you require special accomodations? Yes _____ No _____
Please specify accomodations required:

MEDICAL/MENTAL HEALTH INFORMATION

Do you have any medical conditions that may require specialized care (heart problems, cancer, high blood pressure, COPD, asthma, etc.)? Yes _____ No _____

If yes, please specify the disease(s)/illness. _____

Do you have a serious medical condition or contagious disease (hepatitis, HIV, AIDS)? Yes _____ No _____

If yes, please specify the condition/disease. _____

Do you have any mental or behavioral health conditions that may require specialized care? Yes _____ No _____ If yes, please specify the condition. _____

Are you under the care of a doctor for any disease(s) or illness? Yes _____ No _____

If yes, please specify the disease(s)/illness. _____

Please list all prescribed medications. _____

DRUG/ALCOHOL/SUBSTANCE USE

Do you have a dependency on:
Alcohol Yes _____ No _____
Illicit Drugs Yes _____ No _____
Prescription Drugs Yes _____ No _____

If yes, please specify. _____

Have you been clean and/or sober for the past twenty eight (28) days? Yes _____ No _____

Are you in a treatment program? Yes _____ No _____

If yes, name of program/location? _____

What is the date you are projected to be discharged from this program? _____

Do you attend AA or NA support meetings? Yes _____ No _____

LEGAL HISTORY/INFORMATION

Do you currently have any outstanding warrants? Yes _____ No _____

If yes, please explain. _____

Are you a registered sex offender in the state of New Mexico or any other state? Yes _____ No _____

If yes, in which state? _____

Do you have a probation officer? Yes _____ No _____

If yes, what is the officer's name? _____

What is the officer's telephone number? _____

FAMILY HISTORY/INFORMATION

Married _____ Divorced _____ Separated _____ Single _____ Widowed _____

Do you have children living with you? Yes _____ No _____

If yes, how many? _____

VEHICLE/DRIVER INFORMATION

Do you have your own vehicle? Yes _____ No _____

Make _____ Model _____ License Plate No. _____ State _____

What is your drivers license number? _____

In which state is your drivers license issued? _____

What is the date of expiration? _____

NMVIC
13032 Central Ave SE
Albuquerque, New Mexico 87123
(505) 265-0512

AUTHORIZATION FOR RELEASE & EXCHANGE OF INFORMATION

This release authorizes the disclosure and exchange of information for the purpose of coordinating treatment and services.

I, _____ hereby authorize NMVIC to disclose, release and exchange confidential information on a continual basis to the agency or individuals listed below for the purpose of coordinating treatment and services. (Please initial next to each checked item.)

- The New Mexico Department of Veterans Services**
- New Mexico VA Health Care System**
- Social Security Administration**
- NM Department of Probation & Parole**

Other: _____

I authorize the above named agency to exchange information regarding my: (Please initial next to each checked item.)

- Medical condition**
- Psychiatric condition**
- Substance use**
- Other (specify)**

I understand that this permission may be revoked by me upon my written request. Otherwise, this authorization will remain in effect until 60 days after I am discharged from the NMVIC program.

Resident Signature

Date

Print Name

**NEW MEXICO
VETERANS INTEGRATION CENTERS
(NMVIC)**

Resident Financial Agreement

RENTAL FEES – Resident agrees to pay the monthly rent shown below and certifies that such amount does not exceed 30 percent of resident's total monthly income, not to exceed \$438 per month. Rent payments are due to the NMVIC on or before the fifth (5th) day of each month. Resident's failure to make any payment when due can be cause for termination from the program. Resident must notify Case Manager within fourteen (14) days of any income change.

PERSONAL PURCHASES – The NMVIC will provide a weekly food basket and basic cookware. Resident is responsible for purchasing all other personal items. Resident should notify his/her Case Manager if he/she is not financially able to purchase these articles.

UNAUTHORIZED ABSENCE/OCCUPANCY TERMINATION – Resident agrees that if he/she leaves the program without prior notification, or if his/her occupancy agreement is terminated for any reason, no portion of the fees paid to the NMVIC will be refunded.

Total Monthly Income: \$ _____ x 30 percent = \$ _____ Monthly Rent
(Maximum \$438)

I, the undersigned, understand and agree to the aforementioned financial requirements.

Resident Name – Print

Signature

WITNESSED BY:

Notary Public
(NMVIC will provide the Notary during the Intake Interview)

Date

NEW MEXICO VETERANS INTEGRATION CENTER

RELEASE OF INFORMATION

I, _____, give my permission for any and all information gathered by New Mexico Veterans Integration Centers (NMVIC) staff members to ~~be shared with other NMVIC staff members in confidence to insure program rules are adhered to~~ and to assist with the success of my participation in the NMVIC program and treatment plans.

Signed: _____ Date: _____

Print Name: _____

NMVIC Staff: _____ Date: _____

Print Name: _____

Have you read the attached Mission Statement? Yes No

Please read the Mission Statement and answer the following questions. Thank you.

Applicant Statement:

After reading about what we do at Precious Gifts, why do you want to live in structured housing?

What kinds of support do expect to receive?

Are you planning to stay on the medications you are taking after you are released? Why?

Phase one of the program requires that you focus on a solid recovery program as your first priority; recovery meeting attendance, establishing a relationship with a 12-Step sponsor, finding a counselor, obtaining food stamps, obtaining medical insurance, getting a job, and paying your rent. Also you will be planning your weekly schedule in advance, setting goals for yourself and working on forming a budget plan that will change your spending habits so that you can start saving money.

Spending time with family is only allowed on Sundays at the Precious Gifts house on Sundays.

Please explain why you are willing to limit your time with your family in the first 30 days.

What are you willing to do (and why) to work toward building a solid recovery program?

Date

Applicant Signature



Precious Gifts Community Residential Housing

Mission Statement

The Precious Gifts Program provides a structured alcohol-free and drug-free living environment that is designed to support participants to become financially independent, personally accountable and involved in their community while developing a recovery lifestyle.

Our Vision

Our vision is to support women to break the self-defeating behaviors, perceptions & ways of life that have developed because of a disabling dependence on alcohol or drugs. We encourage our residents to seek mentors in the community and develop a daily discipline that supports them in ethically upright lives. We help women by fostering faith in them and their ability to work toward reaching their life goals.

Our Values

Precious Gifts is a structured program providing a step-up process that allows residents to earn privileges after they have attained certain goals. We believe in developing a personal recovery program that includes the four cornerstones of recovery: God, Self, Service, Society. Precious Gifts provides a live-in house manager to ensure safety.

Our Residents

Our residents are women who voluntarily choose to live in a recovery atmosphere. Applicants go through a pre-screening process with the program management to determine their commitment to building a recovery program for themselves. Residents agree to:

- | | |
|--------------------------------|----------------------------|
| Abstain from drugs and alcohol | Attend licensed counseling |
| Provide for their meals | Attend house meetings |
| Pay weekly rent of \$110.00 | Maintain employment |
| Attend 12-Step meetings | Be involved with community |

Precious Gifts Foundation purpose:

The primary purpose of the Precious Gifts housing program is to provide a clean and sober living environment for women recovering from alcohol and/or drug addiction.

Among the many aspects of early recovery from the disease of addiction, there are two vitally important principles to which Precious Gifts is committed. These are:

- The need for the individual to begin to take personal responsibility for her life, and;
- The unparalleled therapeutic value of addicts supporting each other in recovery.

Precious Gifts is dedicated to helping its residents incorporate these principles into their lives. The "one on one" of addicts helping each other, and the group help that has been long established as the key to the 12-Step Program of Recovery are practiced here.

Weekly Schedule Planning

Name _____ Date: _____ to _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00 AM		Rise @ 5:45 am	Rise @ 5:45 am	Rise @ 5:45 am	Rise @ 5:45 am	Rise @ 5:45 am	
6:00 AM		Morning Meditation - Make Bed - Get Ready for the Day					
7:00 AM	Rise @ 7:30 am						Rise @ 7:30 am
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out
11:00 PM							

Schedule three 12-Step meetings/ week, list name of meeting, time & location
 Schedule 1 meeting with your sponsor/ week to work steps (limit 2 hours)
 Schedule one-on-one counseling
 Schedule weekly meeting with Career coach
 Schedule one hour of yard work/ week

Job Search is
 8 am to 4 pm; home by 5 pm M - F
 9 am to 5 pm Sat & Sun

Do not deviate from this schedule without getting approval FIRST from House Manager

Precious Gifts Applicant Release of Information

I, _____ consent to the release of the information
(please print)

listed below to Precious Gifts director, Bonnie Lee:

- Good time figuring sheet
- Projected release date from most recent audit
- Disciplinary History with details regarding findings
- Spending account history for one year

Signature of Applicant

N. M. Women's Correctional Facility Staff Witness

Date Signed

Case Manager:

Please fax documents to Bonnie Lee at 505-224-3261

Thank you.



Precious Gifts Handbook

Precious Gifts Community Residential Housing

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Our vision is to support women to break the self-defeating behaviors, perceptions & ways of life that have developed because of a disabling dependence on alcohol or drugs. We encourage our residents to seek mentors in the community and develop a daily discipline that supports them in ethically upright lives. We help women by fostering faith in them and their ability to work toward reaching their life goals.

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Our residents are women who voluntarily choose to live in a recovery atmosphere. Applicants go through a pre-screening process with the program management to determine their commitment to building a recovery program for themselves. Residents agree to:

Abstain from drugs and alcohol

Attend licensed counseling

Provide for their meals

Attend house meetings

Pay weekly rent of \$110.00

Maintain employment

Attend 12-Step meetings

Be involved with community

Precious Gifts Foundation purpose:

The primary purpose of the Precious Gifts housing program is to provide a clean and sober living environment for women recovering from alcohol and/or drug addiction.

Among the many aspects of early recovery from the disease of addiction, there are two vitally important principles to which Precious Gifts is committed. These are:

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Precious Gifts is dedicated to helping its residents incorporate these principles into their lives. The "one on one" of addicts helping each other, and the group help that has been long established as the key to the 12-Step Program of Recovery are practiced here.

PROGRAM REQUIREMENTS

To provide and maintain a healthy environment with these principles in mind, Precious Gifts has high expectations of our residents to uphold the following policies that are designed for successful living:

PARTICIPATION – Residents must attend and participate in Morning & Evening Meditation, Community Projects, and all house activities.

MEETING ATTENDANCE – Residents are required to attend any meetings held at Precious Gifts House and must record all meetings attended on their 12-Step Meeting Attendance sheet and turn it in to the house manager. The weekly House Meeting is mandatory. The monthly West Mesa Neighborhood Association meeting is mandatory unless you are at work. However, you must attend three or more AA or NA meetings per week.

TOTAL ABSTENTION – Residents must abstain from the use of alcohol and all mood-altering drugs (including narcotic prescription medications). Residents may not bring any of these substances onto the premises. Non-narcotic prescription and over-the-counter drugs are kept with the House Manager only and cannot be kept in the resident's room. Suboxone & methadone are not allowed. Absolutely NO mouthwash is allowed and no products with alcohol (e.g.; hairspray, hand sanitizer) will be brought into the house or used by any resident. Residents submit to random drug and alcohol tests.

HEALTHY EMPLOYMENT – Residents must seek and maintain healthy employment. Work for cash is not considered valid employment; the ultimate goal is that our residents will secure permanent full-time employment. Residents will remain on job search until this is obtained.

FINANCIAL RESPONSIBILITY – There is an initial \$220.00 entrance fee that is required and non-refundable. Residents are then required to pay a minimum of \$17.50 per day. This is based on a weekly rental fee of \$110. Residents will pay rent each time they are paid and will present their paycheck to the house manager to make a copy of it before being cashed. Until a resident has paid in the equivalent of two weeks in advance, she will turn over 75% of her earnings to the House Manager until caught up.

BUDGET PLANNING – So that you will have a solid plan for becoming financially independent and move on into your own home, you will be required to limit your spending and start a savings account or to save money in your secure resident file folder. Anything in excess of \$25 cash should be locked up in your personal file folder. You will be given tools to track your spending habits on a weekly basis and then make a plan to adjust your spending habits so that the maximum amount possible can be saved.

FINANCIAL ACCOUNTIBILITY – Before making a decision to acquire or purchase anything that would add additional monthly expenses to your budget such as a vehicle or cell phone, residents are required to present and have approved a monthly budget calculating your income and other expenses BEFORE it is acquired to make sure that you can afford it. We also require that before you drive a vehicle to Precious Gifts, you must be a licensed driver; the vehicle must be registered and insured in your name.

PERSONAL HYGIENE AND APPEARANCE - Residents are required to wear clean clothing. If you do not have the required \$.50/ load of laundry, speak to the house manager about paying later to wash your clothing. Dress discreetly while inside or outside of the house. Do not wear shirts that show your cleavage. Pants should not be worn so low as to reveal your behind or your underwear. Do not wear clothing with rips or that are see-through. Residents are required to take a shower daily; showers are limited to 10 minutes. You will leave the bathroom immediately after your shower and return to your room to dry your hair, get dressed and get yourself ready for the day. Sheets and towels must be washed weekly; there will be no charge for this load of laundry. In addition, each client will wash whatever dishtowels, table clothes, etc., that are dirty when she is on wash room duty.

PERSONAL ACCOUNTABILITY:

- Sign out each time you leave and write your return time on the board
- Sign in when you return and erase your return time from the board immediately
- Speak with program management BEFORE deviating from your written Weekly Schedule
- You are responsible for purchasing your own food and carrying it home
- Produce your paycheck stub to the House Manager and pay your rent each time you are paid
- Residents will discuss with the House Manager BEFORE quitting a job
- Residents will be required to secure a new job BEFORE quitting a job

RESIDENT RELATIONS:

- No lending or borrowing of clothing, personal items or money
- No sexual relations between residents
- May not go into another resident's room for any reason
- Do not ask anyone to do your chore for you at any time, for any reason
- Do not discuss financial arrangements you made with PG management with other residents
- Bedroom doors are to remain open unless you are getting dressed or sleeping
- Music should be kept low enough so that your neighboring residents cannot hear it

NEIGHBORHOOD RELATIONS:

- Do not stand in front of the house and smoke cigarettes
- Do not take rides with anyone who offers you a ride
- Look for trash as you are walking up to the house and pick it up
- Saturdays (or your day off) you will do at least 1 hour of yard work
- No loud music ever on the Precious Gifts property

HOUSE SECURITY:

- Do not disclose the house location to anyone without discussing with House Manager
- Do not give out the house phone number except for family or business purposes
- No house guests except when approved in advance (each visit)
- House guests are not allowed upstairs except when taking a tour with program management
- Do not take rides home from anyone without discussing with House Manager
- Always keep the glass entry door locked, even if the main door is closed and locked
- Do not answer the door except for a current resident or a probation officer or policeman
- Do not check the mail or take anything from the mailbox
- If opening the garage door for air flow, do not raise it more than one foot from the ground
- Always close the garage door when you are the last person leaving the garage
- Read Doorkeeper Duties if you are the last person to leave and make sure everything is done
- Always make sure the front door is locked when leaving the house

GENERAL HOUSEKEEPING:

Report anything that's broken **immediately** so that we can fix it

MEALS - The program will not provide any meals. In addition, most clients are eligible for food stamps that are applied for upon admission. Any food or drink items purchased by a resident for their personal use must be marked clearly with their name before putting in the kitchen. Marked items in the kitchen are not to be eaten without the permission of the person the item belongs to.

CHORES - All residents will participate in the general maintenance and care of the house and its property. Chores will be assigned each week and must be completed before 7:00 pm.

TELEPHONE USE - No phone use after 10 pm; house phone or cell phone; texting included. If you are home and the phone rings, you are required to answer it; do not let it go to voicemail. Answer the PG phone courteously and offer to take a message for the caller. Potential employers call the house phone, and so you may be the person who takes these calls. If you are on the phone when a call comes in, you will hear a click; use the call-waiting feature to answer the call within 3 rings. Each resident will limit calls on the house phone to no more than 15 minutes. Business calls, calls to potential employers and calls to sponsors take priority over personal calls. All long distance phone calls must be approved in advance. If you are at home and take a written message for a resident who is not at home, make sure that you put the message in a place where the resident will find it when they return home.

SPONSORS - Residents will obtain a sponsor within 10 days of arrival and provide Precious Gifts with the sponsor's name and phone number. Residents must meet with their sponsor for one hour once per week. If your sponsor becomes unavailable due to being out of town or any other reason, then you are to immediately get a temporary sponsor. This will be someone who has at least one year clean time, has a sponsor themselves and works the steps, and maintains a positive attitude. They will need to be available for weekly step-work and be someone who will cooperate with us as we each do our part in helping the resident work and understand the 12 Steps of Recovery. Sponsors are welcome, and encouraged to visit Precious Gifts House.

ATTITUDE - Residents must maintain a positive attitude and show a willingness to work with and get along with other Precious Gifts residents; negativity affects everyone and will not be tolerated

NEGATIVITY - Any negative comments will be shared only with your sponsor or House Manager.

PERSONAL PROPERTY LIMITATIONS - There is limited space for personal property at the Precious Gifts home, so you are asked to limit the amount of belongings that you bring to the house to:

15 pairs of pants or skirts
25 tops

7 pairs of pajamas or sleeping clothes
5 pairs of shoes
2 jackets

Recovery books and materials
Toiletry items

Personal media player (w/ headphones)
Alarm clock
1 small box of additional personal items

If you have anything of value, you may ask the House manager to lock it up for you. Otherwise it can be kept in your room, but at your own risk. Sleeping areas must be kept neat and all personal items kept in their place. All clothing must be kept in drawers or closet.

Your property may be inspected by program management at any time. If it is found after an inspection that you are in excess of the property limits as described above, you will be asked to pack up any excess and send it to family members or friends who will hold it for you.

HOUSE SCHEDULES & CURFEWS ARE STRICTLY ENFORCED

Weekday Mornings (Monday through Friday)

0545 - Wake up and get out of bed

0600 - Morning Meditation

0615 – 0700 - Make bed, get ready for the day

0700 – 0800 - Make breakfast, plan your day, and map out your bus route

Saturday & Sunday Morning

0730 - Wake up and get out of bed

0800 – Morning Meditation

0830 – Bed is made; make breakfast, and get ready for the day

Evenings

Evening 10th Step Group before bedtime each night

11:00 pm LIGHTS OUT on Sunday through Thursday

12:00 pm LIGHTS OUT midnight on Fridays and Saturdays only

JOB SEARCH - Job Search is from 9 am to 4 pm, you must be out of the house by 8:00 a.m.
Monday – Friday and 9:00 am on week-ends and return no later than 5 pm until a job is obtained

DAILY ACTIVITIES – Your daily schedule is planned in advance and approved by the House Manager at the weekly House Meeting. Any deviations from this schedule must be approved in advance by program management. If you cannot reach either the Program Director or House Manager, do not deviate from your approved schedule

NAPPING – You are not here to sleep all day. You may not go back to bed after morning meditation. ONE HOUR naps may be taken if it's on your Weekly Schedule, but naps are never taken before residents who are on job search leave the house.

ILLNESS - If you are too sick to go to work or on job search, you must discuss this with the program management BEFORE you deviate from your schedule, and you may be required to go to the doctor to get a doctor's treatment instructions and release date.

CURFEW for all residents is generally at 8:00 pm UNLESS at work, counseling, step-work w/ Sponsor or at a scheduled recovery meeting.

WORK SHIFTS - Residents are not allowed to work graveyard shifts and must be home by 10 pm if working a late shift. It is preferable that you do not work late shifts, so you will continue looking for a daytime job after securing a job that requires you to work late.

Daily House Chores are completed by 7:00 pm daily no matter what shift you work

Resident Initials _____

DISMISSAL

Any person who drinks, uses, or possesses alcohol or any mood altering drugs on her person or on the premises will be automatically dismissed.

The following behaviors can also result in immediate dismissal from the house:

- Any type of negative remarks or acts of disloyalty to Precious Gifts Foundation, its staff, or its program.
- Engaging in acts of violence or threats of violence.
- Theft.
- Willful destruction of property.
- Failure to attend daily meetings, the required house meetings, and group or individual counseling.
- Failure to report another resident who is drinking or using.
- Refusal to submit to a Urine Analysis (UA) within ½ hour of being asked or breathalyzer test.
- Other conduct or actions potentially detrimental to Precious Gifts Recovery Home, its program or its other residents.
- Failure to pay 75% of your income until your rent is paid up 2 weeks in advance.
- Failure to maintain a positive attitude.
- Failure to do chores willingly.
- Failure to demonstrate politeness to others or a lack of any of the social skills needed to live in a family setting.
- Failure to get up and stay up for morning meditation.
- Purchasing a major item such as cell phone or vehicle without first having an approved budget plan.

If you leave for any reason without taking your personal belongings, your things will be packed and stored for you for up to 10 days. You will be required to arrange for your things to be picked up. If your belongings have not been picked up after 10 days, your belongings will be donated to Precious Gifts. Person who you authorize to pick up your belongings:

Name _____ Relation _____

Address _____ Phone _____

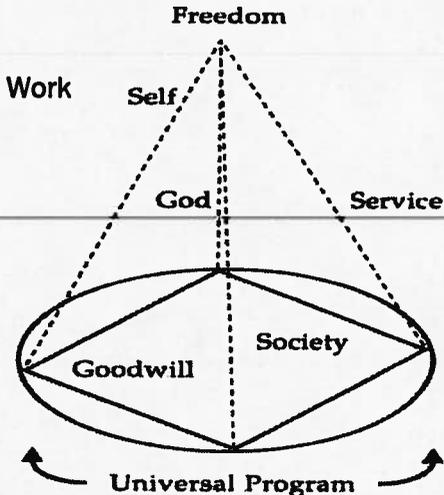
Resident Initials _____

PRECIOUS GIFTS STEP PROGRAM

Phase One – Establishing a Recovery Routine

Focusing on the basics of a solid recovery program means establishing these weekly routines:

- 12-Step Meeting attendance – at least 3/ week
- 12-Step Work - meets with Sponsor weekly to do Step Work
- Attend weekly House Meeting
- Plan & Follow your Weekly Schedule
- Develop a Spiritual Practice
- Start tracking your spending habits
- Obtain a Job and/or attend School
- Set up *Licensed Counseling*
- Pay Rent each time you're paid
- Start looking for a Service commitment



During the first phase, the following restrictions apply:

- 1) Family visitors only on Sunday from 1:00 to 8:00 p.m. when arranged in advance
- 2) Seek employment from 8:00 a.m. to 4:00 p.m. daily. Write down all of the places you applied for a job on the Job Search form. Turn in this list with the names and responses of the potential employers each week at the House Meeting.

Living a recovery lifestyle requires that you have:

- At least thirty (30) days of continuous sobriety
- Confirm meeting with sponsor for one hour each week to work steps
- Written a Gratitude List and demonstrate how you are showing that gratefulness
- Demonstrated a positive attitude
- Obtained appropriate employment
- Attended one-on-one and group Counseling
- ~~➤ Been on time everyday and participates in Morning Meditation~~
- Shown concern and a willingness to help other residents
- Start reading the AA "12&12" online @ <http://www.aa.org/subpage.cfm?page=359>
- Demonstrated knowledge of the mission statement of Precious Gifts Foundation

Note: Developing a Spiritual Practice:

Spiritual practice is completely a matter of personal choice. Precious Gifts is not affiliated with any religion. Church attendance is limited to 2 hours/ week while at the PG Program.

Phase Two – Maintaining a Solid Recovery Program

You are in Phase 2 when the House Manager tells you that you are in Phase 2

Phase 2 Privileges:



- Schedule weekly visits with family outside of the PG home
- Schedule social recreation with friends in recovery outside of the PG home

In Phase 2, your daily routine is filled with activities that will assure that you stay clean:

- Regular 12-Step meeting attendance
- Regular 12-Step work w/ sponsor
- Sticking to your planned weekly schedule
- Attending weekly one-on-one counseling
- Working at your job / Going to school, doing homework
- Taking care of your personal business (paying rent, scheduling and going to doctor appointments, other responsibilities)
- Participating in the weekly house meeting
- Creating a Budget Plan
- Rent is paid up 2 weeks in advance
- Complete reading the AA "12 & 12."
- Performing Regular Service/ Community work (e.g.: Neighborhood Association events, helping out with neighborhood clean-up, putting away chairs after a 12-Step meeting)



Two Steps Forward, One Step Back, can be part of the Recovery Process

You may obtain Phase 2 status, but then return to Phase 1 because of a major step back.

We want you to get back on track as quickly as possible, but understand:

- You may have to give up your cell phone to the House Manager...
- You may lose the privilege of driving your vehicle...
- You may lose the privilege of visiting with family...

...until Phase 2 status is reestablished.

Phase Three – Becoming Independent and Moving On in a Good Way

You are in Phase 3 when you have given a Letter of Independence to the House Manager. You are ready to start your plan to move on to your own place of residence. You consult with program management about your plans so that we can begin to recruit new residents to take your place. You will meet with PG Board members who will assist you to overcome the obstacles to find a house or apartment. It is our hope that as you continue to practice the Recovery Basics you learned in Phases 1 and 2, you will be ready to move on to greater independence.

Letter of Independence

You are required to give us a written move out notice at least 30 days before your move out date in order to obtain Phase 3 status.

Describe in your letter of independence:

- Your move-out date (if known)
- What you have experienced at Precious Gifts
- What about the program has worked for you.

In return, Precious Gifts will do all we can to make sure that Phase 3 Residents have what they need to furnish their new home by providing them with donations from our charitable partners.



Overnight Pass

You must obtain prior approval for an overnight pass and will be given a UA and/ or breathalyzer test when you return. The purpose of the overnight pass is to help you make the transition to your new home.

Moving Out

Residents may only move their belongings out with Precious Gifts staff present.

Phase Four – Continued Support & Mentorship

Phase 4 Mentors are Program Graduates who have completed Phase 3. These elite Role Models are women who want to continue socializing with PG residents at the PG house, and are required to:

- Attend the weekly house meetings
- Submit verification forms and report on other requirements
- Submit to random drug tests
- Maintain positive relations with all current residents

Commitment to Recovery

We hope that you have come to realize that we in recovery have to be willing to go to any lengths to obtain a better way of life. It is our hope that you are open-minded and here to take advantage of the direction and the experience, strength and hope of those who have been there and are here now to help you.

There are 168 hours in a week. For the next number of weeks, Precious Gifts requires that you spend about 6 hours a week in AA/NA meetings, 2 hours attending our weekly house meeting, 1 hour working the 12 Steps with your Sponsor, and 7 hours reading recovery materials, and about 4 hours a week attending morning and evening meditation.

That is a minimum of 20 hours that the program requires you to spend "getting well." That leaves 148 hours for work and sleeping, etc. To miss even one of these 20 hours is insulting to those here that are often volunteering their time to try to help you. On the other hand, your gratitude speaks when you consistently show up to each of these commitments. You will begin to experience many benefits that are the rewards of your consistent efforts.

The goal of Precious Gifts is that you develop habits here that you will take with you when you leave in a few months. These are the habits that you have to keep if you are to remain clean and sober and if your life is to get better. If you are not ready to be open to the changes that have to be made in your life, we suggest that you are not ready for Precious Gifts program or sobriety and you need to find another place where you can do things your way. Winners are willing to do what is necessary to achieve their goals. Losers do not like change and they do what they want.

The 12-Steps are a Spiritual Program. We have to make a complete life style change if we are to succeed in our efforts. We also have to change "playgrounds and playmates."

If you do not feel that you are ready for what we are offering, you need to leave and let someone who is ready have your bed. If you are ready to commit yourself to being open-minded and willing to change, then we are ready to support you to make that change.



RESIDENT INCIDENT REPORTING OF UNSAFE BEHAVIOR

In order to maintain a safe living environment and to maintain a record of all incidents that affect safety, Precious Gifts residents are required to report all incidents to management staff immediately.

Major Incidents: Failure to report any of the below incidents may result in being dismissed from the Precious Gifts home. Residents agree to give to program management a written report of any major incident immediately:

- ~~Alcohol or drug use or prescription drug use (not prescribed to resident) by a resident~~
- Alcohol or drug use by a resident
- A resident going into another resident's room
- Theft of food or property
- Any resident or visitor injury (no matter how small)
- Any broken or damaged structure, appliance or fixture in our home
- Any unsafe or unusual activity or behavior of a resident
- Any threats of violence or violent behavior to or from a resident

Minor Incidents: Residents agree to report any violation of any house rules or house schedule or curfew within 24 hours, and can also help other residents by:

- 1) Respectfully making a resident aware in private, or
- 2) Letting Bonnie or Glenda know what's happening, or
- 3) Bringing it up at the House Meeting for open discussion

IT IS THE RESPONSIBILITY OF EVERY RESIDENT TO ENFORCE PROGRAM POLICIES.

~~I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO COMPLY.~~

Resident Initials _____

Acknowledgement & Commitment

I hereby acknowledge that I have read and initialed each of the preceding pages and understand the Precious Gifts Handbook and its rules and the reason for them.

- It is my personal goal to participate in Precious Gifts Housing Program for a minimum of three months, at which point I can request continued housing support for up to a year.
- If at any time I experience a difficulty that causes me to want to leave, I will discuss it first with Precious Gifts staff. I agree to openly explore with the Precious Gifts staff possible solutions to these difficulties or conflicts that may arise with my other obligations before I decide to move out. I believe that when I use recovery principles to overcome these difficulties, it will strengthen my integrity and my ability to accomplish my personal goals in the future.
- I acknowledge the \$15.71 per day or \$110 per week financial commitment I have made toward the expenses for the operation of Precious Gifts recovery program.
- I agree to pay Precious Gifts Foundation at least 75% of my pay to be applied toward my account until I am paid up 2 weeks in advance on my rent. I will make this payment in cash or money order on the day I am paid between 5:00 & 9:00 p.m.
- I understand that if I leave owing money and then want to return to the program, I will have to pay the amount I owe in full in addition to my new entrance fee before being accepted.
- I understand that if I leave after my rent is paid, rent is non-refundable.
- I agree to refrain from discussing with other residents any financial agreements or special arrangements made between myself and the Precious Gifts staff.
- I agree to random drug tests or breathalyzer test
- I agree to perform up to 5 hours/ week of volunteer work at the Precious Gifts House.
- I agree to report any violations of program rules that I see to the House Manager
- I agree to give Precious Gifts a 30 day written notice as described in the Phase 3 guidelines before moving out.

I commit to participate in the Precious Gifts program and will abide by and help enforce program policies that are explained in this Precious Gifts Handbook.

Notes: List any additions agreed upon between staff and client. To be signed by both parties.

Resident Initials _____

Precious Gifts Foundation Program Participant Waiver

I acknowledge, by my signature hereto affixed below, that I have voluntarily chosen to participate in the Precious Gifts Housing Program.

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the program, including, but not limited to the negligence of any of the Precious Gifts Foundation member and any other public or private organization, entity or person participating or involved in providing or promoting any classes, functions, programs, food, drink, equipment, clothing, facilities, recommendations or other activities that I participate in with the above named entities (including without limitation the owners, officers, directors, employees and representatives of any of the above entities). I also hereby release, waive, discharge, and promise not to sue any of the above entities at any time in the future, from any and all demands, liabilities, losses, or damages (including death or damage to or loss of property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities. Furthermore, by my signature hereto affixed, I do hereby inform my heirs, assigns and successors that it is my wish that the terms and conditions contained in this waiver be binding upon them in perpetuity.

I have read, understand, had explained to me, and had the opportunity to ask questions concerning this waiver, release, and express assumption of risk and have been given a true copy of this executed document for my records. I have also heard or read, understand and will adhere to any and all current guidelines and policies written or spoken in regard to this program which includes all requirements written in the program handbook. This waiver and release shall survive the term of any agreement I may have now or in the future with any of the foregoing persons or entities. I further understand that it supersedes any previous agreements I may have had either verbally or written.

I further certify that I have read and have been given a true copy of this executed document for my records.

Print Resident Name

Signature of Resident

Date Signed

Effective 02-Aug-11

Precious Gifts Management Staff (Witness)

Date Witnessed



Si Ud. necesita este formulario en español, comuníquese con un trabajador(a). Intérpretes están disponibles gratuitamente
New Mexico Human Services Department - Income Support Division

Program Application

You have the right to file your application today, please do not delay. SNAP/food benefits start from the date you apply. To begin the process, you only need to fill out sections 1 through 4 and sign. To receive help you must complete the whole application.

► **Tell Us If You Need:** Help Filling out the Application? Free Language Help? Transportation Disability Accommodation
 Language _____

► **Tell us why you prefer a telephone interview (check one):** Disability Illness
 Age 60+ Working 20 or more hours/week Caring for a Child Under Age 6 Caring for Others
 Live too Far from Office Transportation Bad Weather Other:

1. Name and Contact Information

Your Name	Email Address		Best Time to Contact You	
Home Address – Physical Address	City	State	Zip	Best Telephone Contact # ()
Mailing Address if Different from Home Address <input type="checkbox"/> Same	City	State	Zip Code	

2. Program Worksheet

Check the Programs You Want to Apply For



To help us decide which programs you might be eligible for, please check the box that describes you and everyone living with you:

Check ► Adult(s) living with Child(ren) Adult(s) Only Disabled Adult(s)

Fill out this worksheet to see if you can get SNAP benefits faster. This is called expedited service. If you are denied expedited service you can ask to speak with a supervisor.

- Will your monthly income be **LESS** than \$150 and money in the bank or cash be **LESS** than \$100? YES NO
- Will your monthly home and utility costs be **MORE** than your income, cash and money in the bank? YES NO
- Is your household a migrant or seasonal farm worker household with very little money? YES NO

Office Use Only	1. Amount of Income: \$ _____ + Amount of Resources \$ _____ = \$ _____
	2. Amount of Rent/Mortgage \$ _____ + Utility Costs or SUA \$ _____ = \$ _____

If your EBT card is lost or does not work or you don't remember your PIN, please call JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465.

3. Person to Represent You (Authorized Representative)

Do you want someone you know to help you: apply for benefits? use your benefits?

Name of Authorized Person	Mailing Address	Best Telephone Contact # ()
---------------------------	-----------------	---------------------------------

Special Needs Information: If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

Your Civil Rights: All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the SNAP/food program may be filed with the USDA, Director, Office of Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). 09/02/09

OFFICE USE ONLY	Application Date:	Received: <input type="checkbox"/> Person <input type="checkbox"/> Drop Box <input type="checkbox"/> Fax <input type="checkbox"/> Mail/E-mail	Date Screened:	Barriers Discussed/Accommodations Offered <input type="checkbox"/> Yes <input type="checkbox"/> n/a
	Expedited SNAP Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal If No, did the applicant (in person) want a Supervisor Meeting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Energy (LIHEAP) Crisis: <input type="checkbox"/> Yes <input type="checkbox"/> No
Caseworker Name (Print) and Signature:				

4. You and People Who Live with You

Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

If needed, please use an additional sheet of paper for additional household members who do not fit on this page.

Please provide information for each person only if they are asking for help.

► List names and information for yourself and all the people who live with you:

Name (First and Last)	Relationship	Sex M/F	Date of Birth	Race & Ethnicity (Optional)	Are you asking for help for this person?	Citizenship Immigration Status 1-14 (See Below)	Social Security Number
1.	(Self)				<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO		

► **Citizenship/Immigration Status:** For each person applying for help, choose from the numbers below that best describes their U.S. Citizenship or Immigration Status and **write the number above.**

- | | | | |
|-------------------------------|-------------------------------------|------------------------------|--|
| 1 – U.S. Citizen | 2 – Lawful Perm Resident (LPR) | 3 – Refugee | 4 – Asylee |
| 5 – Cuban Haitian Entrants | 6 – Amerasians | 7 – Paroled to U.S. – 1 year | 8 – Withholding of Deportation/Removal |
| 9 – Battered Woman/Children | 10 – Veterans, Active Duty Military | 11 – Hmong or Laotian Tribe | 12 – Canada/Mexico Native American |
| 13 – Human Trafficking Victim | 14 – Other | | |

► Please answer either "Yes" or "No" to each item below about you and all people living with you:

- | | | | |
|--|--|--|--|
| • Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO | Who: _____ | • College student(s)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Buying and preparing meals with others? | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Disqualified from assistance programs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Getting benefits in another state? | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Voluntary quit job(s) in the last 60 days? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Living on a Native American Reservation? | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Worker(s) on strike or lockout? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Getting Native American Food Commodities? | <input type="checkbox"/> YES <input type="checkbox"/> NO | • In violation of probation or parole? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Paying room and board? | <input type="checkbox"/> YES <input type="checkbox"/> NO | • Fleeing felon(s)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • Pregnant? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If pregnant what is the due date? _____ | |

5. Your Application Signature

Your signature makes this application valid and cannot be processed unless signed. Your signature also is an indication of the following:

- I understand that making false statements or hiding information could mean State & Federal penalties & I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age 18 for whom I am applying.
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me & I will let HSD contact other people & companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- I have been given an information sheet explaining my rights and responsibilities including, expedited SNAP/food assistance, SNAP/food penalties and program violations, fair hearing rights and more. I understand that these will also be explained to me during my appointment for an interview.

To withdraw your application for any program, initial the box of the program ► SNAP/food Medical Cash Energy

I affirm under penalty of perjury that the statements made about persons in my home, income, and all other information I have given HSD are true and correct. Your authorized representative may also sign here.

► Sign Here X Today's Date

6. Income

Gross income is counted to determine your eligibility for assistance. Gross income means a household's total income before deductions.

Examples of income you and all people living with you may have: Employment, Self Employment, Workers Compensation, Unemployment, Cash Assistance, Child Support, Social Security, Retirement, Annuities, Dividends/Interest, Veterans, Military, Tribal Monies or Rental Income.

► List all the income information for you and each person living with you.

You must send proof of all earned income received for the last 30 days by people in your household.

Person with income	Income from?	\$ Monthly Amount Before Tax Deductions	How Often Received? (mark one selection below)
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other

7. Things you Own (Resources/Assets)

Fill this out if you are applying for SNAP/food, Cash or Medical Assistance for elderly/disabled – Certain resources/assets such as bank accounts may count toward your eligibility depending on which program you are applying for. Certain resources/assets may not count, such as a home and lot where you live and the resources of people who receive Supplemental Security Income (SSI).

Examples of things you own include: Cash on Hand, CD – Certificate of Deposit, Royalties, Life or Burial Insurance, Checking Account, Stocks or Bonds, Retirement Account, Livestock, House/Land - Not Occupying, Savings Account, Recreation Vehicles or Trust(s)

► Describe all of the items from above that are owned or were transferred by you and all the people living with you:

Items	Who Owns Them?	\$ Value	Bank or Company Name?
		\$	
		\$	
		\$	

8. Monthly Expenses

To get the most benefits you are eligible for, list all your MONTHLY out-of-pocket expenses.

► Fill this out if you are applying for SNAP/Food, Medical or Cash:

- Child Care or Adult Dependent Care \$ ▪ Mileage roundtrip for daycare/dependent care
- Do you get Child Care Assistance from CYFD? YES NO If Yes, how much do you pay out of your pocket? \$

▼ Fill this out if you are applying for SNAP/Food: ▼

- | | |
|--|---|
| ▪ Rent you pay (include rent for trailer & trailer space) \$ <input type="text"/> | ▪ Heating and Cooling ▶ \$ <input type="text"/> |
| ▪ Check any of the boxes that best describes your rent type | ▪ Water, Sewer and Trash ▶ \$ <input type="text"/> |
| <input type="checkbox"/> Homeless <input type="checkbox"/> Public Housing <input type="checkbox"/> Includes Utilities <input type="checkbox"/> Living with others <input type="checkbox"/> HUD Section 8 | ▪ Medical for Elderly/Disabled include Medicare ▶ \$ <input type="text"/> |
| ▪ Mortgage ▶ \$ <input type="text"/> | ▪ Court Ordered Child Support ▶ \$ <input type="text"/> |
| ▪ Property Taxes Not included in Mortgage ▶ \$ <input type="text"/> | ▪ Telephone ▶ \$ <input type="text"/> |
| ▪ Home Insurance Not included in Mortgage ▶ \$ <input type="text"/> | ▪ Telephone Company Name ▶ <input type="text"/> |

Lifeline/Link-Up: You may be eligible for telephone discounts on monthly service and initial telephone installation or activation fees. Contact your telephone provider for more information:

► Fill this out if you are applying for LIHEAP energy assistance:

- How much was your highest energy bill in the last 12 months? \$ ▪ Do you have a disconnect notice? YES NO

▼ Select the type of LIHEAP payment you want ▼

- Electric Propane Wood Natural Gas
 Pellets Coal Other:

Company Name: _____

Account Number: _____

Account Name: _____

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9. School Attendance

Fill this out if you are applying for SNAP/Food and/or Cash; list all Student information for Each Household Member.

Name of Student	Name of School	Graduation Date	Education Level
			<input type="checkbox"/> K-12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K-12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K-12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K-12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate

10. Medical Health Insurance Coverage

Fill this out if you are applying for Medical Assistance – By accepting Medical Assistance you assign (give) HSD all rights to medical support and to payment for medical care from a third party. A third party can include an insurance company or another person who must pay for your medical care and services. You must help HSD find out about any third parties who may have to pay for your medical care. If you don't help HSD find out about these third parties, you may not be approved or parents may lose their Medical Assistance unless you show a good reason for not helping HSD.

- ▶ Have you or anyone that lives with you recently dropped health insurance in the last 6 months? YES NO
- ▶ If yes, what is the date it was dropped? _____ For whom? _____
- ▶ Explain the reason insurance was dropped: _____

Please list members who have any unpaid bills for medical services received in the last 3 months. Please indicate for whom and for which month(s):

- ▶ List all private health insurance and Medicare information for you and all people living with you:

Persons Covered	Insurance Company Name	Member ID #	Start Date

11. Parent(s) Not Living at Home

Fill this out if you are applying for Cash or Medical Assistance. By accepting Cash or Medical Assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so, such as domestic violence; ask ISD. If it is decided that you have to work with the Child Support Office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

- ▶ Please list all the information for Absent Parents not living with their Children:

Absent Parent(s) Name	His/Her Children's Names

12. Register to Vote

If YOU are NOT registered to vote where you live now, Would you like to register to vote here today? (Please check one) YES NO
IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.

Signature _____ Date _____

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. **IF YOU BELIEVE THAT SOMEONE HAS INTERFERED** with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).

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Program Application Information

(Applicant Information Pages)

1. Special Needs Information



If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

2. Your Civil Rights

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the SNAP/Food program may be filed with the USDA, Director, Office of Civil Rights, Room 326, W. Whitten Bldg., 1400 Independence Ave., S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). (09/02/09)

3. Your Privacy

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs or other means. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including Social Security Numbers of each household member is voluntary. However, each person applying for assistance must give a Social Security Number or it will result in the denial of program benefits to each individual applicant failing to give a Social Security Number. Non-Citizen Immigrants not requesting assistance for themselves do not need to give immigration status information or Social Security numbers. Any Social Security Numbers given will be used & disclosed in the same manner as Social Security Numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount. (10/23/2009)

4. Child Support Enforcement Division

By accepting Cash or Medical Assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so such as domestic violence; ask ISD. If it is decided that you have to work with the Child Support Office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

5. Interview

(a) How soon can I have an appointment for an interview?

- Within 10 working days for SNAP/Food and Cash Assistance, or for expedited SNAP/Food assistance, the day you turn in your application
- Certain Medical Assistance programs do not require an interview

(b) May I have a telephone interview?

You may have a telephone interview for any of these reasons:

- | | | | |
|----------------------------|---------------------------------|----------------------------------|---------------------|
| ▪ Age 60+ | ▪ Working 20 or more hours/week | ▪ Disability | ▪ Illness |
| ▪ Live Too Far from Office | ▪ Transportation | ▪ Caring for a Child Under Age 6 | ▪ Caring for Others |
| | | ▪ Bad Weather | ▪ Other Hardships |

6. Proof Information

(a) How many days will I have to give all the proof I need?

- 10 working days from the date of your interview is best to receive benefits faster
- 30 working days from the date of your application is typical – unless you need more time – If you need more time, ask for more time
- 60 working days from the date of your application is the longest – **When you ask** for up to 3-ten-day extensions

If you do not ask for an extension of time to bring in proof, your case may be denied on the 30th day.

(b) What proof should I bring to the interview?

During your interview appointment, we will ask you questions to determine if you are eligible for the programs for which you have applied. ISD will **NOT** ask you to give proof of everything. You should be ready to give as many facts about your case as you can. Please refer to the chart called, Examples of Proof as a general guide to help you decide which proof items you will need. If ISD has unresolved questions about your eligibility, you will be asked to give proof. ISD will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask us for help.

Examples of Proof

You do **NOT** have to give us all the items listed below; they are only examples. When you need to give proof, you only need to give one type from the examples below. If ISD has unresolved questions about your eligibility, you will be asked to give proof. ISD will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask us for help.

	SNAP/Food	Medical			Cash	Energy/LIHEAP					
		Family or Adult	Child Only	Elderly/Disabled							
▪ Where you Live	✓	✓	✓	✓	✓	✓	Utility bill, Rent agreement, letter addressed to you at your address.				
▪ Identity	✓	✓	✓	✓	✓	✓	You may give any of these if they prove Identity, relationship or age: Driver's License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child's relationship to you and knows the child's date of birth. Note: The Medicaid program will require specific identification proof.				
▪ Relationship					✓						
▪ Age			✓								
▪ U.S. Citizenship		✓	✓	✓			<p>Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government now requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Proof of Citizenship and ID together</th> <th style="width: 50%;">Proof of Citizenship Alone</th> </tr> <tr> <td> <ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) </td> <td> <ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p> </td> </tr> </table>	Proof of Citizenship and ID together	Proof of Citizenship Alone	<ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) 	<ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p>
Proof of Citizenship and ID together	Proof of Citizenship Alone										
<ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) 	<ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p>										
▪ Disability			✓	✓	✓		Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.				
▪ Pregnancy		✓			✓		Medical records that say when your baby is due.				
▪ School Attendance							Current report card or letter from the school saying whether your child is attending school.				
▪ College Student	✓				✓		Letter from the college saying that you are either a part-time or full-time student.				
▪ Student Financial Aid	✓	✓	✓	✓	✓	✓	Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling.				
▪ Income the most recent 30-day period or all from last month	✓	✓	✓	✓	✓	✓	<p>Earned Income: Check-stubs, a letter from the employer with the hours you will work and the pay you will get. If you are self employed, you may give ISD a copy of your income tax forms, business records or personal wage records.</p> <p>Unearned Income: Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc.</p>				
▪ Loss of a Job (60 days)	✓	✓	✓	✓	✓	✓	Letter from the employer.				
▪ Value of Things You Own			✓				Resources/Assets: Recent bank statement or letter of value.				
▪ Things You Transferred	✓	✓		✓	✓		Recent statement or letter of value.				
▪ Health Insurance		✓	✓	✓			ID card or letter from your Insurance company.				
▪ Medicare Part A			✓				ID card or letter from Social Security Administration.				
▪ Child Support Paid	✓						If you want a deduction for child support you pay, give proof of both the legal responsibility to pay and the amount paid. Any court or administrative order, or legal separation agreement may be used. For proof of the amount, use cancelled checks, wage withholding statements, verification of withholding from unemployment compensation or written statements from the custodial parent.				
Below is a list of proof items that may help you get the most benefits for which you are eligible. If there is no check in the box below then no proof is needed. To get credit, just tell us what you pay each month. You will only have to give proof if we have unresolved questions about your costs. If you are applying for energy/LIHEAP, please provide a copy of your heating/cooling cost. If you need help, ask ISD for help.											
▪ Child/Adult Care Costs		✓	✓				You may give any of these if they prove your out-of-pocket costs: Agreement, computer printout, money order, letter from the person you pay, divorce or separation papers, statements, receipts, canceled check, copy of a check.				
▪ Home Rent/Owner Costs											
▪ Heating/Cooling Costs					✓						
▪ Medical Costs Elderly or Disabled Only	✓		✓				To receive this deduction, proof of your out of pocket medical expenses must be provided.				

(Applicant Information Pages)

7. Non-Citizen Immigrant Eligibility

(a) What types of Non-Citizen immigrants are eligible for HSD assistance programs?

For most programs, non-citizens must have a "qualified" immigrant status and meet certain other conditions to qualify. Most non-citizens in the following categories can get benefits if they meet all other program eligibility requirements:

- | | | | |
|----------------------------|--------------------------------------|----------------------------------|--------------------------|
| ▪ Lawful Perm. Res. (LPRs) | ▪ Refugees | ▪ Asylees | ▪ Cuban Haitian Entrants |
| ▪ Amerasians | ▪ Paroled to U.S. – 1 year | ▪ Withholding of Deportation | |
| Certain: | | | |
| | ▪ Battered women and children | ▪ Veterans, active duty military | ▪ Hmong or Laotian Tribe |
| | ▪ Canada/Mexico born Native American | ▪ Human Trafficking Victims | |

Certain non-citizens, including undocumented non-citizens may be eligible for emergency medical services including pregnant women's labor and delivery.

(b) Is there a waiting period (bar) before non-citizen immigrants can get benefits?

The general rule now is that most qualified immigrant children are eligible to receive SNAP/Food, Medical, Cash and Energy Assistance. However some "qualified" immigrant adults can get benefits after they have been in the United States in "qualified" immigrant status for five years and some immigrants can get them right away. In general, adults in certain humanitarian immigration categories (such as Refugees and Asylees), people with military connections, credit for 10 years of work history in the US, and persons receiving disability benefits may be eligible right away.

8. After your Interview

(a) How soon will my application be approved or denied?

- **SNAP/Food** – No later than 30 calendar days after the date of application, or expedited SNAP/Food - 7 calendar days
- **Medical** – No later than 45 calendar days after the date of application
- **Cash** – No later than 30 calendar days after the date of application, or up to 90 days for General Assistance disability decisions
- **Energy/LIHEAP** – No later than 30 calendar days after the date of application, or shut-off/disconnect crisis – 48 hours

If I disagree with the eligibility decision or benefit level, can I have a fair hearing?

Yes - If you don't agree with a decision we make about your case, you can ask for a fair hearing in person, by telephone 1-800-432-6217 or (505) 827-8164, or in writing within 90-days of the date that a notice has been sent informing you of any action that has been taken on your case. Please mail your request to the HSD Fair Hearings Bureau at PO Box 2348 Santa Fe, NM 87504. You have a right to look at your case file and any records HSD used to determine your eligibility before your hearing. You can ask a household member or someone else like a friend or relative to represent your household at the fair hearing. You also have the right to have an attorney or other legal representative at the hearing.

(c) From what date are my benefits calculated?

- **SNAP/Food** – From the date you applied
- **Medical** – From the 1st day of the month you applied. You may be eligible for up to 3 prior months of Medicaid coverage. SCI coverage begins the month after you are approved and enrolled in a health plan
- **Cash** – On the date HSD approves your application or the 30th day from the date of application, whichever is earlier
- **Energy/LIHEAP** – On the date HSD verifies your account with your energy provider

(d) How will I get my benefits?

- **Medical** - A Medicaid card will be mailed to you one working day after the date of approval. For SCI, your SCI medical card will be mailed to you after you are enrolled.
- **Energy/LIHEAP** - Your payment will be sent directly to your energy provider 7-days from the date HSD verifies your account information with your energy provider. For a shut-off/disconnect crisis, HSD will call your energy provider to help you avoid shut-off.
- **SNAP/Food and Cash** – HSD uses an electronic debit card system called EBT to give you your Cash and SNAP/Food assistance benefits. If you never had an EBT card, an EBT card will be mailed to your address in one working day after your application is entered on the computer. Please see more information on the EBT card on Page 9 and 10 of the "Applicant Information Pages."

Each month your cash benefit will be deposited in your EBT account on the first day of the month. Your SNAP/Food benefits will be deposited in your EBT account on the day of the month based on the last two digits of the head of household's social security number. Please see page 10 of the "Applicant Information Pages" to review the issuance schedules.

(Applicant Information Pages)

(e) **How long can I get benefits before I have to renew them?**

- **SNAP/Food** – Up to 12 months is typical or 24 months for elderly/disabled households with stable unearned income such as Social Security
- **Medical** – Up to 12 months is typical
- **Cash** – Up to 12 months at a time is typical. Adults age 18 and over can receive TANF benefits for no more than 60 months during their lifetime, unless they qualify for a hardship extension after they reach the limit. A child living with a parent who is ineligible due to the time limit is ineligible for TANF as a child. The 60-month limit does not apply to cases where the children qualify for TANF and the parent is ineligible for a reason other than the 60-month limit, such as receipt of SSI or an unqualified immigrant status. The 60-month limit does not apply to medical or SNAP assistance.

(f) **Do I have to report changes? Always report address changes** within 10 calendar days for all types of assistance programs.

- **SNAP/Food and Cash** - Changes in household members, monthly household costs, income/job and resources:
Report these types of changes within 10 calendar days from the date the change happened only if:
 1. the change(s) will cause your case to close; or
 2. the change(s) will cause your benefits to increase
- **Semi-Annual Reporting:** Most households will be mailed a semi-annual report where all changes must be reported and given to ISD.
- **Annual Reporting:** Households that get fixed income like Social Security will be mailed an annual report where all changes must be reported and sent to the ISD office.
- **Regular Reporting:** There are few households that have to report changes as they happen. These households must report all changes within 10 calendar days from the date the change happened.
- **Medical** – For Elderly and Disabled persons, report all changes within 10 calendar days. For families with children, you only have to report address changes within 10 calendar days. All other changes will have to be reported the next time you renew your case.

(g) **Will I have to take part in a Work Program?**

- **SNAP/Food** – Yes, unless you are excused or exempt, household members age 16 to 59 will be registered for work with the Employment and Training (E&T) Program. You may request to voluntarily participate in a work activity through the E&T Program. Whether or not you choose to participate in the E&T Program will not affect your SNAP benefits. Participation provides you the opportunity to participate in a work readiness activity and you may receive support services and reimbursements. You may be contacted by the New Mexico Works (NMW) service provider. If you meet the following situations, you may be excused:

▪ Caring for a child under 6 or a disabled person	▪ Receiving Unemployment Compensation	▪ Physically or mentally unfit for employment
▪ College student(s) enrolled at least part-time	▪ Complying with TANF/NMW Program	▪ Participating in a drug/alcohol treatment program
▪ Employed at least 30 hrs./wk or receiving weekly earnings = to the Federal min. wage x 30 hours	▪ 16 or 17, not the head of household and enrolled in school	

- **Cash** – Yes, unless you are excused or exempt, adults getting TANF cash assistance must work or participate in approved work activities. You may be contacted by the New Mexico Works (NMW) service provider. When you have not been excused and you do not complete or report your work activity, you can lose some and eventually all of your cash assistance. This is called a sanction. The first time, we will want to talk with you to try and correct the sanction before it happens; this is called conciliation. A sanction will reduce your benefits in the following three ways: **1st Sanction – 25% cash reduction; 2nd – 50% cash reduction; and the 3rd – Case Closure.** If you meet any of the following situations, you may be excused only after HSD reviews and approves your request to be excused:

▪ Single Parent Caring for a Child under 12 Months Old – 12 month limit	▪ Temporary Personal Situations – Up to 30 days
▪ Age 60 or Older	▪ Disabled
▪ Pregnant in Third Trimester	▪ Caring for a Disabled Household Member
▪ Single Parent caring for a Child under 6 years old (no childcare)	▪ Domestic Violence (Family Violence Option)

(h) **What types of support services can I get?**

The NMW service provider will refer you to supportive services such as child care, transportation, English as a Second Language, getting your GED, college or vocational school, substance abuse and domestic violence counseling/services. For these and additional services where you live please visit: <http://www.hsd.state.nm.us/isd/fieldoffices.html>.

9. Penalties for SNAP/Food Assistance Violations

You must not give false information or hide information to get SNAP/Food assistance, including EBT cards. You must not trade or sell your EBT card or your PIN. You must not allow a retailer to debit your EBT account in exchange for cash. You must not change EBT cards to get SNAP/Food assistance you are not eligible to receive. You must not use your SNAP/Food assistance benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's EBT card for your household.

Anyone intentionally breaking any of these rules could be barred from receiving SNAP/Food assistance for 12 months (1st violation); barred for 24 months (2nd violation); barred permanently (3rd violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; suspended for an additional 18 months. Anyone intentionally breaking these rules could also be prosecuted under other federal and state laws containing criminal penalties.

Anyone who intentionally gives false information or hides information about identity or residence to get SNAP/Food assistance in more than one household at the same time could be barred for 10 years.

Anyone convicted of trading food stamps for a controlled substance could be barred from receiving SNAP/Food assistance for 24 months (1st violation) and barred permanently (2nd violation).

Anyone convicted for trading SNAP/Food for firearms, ammunition, or explosives could be barred permanently (1st violation). Anyone convicted for trading or selling SNAP/Food assistance of \$550 or more and anyone convicted of a drug-related felony could be barred permanently.

10. Important Information About Your EBT Card

(a) First EBT Card

If this is your first SNAP/Food or Cash assistance case with the New Mexico Human Services Department, your EBT card will be mailed to you on the first working day after your application is entered into the ISD computer system by the local ISD office.

You should receive your EBT card within 7 days of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

Important

If you have an EBT card and order a new one, you will not be able to access your benefits until the new one is activated with a new PIN. The old card will be disabled.

(b) I have an EBT Card that I know works.

If you have received SNAP/Food or Cash Assistance in the past and know that your EBT card works, please let ISD know that you do not need a new card. You will be able to access your benefits once your case is approved.

If you only forgot your PIN number, but your card still works, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm, to get a new PIN. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

(c) My EBT Card does not work.

If you have received SNAP/Food or Cash Assistance in the past and your EBT card does not work, please call the JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the JP Morgan Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

(d) I lost my card.

If you have received SNAP/Food or Cash Assistance in the past and your EBT card is lost, please call the JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the JP Morgan Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

11. Issuance Schedules

How will I get my benefits?

- **Cash Assistance** – Your cash benefit will be deposited in your EBT account on the first day of the month.
- **SNAP/Food** – All households will receive SNAP/Food benefits based on one of the two schedules as described below. (Standard or Combined)

Standard Schedule:

- You will receive your 1st month's benefits the day after your case is approved.
- You will receive your 2nd month's benefits on the 1st day of the month.
- You will receive your 3rd month's benefits within the first 10 days of the month, depending on the last two digits of your SSN.
- You will receive your 4th month's benefits within the first 20 days of the month, depending on the last two digits of your SSN. This will be your regular day of the month to receive your future SNAP/Food Stamp benefit.

Example: I applied for SNAP/Food benefits on January 10th and my benefits were approved on February 2nd.

For:	When will my benefits be on my EBT card?
Month of application	February 3 rd
Second Month	March 1 st
Third Month	April benefits available based on the "SNAP/Food Assistance Compressed Staggered Issuance Schedule A", shown below. Look for the last two digits of the head of household's SSN.
Fourth Month	May and ongoing benefits based on the "SNAP/Food Assistance Issuance Schedule B" shown below. Look for the last two digits of the head of household's SSN.

Combined Schedule: If you have applied for SNAP/Food assistance after the 15th day of any month and are approved for expedited assistance, you will receive your benefits according to the schedule below.

- You will receive your 1st and 2nd month's benefits the day after your case is approved.
- You will receive your 3rd month's benefits on the 1st day of the month.
- You will receive your 4th month's benefits within the first 10 days of the month, depending on the last two digits of your SSN.
- You will receive your 5th month's benefits within the first 20 days of the month, depending on the last two digits of your SSN. This will be your regular day of the month to receive your future SNAP/Food Stamp benefit.

Example: I applied for SNAP/Food benefits on January 16th and am approved for Expedited and ongoing SNAP/Food benefits on January 20th. I have provided all the required information to process my application for ongoing SNAP/Food benefits.

For:	When will my benefits be on my EBT card?
Month of application and 2 nd month	January & February available on January 21 st
Third Month	March 1 st
Fourth Month	April benefits available based on the "SNAP/Food Assistance Compressed Staggered Issuance Schedule A", shown below. Look for the last two digits of the head of household's SSN.
Fifth Month	May and ongoing benefits based on the "SNAP/Food Assistance Issuance Schedule B" shown below. Look for the last two digits of the head of household's SSN.

Compressed Staggered and Staggered Issuance Schedules: Your SNAP/Food benefits will be deposited in your EBT account on the day of the month as shown in the appropriate schedule below according to the last two digits of the head of household's SSN.

SNAP/Food Assistance Compressed Staggered Issuance Schedule A																			
Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN
	11		01		12		02		13		03		14		04		15		05
	31		21		32		22		33		23		34		24		35		25
	51		41		52		42		53		43		54		44		55		45
	71		61		72		62		73		63		74		64		75		65
1	91	2	81	3	92	4	82	5	93	6	83	7	94	8	84	9	95	10	85
	18		06		17		07		18		08		19		09		10		00
	36		26		37		27		38		28		39		29		30		20
	56		46		57		47		58		48		59		49		50		40
	76		66		77		67		78		68		79		69		70		60
	96		86		97		87		98		88		99		89		90		80

SNAP/Food Assistance Issuance Schedule B																			
Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN
	11		01		12		02		13		03		14		04		15		05
	31		21		32		22		33		23		34		24		35		25
1	51	2	41	3	52	4	42	5	53	6	43	7	54	8	44	9	55	10	45
	71		61		72		62		73		63		74		64		75		65
	91		81		92		82		93		83		94		84		95		85
	16		06		17		07		18		08		19		09		10		00
	36		26		37		27		38		28		39		29		30		20
11	56	12	46	13	57	14	47	15	58	16	48	17	59	18	49	19	50	20	40
	76		66		77		67		78		68		79		69		70		60
	96		86		97		87		98		88		99		89		90		80

THE RECOVERY HOUSE

James widner Jr. L.A.D.A.C
Director of operations
505-550-6371
House Manager
505-242-4202
323 San Jose SE Apt 1
Albuquerque, New Mexico 87102
therecoveryhouse@msn.com

APPLICATION FOR VOLUNTARY RESIDENCY

Name: _____ Date: _____

Aliases or Moniker: _____

Age: _____ Birth Date : _____ Sobriety Date: _____

Emergency Contact: (Include phone # and relationship): _____

Last Address in the community:

NMCD Number: _____ Facility: _____

Caseworker Name (include phone #): _____ Earliest Release Date:

If Known, P.O. Name (include phone #):

Current Charges:

Previous Charges:

Have you ever been charged with any type of Sex Crime: Yes No

Gang affiliations will be looked at on a case-by-case basis. We are willing to look at ex-gang members who are ages 35 and older and with no conduct reports. Major prison gangs will not be accepted.

Gang Affiliations or Suspected Affiliations:

Number of Conduct Reports: _____ Date of last report: _____

What are your financial obligations?

What are your financial resources?

Current Marital Status: _____ Number of Children: _____ Are you responsible for child support?

Do you have any health problems that would prevent you from working? _____

Describe health issues/limitations: _____

What medications are you currently taking? _____

Do you have a drug and/or alcohol history? _____ Drugs of choice: _____

List programming that you have completed: _____

Sobriety Date: _____

What Job Skills do you have? _____

Name Last Employer: _____

Why did you leave? _____

Longest time in months that you held a job: _____

Why do you want to live at Recovery House? _____

Terms of Residency:

Must be actively involved in your own sobriety.

Must support fellow resident in their sobriety.

Must be supportive of the home.

Must abide by the rules of residency.

Must pay \$400.00 for the first month of residency (\$200.00 is required in advance of arrival);

Must commit to a minimum 3 month stay.

The applicant acknowledges residency is voluntary and is not to be considered contractual. Residency may be terminated at any time by the owner of the property in question.

Residency projected to begin on: _____

Directions:

All questions must be answered. Anything that does not apply please enter N/A.

On Name, please include all aliases.

You must include a caseworker name on this application and a way to contact this caseworker. We do not send acceptance letters to inmates.

If you do not have a PO yet then enter N/A If you do not have an employer yet enter Unemployed.

Failure to include any pertinent information is grounds for immediate rejection or eviction.

Any other information you may think is pertinent may be listed below:

James H Widner Jr.LADAC, CADAC

The Recovery House
323 San Jose Ave. SW
Albuquerque NM
87102
505-550-6371

The Salvation Army Adult Rehabilitation Center
 400 John Street SE (Corner of Broadway & Lead), Albuquerque, NM 87102 (not a mailing address)
 Telephone: (505) 242-3112; FAX: (505) 242-2337

Mailing Address: 4301 Bryn Mawr Drive NE, Albuquerque, NM 87107

1. First Name		2. Middle Name			
3. Last Name		4. Date of Birth			
5. Social Security #		6. Drivers License #			
7. State Licensed in		8. D.L. Expiration Date			
9. Past felony convictions					
10. Circle What Applies					
Walk In	Probation/ Parole	Copy of J&S	Smoker	Non- Smoker	
Alcohol	COC	AMP	Methamphetamines	THC	Opiates
11. Do you have any physical/mental problems?					
12. List any medications you are currently taking					
13. What kind of previous help did you receive?					
14. Religious Affiliation					
15. Have you ever been arrested?					
16. Arrested for What					
17. Facility of last Incarceration			18. Year of Last Incarceration		
19. Incarcerated for What					
20. Parole or Probation Ending Date					
21. Do you receive any income?					
22. Do you understand that our program lasts a minimum of six months?				YES	NO
AN ESSENTIAL PART OF PROGRAM IS A WORK THERAPY ASSIGNMENT				YES	NO
23. Are you able to lift 50 pounds?				YES	NO
24. Are you able to stand, kneel, or sit for a minimum of 8 hours?				YES	NO
25. Do you understand that Work Therapy is a minimum of 40 hours a week?				YES	NO
26. Are you free from chronic illnesses that will interfere with your work therapy?				YES	NO

Please be aware that The Salvation Army will not be able to tailor a work therapy assignment to meet special needs. If you cannot meet this criterion then you need to seek a different program.

Your caseworker, probation officer, lawyer, or other person who is submitting this form for you, also needs to submit a J&S or letter for completion of six-month program, and a TB Clearance for you.

Please also attach a letter explaining why you want rehabilitation and how you feel our program will be beneficial to you.

You must not have pending court dates, which will interfere with your rehabilitation program.

THE SALVATION ARMY
Adult Rehabilitation Program
Western Territory - Albuquerque, New Mexico

HOUSE RULES

*Rules for effective operation of this center
are as follows and apply to all persons residing in this facility.*

Personal Conduct Rules

1. The following list includes many common offences that will always result in a write-up and may result in termination from our program:
 - Tobacco displayed or used on any TSA property (except designated area at ARP)
 - Gambling
 - Pornography: possession or sharing
 - Profanity, shouting or disturbance of the peace.
 - Possession of knives or other weapons
 - Failure to submit to a drug test (including giving a false sample),
 - Bringing in liquor or drugs -OR- using liquor or drugs during 6 month program
 - Failure to return by curfew 9:30PM (Friday 10:30PM)
 - Entering any dorm room but your own (unless ordered by staff)
 - Violence or threats of violence
 - Stealing or possession of items not on your personal inventory
 - Possession or use of electronic devices (except shaver and toothbrush)
 - Repeated discipline needed: 3 write-ups in 6 months is an automatic termination
2. Beneficiaries must enter and exit by front desk only and must submit to breathalyzer every time upon entering the Center. All residents must sign out and specify their destination, even when using payphone. No tobacco or hats on property!
3. Care must be exercised in the use of all equipment, and if you do not understand all safety instructions speak with your supervisor about any questions.
4. You must act like a gentleman at all times. Consequently, feet are not permitted on the furniture, no spitting, gum chewing or seeding permitted anywhere in program, and any conduct unbecoming of a gentleman is subject to a write-up.
5. ~~Relationships, outside of ones ongoing when you enter our program are strictly prohibited.~~ If you are found to be in a relationship that started during your program, you will have to exit the program.
6. Devotion attendance and participation are mandatory. Devotions start at 6:30AM Monday thru Friday, at 7:30AM Saturday and Sunday. Chapel and Church are likewise mandatory for all residents.
7. Lights Out 10:00 PM Saturday - Thursday. Lights Out 11:00 PM Friday.

Personal Care Rules

1. Dress code: collared shirt and long pants with belt for all work, meals, meetings and devotions. Shorts with belt and tee shirts allowed on freetime and Saturday and Sunday meals. Gym shorts only allowed in exercise yard. Shirts must be tucked in 100% of time in program, no exceptions.
2. Shower must be taken daily. Beneficiaries must be dressed or robed including footwear to and from showers. Every resident must be clean before entering dining room.

3. Shaving each morning is required. No beards, goatees, or any facial hair are allowed. No buzz cuts, shaved heads, fades, gang style haircuts nor designer cuts are allowed. Crew cuts are permitted but nothing shorter than #2 on a razor. Sideburns cannot go below mid-level of the ear. No hair may extend beyond the collar of the shirt, no hair longer than 4 inches, no ponytails are allowed, natural hair color must be retained. "Do" rags are allowed only in your room and only for sleep.
4. ALL shirts must be completely tucked in 100% of the time. Pants must be worn with a belt at waist level at all times. No tank tops, or clothing with writing on it will be allowed. Beneficiaries are not permitted to wear hats on our property. Beneficiaries are permitted to have one hat on their property list and can be worn only off of the property, however beneficiaries assigned to "As Is" and "Truck Helper" are permitted to wear hats during work time.
4. ~~A wedding band, as a symbol of a promise made is allowed to be worn. However no other jewelry or ornaments may be worn, including, sunglasses, earrings, body piercing, necklaces, headbands, waist sashes or other costume pieces are allowed at any time. If any are ever visible, they will be confiscated and not returned to the beneficiary.~~
5. Sunday chapel dress will be a suit or sport coat, tie, dress shirts, dress slacks and dress shoes, this is also for any court appointment.

Facility Issues

1. Maintain cleanliness of your assigned sleeping area. This includes making beds daily.
2. Nails, screws, hooks etc. must not be driven in walls, woodwork or furnishings of rooms. Pictures may not be placed on walls.
3. Medication, beverages, food and cooking in any form will not be permitted in rooms or dormitories.
5. NO TVs, Radios, Alarms, Clocks, Walkmans, CD Players, DVD players, PCs, electronic games or phones or any other personal electronics extension cords are permitted in rooms of beneficiaries. The only two electric devices allowed are an electric shaver and an electric toothbrush.
6. All TV's will be turned off ten minutes before devotions and chapel service, silent during meals.
7. There is only a payphone at the facility, and it cannot be used if you are under any type of restriction. You are not allowed to use the phone at any work assignment. Payphone may be used after devotions, when off duty until sign in time.

General

1. ARP does not provide storage for beneficiaries. Other than the clothing they are wearing or brought in upon admission, all clothing is issued and provided only by the Center. Beneficiaries are not allowed to bring in any clothing or belongings (after initial check in) without staff approval.
2. All rooms, lockers, dressers and nightstands are subject to inspection at all times, and will be checked regularly.
3. All personal property must be on inventory list. Non-recorded items will be removed and considered pilfered.

REMEMBER...

THIS IS YOUR HOME. Much thought and effort has gone into making it comfortable and pleasant for you. Your complete compliance with the above rules will maintain a homelike atmosphere and make your stay a productive one.

**THE SALVATION ARMY
ADULT REHABILITATION PROGRAM.**

Located at: 400 John Street SE, Albuquerque, NM
Mailing Address: 4301 Bryn Mawr Dr. NE, Albuquerque, NM 87107
Telephone: 505-242-3112 FAX: 505-242-2337

The purpose of this brief is to provide you with some detailed information about our program.

Program requirements for completion include the following:

Work Therapy	130 sessions
Monday Open Group	24 sessions
Tuesday General Sessions	24 sessions
Tuesday Relapse & Re-entry	8 sessions
Tuesday AA Meeting	24 sessions
Wednesday Chapel	24 sessions
Thursday Educational Videos	24 sessions
Friday Bible 12 Step Study	24 sessions
Sunday Services	24 sessions
Morning Devotions	144 sessions

The work therapy component is a vital part of the program and each beneficiary's performance and progress is regularly monitored as well as formally evaluated every month. Regular attendance and good performance in the work therapy portion of the program is absolutely essential to be granted a Certificate of Completion.

In addition to the work therapy component of the program and participation in all of the sessions listed above, the beneficiaries must also meet the following additional requirements divided into four phases. This includes weekly individual counseling sessions. The beneficiary's primary counselor reviews his progress in the workbooks.

Phase I (weeks 1 to 9)

Complete five interactive journals/workbooks:

"Why Am I Here?"

"Denial"

"Step One"

"Spirituality"

"Anger"

Phase II (weeks 10 to 18)

Establish an AA, NA, or CA home group meeting, which must be attended regularly

Obtain a 12-step sponsor

~~Attend a minimum of 4 outside meetings per week in addition to the weekly in-house meeting held here at this facility~~

Complete the following workbooks:

"Feelings"

"Looking Within"

"Personal Relationships"

"Sexuality"

Phase III (weeks 19 to 24)

Continue to attend 4 outside meetings per week in addition to the weekly in-house meetings
Begin the "Program Relapse and Re-entry" groups

Complete the following workbooks:

"Relapse Prevention"

"Re-entry"

Phase IV (weeks 25 and 26)

Continue outside meeting schedule of a minimum of 4 meetings per week in addition to
The weekly in-house meetings

Establish a detailed list of an outside support system.

Develop a plan of action for after completion.

Another essential component of this program is the intensive staff supervision and insistence upon full compliance with house rules. Upon enrollment in the program, every beneficiary is placed on an initial period of restriction, varying from four to eight weeks. During this time beneficiaries are only permitted to leave the facility under staff supervision. For the entire program duration, it is required that every beneficiary sign out, and upon return to be breathalyzed (zero tolerance) after signing back in. A curfew is strictly enforced.

All beneficiaries are also subject to additional random Breathalyzer tests and regular drug screening (again, zero tolerance). MEDTOX Drug screening administered by trained staff.

Senior staff members live on site. Regular bed checks are conducted approximately every hour and one half, each night. In-house checks are done night and day, and all beneficiaries' beds, dressers, and personal possessions are regularly inspected/searched.

The Albuquerque program follows the Policies and Procedures set out by The Salvation Army for rehabilitation programs across the entire nation. It should be noted that one of those policies states, "Parole and probation early release clients will be kept to a minimum of 40%, and preferably 30%." However, given The Salvation Army's mandate to meet the needs of the local community, the Albuquerque Adult Rehabilitation Program far exceeds that ratio, accepting a large number of applicants whom the courts deem appropriate to sentence to a substance abuse rehabilitation program. Notwithstanding, the integrity of the program cannot be compromised.

In summary, The Salvation Army Adult Rehabilitation Program is comprehensive. Completion requires a willingness to acknowledge one's addiction and character defects, desire to change, and hard work. All of our beneficiaries are strictly supervised twenty-four hours a day, tested for alcohol and drug use, and placed on a strict schedule of work therapy and a comprehensive program of counseling, substance abuse and behavioral education, 12 step-study, and spiritual enrichment.

Do you have a history of alcohol and/or drug abuse? (circle) Yes or No	Date of last Drink
Are you addicted to drugs (circle) Yes or No	Date of last use of drug use
List the drugs you have used addictively: 1. 2. 3. 4.	Do you want to stop drinking alcohol and using additive drugs? Yes or No

Fee Schedule

The cost to reside in the Sobriety House Therapeutic Living Facility is \$400 a month. This fee includes the initial screening, assessment, reserving a bed, and one month of residence at the Sobriety House Program -- provided that the client makes a 3 - month commitment.

If the client decides to not pursue residence in the Sobriety House program and/or fails to keep the 3 - month commitment, the fees are as followed:

- \$150 Screening & Substance Abuse Assessment
- \$ 60 Case Management (per hour)
- \$ 75 Deposit to initially reserve a bed
- \$ 45 Daily Therapeutic Living Fee
- \$ 75 Clean up fee (residents who do not return to the program and abandon their belongs, do not wash their bed lien, etc.)

I have read all of the material on this application. I have read and agree to the therapeutic living fee schedule. I have also read the House Rules and I agree to follow them. I have answered each question on this application honestly. I also understand that Sobriety House is a voluntary recovery program and I agree to follow ALL of the program requirements. I understand that non-adherence to the program requirements are grounds for immediate program termination.

Signature: _____

Date: _____

**FAX Completed Application Packet
TO :
(FAX) 505-293-1038**

Mail payments to the following address:

Sobriety House, LLC
2929 Coors Blvd NW Suite 100 - D Albuquerque, NM 87120

Sobriety House, LLC

Biopsychosocial Assessment

Name _____

Date _____

Address _____

DOB _____

Social Security Number _____

Do you or have you had and of the following? (Circle)

Medicaid AMCI ATR

Are you married? Yes or No

Are you in a relationship? Yes or No

Children's names

Age

Where do they live?

Medical

Have you ever had a seizure? Yes or No

When was the last time you have seen a doctor? _____

Who is your doctor? _____

Are you currently being treated for medical problems? _____

Do you have problems with the following health conditions?

	Yes	No		Yes	No
Diabetes			Heart Problems		
High Blood Pressure			Lung Problems		
High Cholesterol			Liver Problems		
Headaches			Kidney Problems		
Eyes, ears or Throat			Stomach Problems		
Cuts or injuries			Pain		
Teeth or gum problems			Vision or hearing problems		

What medications are you currently taking?

Name of medication

Why are you taking them?

1. _____
2. _____
3. _____
4. _____

Employment

Are you currently employed? Yes or No How long? _____

What is the highest grade completed in school? _____

Did you graduate from high school? Yes or No Obtain a GED? Yes or No

Please provide your last four jobs

Year	Company	Position	Length of Employment

Are you actively seeking employment? Yes or No

Do you need assistance with obtaining employment? Yes or No

Do you need job training? Yes or No

Drug/Alcohol

What substance have you tried?

Substances:	Age of 1 st used	Last use	Most ever used	Frequency of use
Alcohol				
Marijuana				
Inhalants				
Cocaine				
Amphetamines				
Heroin				

How many times have you drank alcohol and/or taken drugs and had difficulty remembering what you may have said or done while under the influence? _____

How many alcohol and/or drug related arrests have you had? _____

What for? _____

How many times have you been in a fight? _____

How many of those times had you been drinking? _____

When was the last time you hit your significant other (girlfriend, husband, etc.) _____

Are you able to consume a lot more than when you first started to use? Yes or No

What is the most number of days you have drank alcohol without stopping? _____

Do you ever feel sick after you stop drinking (circle) shakes, feeling confused, unsteady, blood-shot eyes, perspiration, depressed? Yes or No

Have you ever had hallucinations after you stopped drinking? Yes or No

Have you ever drunk more alcohol that you intended to drink? Yes or No

Have you ever drunk longer than you intended to drink? Yes or No

Have you ever spent more money on alcohol than you intended to spend? Yes or No

Have you ever attended and Alcoholic's Anonymous meeting? Yes or No

Why did you attend the meeting? _____

How many times have you tried to stop drinking? _____

Have you ever borrowed, stole, or shop-lifted to obtain alcohol or money for alcohol?
Yes or No

Since you started drinking, have you given up or reduced the amount of time that you
would spend in pleasurable activities or time you would spend with family members?
Yes or No

Have you continued to drink despite having problems from alcohol use? Yes or No

How many times have you participated in substance abuse treatment? _____

Year	Treatment facility	Did you complete the program?

Do you think you have a problem with alcohol and/or drug use? Yes or No

Legal/Social

How many friends do you have? _____

How many of them don't drink alcohol or take drugs? _____

How many times have you been arrested? _____

Reasons for being arrested? _____

Are you currently on probation or parole? _____ Where? _____

Are you a convicted sex offender? _____

Mental Health

Have you ever seen a doctor, a counselor, or been in an emergency room or hospital
because of mental health problems? Yes or No

When	Where?	For what?	Counselor's name

Does any of your family members have a history of mental illness? Yes or No

Have you ever been mentally, physically, or sexually abused? Yes or No

Do you ever feel there is no one available to help you? Yes or No

Do you have little or no hope for your future? Yes or No

Have you ever thought about ending your life? Yes or No

When was the last time? _____ Did you have a plan? Yes or No

Have you ever attempted to end your life? Yes or No When? _____

Has anyone in your family ended their life? Yes or No

	Very Bad	Bad	OK	Good	Very Good
How is Your Appetite?					
How is Your Sleep?					
How is Your Energy?					

How is your current mood?

Very Happy	Happy	OK	Sad	Very Sad

I certify that the information I disclosed is accurate to the best of my recollection.

Client Signature

Date

Do not write below this line

Diagnostic Impressions:

AXIS I

AXIS II

AXIS III

AXIS IV

AXIS V

Sobriety House

The Sobriety House is a recovery home for individuals recovering from alcoholism and/or drug addiction.

House rules:

- Absolutely no alcohol and/or drug use is permitted. There is a zero tolerance. **There are no exceptions!**
- Those who relapse will be expelled immediately
- We ask that residents agree to make a 3-month commitment.
- If there is any suspicion or indication of substance use a urine screening, a breathalyzer test, and/or alcohol saliva screening will be required
- ~~Failure to undergo the screening is considered a positive result and is grounds for immediate expulsion~~
- No threats or acts of violence
- No stealing
- All new residents are required to attend 90 meetings (AA or NA) in 90 days (basically, one meeting a day, for 90 days)
- After 90 days, residents are required to attend at least 5 meetings per week
- 9:00 PM curfew for everyone within their first 30 days
- If you are on probation or parole you must adhere to their curfew, provided it is not later than the house curfew
- After 30 days of being a resident, curfew for Friday and Saturday's only, increases incrementally by one hour every thirty days. The curfew limit is 11:00 pm (individuals on probation or parole must comply with probation or parole requirements)
- If there is an AA/NA sponsored dance, and at least three residents attend the dance, anyone may attend the dance until it is over
- Obtain a sponsor within 30 days
- No entering other residents room without their permission
- Keep your room clean
- If you cook, clean-up your mess
- Residents must be current with rent and other financial responsibilities
- Mandatory house meetings once a week
- Must carryout weekly chore
- No visitors. Except, once a week, meeting with someone for sponsorship work and/or ministerial guidance is OK

By signing this document, you are indicating that you have read, understand, and agreed to adhere to what is described above. Violation to the principles and/or rules is grounds for expulsion.

Print Name

Date

Sign Name

Sobriety House

**AUTHORIZATION AND CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, _____, hereby consent to communication between The New Mexico Adult Probation/Parole Department and Mark Simpson, PsyD, MAC, LADAC/Sobriety House.

The purpose of and need for the communication and disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my treatment attendance, prognosis, compliance and progress in accordance with the referring agency's monitoring criteria and Sobriety House's program requirements.

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164; and the Mental Health Code, Section 330.1748 of Public Act 258. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from redisclosure. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows:

I understand this consent will remain in effect until:

 X there has been a formal and effective termination or revocation of my release from confinement, probation, parole or other proceeding under which I was mandated into treatment, or

_____ (Specify other time when consent can be revoked and/or expires)

I understand that by revoking this authorization PRIOR to completion of my criminal justice referral requirements may affect my association with the criminal justice system.

I understand that authorizing the communication and disclosure of this health information is voluntary and that I may refuse to sign this authorization; however, my request to release information will not be fulfilled. I understand I may inspect or copy the information to be used or disclosed. I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I understand that I am entitled to receive a copy of this authorization after it is signed.

(Signature of Participant)

(Date)

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Sobriety House
126 General Chennault, NE
Albuquerque, NM 87123
505-977-9180
505-260-2312 fax

AUTHORIZATION TO RELEASE/REQUEST INFORMATION

I, _____ (Last Name), _____ (First), _____ (MI) _____ (Maiden Name)

_____, hereby authorize the **Sobriety House** to (X) RELEASE (X) REQUEST
(Date of Birth) the following information concerning me to/from:

(Name of Person/Hospital/ Agency)

(Street Address/PO Box)

(City, State, Zip Code)

Approximately from:

_____ to _____
MM/DD/YY MM/DD/YY

Items and information to be released are: related to the results from an assessment, including a diagnosis, treatment recommendations, progress reports, and aftercare recommendations.

The purpose is: _____

Any Exclusions: _____

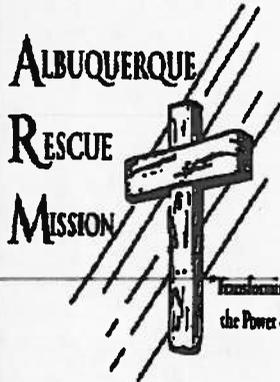
I understand that I may revoke this authorization to release information at any time by giving written notice to **Sobriety House**. However, I also understand that any information released prior to my revoking this authorization, shall not be a breach of my right to confidentiality.

(Signature of the Client)

(Date of the Signature)

Mark Simpson, PsyD, MAC, LADAC
Licensed Clinical Psychologist

Date Appl. Received	Interview Date	Entrance Date	Exit Date	Graduation Date



525 Second Street SW Albuquerque, NM 87102 Email: info@albqrescue.org
 Phone: (505) 346-4673 Fax: (505) 843-8823 www.abqrescue.org

RESIDENTIAL PROGRAM APPLICATION

Please check one:

New Life Program for Men

Special Arrangements Program for Men

Respite Bed Program for Men

Jo Ann Nicholson Women's Center of Hope

Legal Name:			
Date of Birth:		Birthplace:	
Driver's License #:		Other ID:	
Social Security #:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnic Background:		Phone #(s):	
Height:	Weight:	Hair:	Eyes:
Address:			
City:			
State:	Zip Code:		
Emergency Contact:		<i>Place Photo Here</i>	
Address:			
City/State/Zip:			
Phone:			

CATEGORY A: HOUSING SITUATION	
1. What has been your primary housing in the past 30 days?	
Comments:	a. Outside
	b. Homeless Shelter
	c. Controlled Environment
	d. Own House
	e. Rental House/Apartment
	f. With Family
	g. With Friends
	h. Motel
	i. Other:

CATEGORY B: LIFE CONTROLLING ISSUES	
1. Have you been in a controlled environment in the past 30 days?	
Comments:	a. No
	b. Jail
	c. Prison
	d. Detox
	e. Alcohol/Drug Treatment
	f. Medical Treatment
	g. Psychiatric Treatment
	h. Other:
2. If the answer was YES how many days?	

CATEGORY C: LEGAL ISSUES	
1. Do you have any legal issues pending? YES NO	
If the answer is YES, please provide the details:	
2. Do you have any outstanding warrants? YES NO	
If the answer is YES, please provide the details:	
3. Are you required to register as a sex offender? YES NO	
If the answer is YES, please provide the details:	

4. Have you ever been arrested? YES NO
If the answer is YES, how many times?
What were the charges?
5. Have you ever spent time incarcerated? YES NO
What type of institution? Jail Prison
Where/When?
Where/When?
Where/When?
Where/When?
6. Are you coming to this Program directly from custody? YES NO
What type of institution? Jail Prison
Where/When?
7. Are you on Probation? YES NO For how Long?
8. Are you on Parole? YES NO For how long?
If YES, who is your Probation/Parole Officer?
Name:
City/State/Zip Code:
Phone #:
9. Has a Court ordered you to this Program? YES NO
Name of Court:
Name of Judge:
City/State/Zip Code:
Phone #:
10. Do you currently have a Lawyer? YES NO
Name:
City/State/Zip Code:
Phone #:
11. Are you required make child/spousal support payments? YES NO
If the answer is YES, please provide the details:
12. Are you currently involved in a case with the Children, Youth and Families Dept.? YES NO
If the answer is YES, please provide the details:

CATEGORY D: SUBSTANCE ABUSE ISSUES			
1. Do you have an Addiction to drugs/alcohol? YES NO			
What do you use most often?			
What is your pattern of use? (Daily, binge etc.)			
How long have you used this substance?			
How old were you when you first used this substance?			
How long has this substance been a problem for you?			
Date that you last used this substance?			
2. What other substances do you abuse?			
3. Have you ever been hospitalized because of problems directly related to an addiction? YES NO			
If answer is YES, please provide some information:			
4. Have you ever been in a Residential Treatment Program? YES NO			
If answer is YES, please provide some information:			

CATEGORY E: HEALTH ISSUES			
1. How would you rate your present state of health? Good Fair Poor			
2. Do you have any current medical issues? YES NO			
If answer is YES, please provide some information:			
3. If you are female are you pregnant? YES NO			
If the answer is YES, are you receiving prenatal care? YES NO			

CATEGORY F: EMPLOYMENT	
1. What is your usual occupation?	
2. Are you currently employed? Where?	
3. How many days were you paid for work in the last month?	
4. What has been your usual employment pattern in the past year?	
Comments:	a. Full-time 37hrs. >
	b. Part-time (regular hrs.)
	c. Part-time (irregular hrs.)
	d. Student
	e. Retired
	f. Disabled
	g. Unemployed
	h. Controlled Environment
	i. Other:
5. Are you seeking full-time employment?	YES NO

CATEGORY G: EDUCATION/MILITARY SERVICE	
1. What is the highest level of education you have completed?	
Comments:	Completed Grade #
	H.S. Diploma
	GED
	A.A.
	B.A./B.S.
	M.A./M.S.
	Ph.D.
	Other:
2. If you do not have a Diploma/GED do you wish to obtain one?	YES NO
3. Did you serve in the Armed Forces?	YES NO
If the answer is YES, please provide the details:	

CATEGORY H: FINANCIAL SITUATION		
1. Do you have a regular source of income?	YES	NO
If the answer is YES, please provide the details:		
2. Do you have a checking or savings account?	YES	NO
3. Are you debt free or do you have a plan to become so?	YES	NO
4. Do you receive any government benefits?	YES	NO
If the answer is YES, please provide the details:		
5. Have you recently spent any money on any form of gambling?	YES	NO
If the answer is YES, please provide some information:		

CATEGORY I: FAMILY/RELATIONSHIP QUESTIONS					
1. Do you have any children under 18?	YES	NO			
If the answer is YES, please provide some information, including who has custody:					
2. What is your marital status?	Single	Married	Widowed	Separated	Divorced
Please provide some information:					
3. Are you a victim of domestic violence?	YES	NO			
If the answer is YES, please provide the details:					

CATEGORY J: MISCELLANEOUS QUESTIONS		
1. Are you able to walk unassisted, take care of your own personal hygiene and feed and clothe yourself?	YES	NO
2. Are you able to administer and manage your own medication?	YES	NO
3. Are you willing to allow us to lock up your prescription and over the counter medications for safekeeping?	YES	NO
4. Are you willing to take a TB test?	YES	NO
5. Are you willing to go to a health clinic for a medical exam?	YES	NO
6. Are you willing to have a psychiatric evaluation if we believe that it is necessary or would be helpful?	YES	NO
7. Are you willing to take psychiatric medications if a doctor prescribes them for a mental health condition?	YES	NO
8. Are you willing to sign consent forms to allow a Chaplain or a Caseworker to obtain social, medical or legal information?	YES	NO

CATEGORY K: SPIRITUAL ASSESSMENT			
1. Do you believe in God?	YES	NO	UNSURE
2. Do you participate in some form of organized religion?	YES	NO	UNSURE
3. Are you a member of a church or other religious community?	YES	NO	UNSURE
4. Do you believe that the Bible is the true Word of God?	YES	NO	UNSURE
5. Do you believe that we are saved by faith alone in Christ alone?	YES	NO	UNSURE
6. Do you believe in and trust in the Lord Jesus for your salvation?	YES	NO	UNSURE
7. Do you pray and read the Bible on a regular basis?	YES	NO	UNSURE
8. The Albuquerque Rescue Mission is a Christian Mission and I understand that the services and ministry I will be receiving will be Bible based and will include Christian teaching.	YES	NO	

CATEGORY L: PERSONAL RESPONSE
Please state your reason for wanting to be in this Program:

CATEGORY M: SIGNATURE/CERTIFICATION	
I certify that the information I have given in this application is complete, accurate, and truthful.	
Signature:	Date:

ALBUQUERQUE RESCUE MISSION RESIDENTIAL PROGRAM

AUTHORIZATION TO CONDUCT A PRELIMINARY BACKGROUND CHECK

- I understand that it is the policy of the Albuquerque Rescue Mission to conduct a brief preliminary background check to obtain information about individuals who have applied for Program services. This background check will consist of searches of appropriate local, county, state and federal agencies including, national and state sex offender websites; court, police, FBI and legal websites; state child support enforcement websites;

I understand that such information is obtained from websites that are accessible to the general public, but it will be kept confidential and will not be released without my written consent to any individual or agency.

I hereby grant specific permission to:

_____ (A.R.M. STAFF MEMBER NAME)

of the Albuquerque Rescue Mission to gather background information about myself from the agencies listed above in order to verify information that I have given.

I understand that this information will be used by the Albuquerque Rescue Mission to evaluate me for the services I have applied for.

I understand that if more detailed personal confidential information is needed I will be asked to sign a *Consent for Use and Disclosure of Confidential Information* form.

I understand that this authorization is valid for one calendar year from today's date and may be revoked by me in writing prior to its expiration.

SIGNATURE _____ DATE _____

- I certify that my legal status is as follows: (Please initial opposite all applicable statements.)

_____ U.S. CITIZEN _____ VISITOR'S VISA

_____ PERMANENT RESIDENCE _____ WORK PERMIT VISA

- I have no warrants, law enforcement investigations, legal proceedings, probation or parole matters pending, except as follows: (Please describe in detail or state "NONE", if applicable.)

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. ~~Notarized copies or photocopies which have not been certified by the~~ custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find our nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application **LEGIBLY** using **ONLY** black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a ~~U.S. Federal, State, or local government~~ agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. **NOTE:** Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. **DO NOT** carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new b, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

~~The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.~~

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0980-0066

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			

2	Social Security number previously assigned to the person listed in item 1	<input type="text"/>					
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3	PLACE OF BIRTH (Do Not Abbreviate) City	State or Foreign Country	Office Use Only FCI	4	DATE OF BIRTH MM/DD/YYYY
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5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)
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6	ETHNICITY Are You Hispanic or Latino? (Your Response Is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response Is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	
			<input type="checkbox"/> Asian			

8	SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?	<input type="checkbox"/> Yes (if "yes" answer questions 12-13)	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know (if "don't know," skip to question 14.)
-----------	---	--	-----------------------------	---

12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
-----------	---	-------	------------------	------

13	Enter any different date of birth if used on an earlier application for a card	MM/DD/YYYY
-----------	--	------------

14	TODAY'S DATE MM/DD/YYYY	15	DAYTIME PHONE NUMBER Area Code	Number
-----------	-----------------------------------	-----------	--	--------

16	MAILING ADDRESS (Do Not Abbreviate)	City	State/Foreign Country	ZIP Code
-----------	---	------	-----------------------	----------

17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify
-----------	-----------------------	-----------	--

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN	DOC	NTI	CAN	ITV			
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
					DATE		
					DCL		
					DATE		



The Supportive Housing Coalition of New Mexico named:
"2010 Affordable Housing Developer of the Year"
by the New Mexico Mortgage Finance Authority

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The Supportive Housing Coalition of New Mexico is a statewide non-profit housing organization incorporated in 1996. Based in Albuquerque, the Coalition represents a formal collaboration among some of New Mexico's oldest and most respected providers of homeless and behavioral health services. The agency develops, owns and manages a variety of affordable supportive housing options for homeless and near homeless individuals who suffer from severe mental illness, while our community partners refer and place residents and offer a comprehensive range of supportive services that, in combination, optimizes their health, recovery, independence and housing stability. Today, the Coalition provides over 500 units of housing through new construction, property acquisition, rehabilitation, management, and the administration of tenant based rental assistance vouchers.

Our mission is:

"to prevent and reduce homelessness and to increase the quality of life for people with behavioral health issues in New Mexico by creating and preserving permanent, affordable and supportive housing."

We strive to:

- create and manage the most affordable, supportive and highest quality housing possible for homeless, low-income, disabled and those at-risk of homelessness;
- advance the success of residents by keeping them permanently housed and linked to a comprehensive array of individually tailored supportive services;
- include community input in the design and operations of our housing; and
- use local suppliers and labor, and green building materials whenever possible.



[Click here for Information on Bronco Event with Ed McCaffrey, September 21, 2011](#)

We believe affordable and supportive homes are the foundation to healthy families, vibrant neighborhoods and strong communities.



News

- [Public Meeting for Alameda 575 in Las Cruces set for November 30th](#)
- [National Survey of Programs and Services for Homeless Families](#)
- [Governor Richardson attends Vista Gallinas Ground Breaking](#) [PDF: 282 KB - Jul 21, 2011]
- [Downtown @ 700-2nd Ground Breaking](#)
- [Vista Gallinas Ground Breaking](#)



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Rental Assistance Programs

In addition to our housing development activities, the Supportive Housing Coalition of New Mexico administers approximately 240 tenant based rental assistance vouchers on a scattered site basis in the private rental market in Albuquerque. At present, we have a pool of nearly 90 different participating landlords in the area. Our housing staff is certified to conduct housing (HQS) inspections in accordance with U.S. Department of Housing and Urban Development quality standards.

How to apply :

Rental assistance is available for homeless persons who have behavioral health disorders, including substance abuse and chronic mental health issues, and persons at-risk of homelessness through the following programs listed below. To be eligible for any of our rental assistance program, potential program participants must be referred by one of our partnering agencies. Please [click here](#) for a list of referring agencies.

Housing First Program

This program is designed to provide permanent housing to individuals and families who have a long history of homelessness and who have behavioral health disorders, including substance abuse and chronic mental health issues. Project participants are extremely-low income, with incomes at or below thirty percent of the area median income. SHC-NM has successfully administered this program since July 1, 2005 with funding support from the City of Albuquerque. All project participants have ongoing access to a comprehensive range of supportive services once they are placed in housing. Our experience and research indicate that it is necessary to combine affordable housing with supportive services to effectively keep people housed. Simply placing individuals in community based housing will not be sufficient for individual or

**Working together,
 we assist the
 marginally-housed
 to become well-
 housed and the
 homeless to
 become formerly
 homeless.**

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5



Year"

The Supportive Housing Coalition of New Mexico named:
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project success. One hundred seventy-five (175) vouchers are funded in this program.

Move-In/Eviction Prevention Grant Program

Distribution of one-time emergency grants for move-in assistance and eviction prevention to help low-income families and individuals avoid homelessness. (Nearly 1,000 households served to date and over \$800,000 disbursed.)

Linkages Program

This pilot program is a collaborative effort with First Nations Community Healthsource, Albuquerque Healthcare for the Homeless, Value Options and the Mortgage Finance Authority. Ten vouchers are funded by this initiative, designed as a housing first model to provide housing and support services to homeless and/or precariously housed individuals and families who have a behavioral health disorder. 80% of the vouchers are awarded to Native persons.

Sevagram Supportive Housing Program

The Sevagram program is funded through HUD's Continuum of Care grant and provides permanent housing to individuals and families who are homeless and who have a behavioral health disorder. Tenants must have an on-going case management relationship to qualify for this voucher. Twenty (20) vouchers are funded in this program.

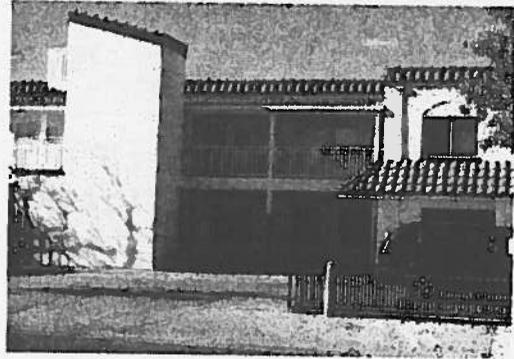
Transitions Program

In partnership with New Mexico's Children Youth and Families Department, the Transitions program provides housing for youth who are aging out of foster care placements or the juvenile justice system. This is a pilot program now in its second year. Referrals are made only through CYFD.

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TRANSITIONAL LIVING SERVICES, INC.
A community Mental Health Center



Address: 5601 Domingo Road
Albuquerque, NM 87108

Phone: (505) 268-5295

Fax: (505) 268-9967

Home Page

What is TLS?

Our Programs

Transitional Living Services, Inc. (TLS) offers numerous programs designed to improve the quality of life for those who are mentally ill. TLS provides support services and housing options that empower individuals to improve their lives. TLS programs emphasize individual readiness and teach the philosophy that everyone possesses the ability to get better and get their life back on track. Residential services range from 24-hour supervised settings to semi-independent and independent living. Case management and counseling are offered as support services throughout the program continuum. Many clients eventually return to work or school, working toward the recovery from their mental illness through medication, therapy, community supports and socialization. TLS empowers consumers to build their own social network and be functional in the community at large.

What is Mental Illness?

How can I apply for services?

How can I help?

History

Board of Directors & Management Staff

In 1978, a small group of community leaders in Albuquerque recognized the need to establish a caring rehabilitative home for individuals suffering from long term mental illnesses. The first home opened its doors to four clients and was called "Little Haven." For several years, "Little Haven" maintained two houses on Walter Street. In 1983, the name was changed to Transitional Living Services, a board of directors was formed, and TLS was incorporated as a private, not-for-profit corporation. TLS became a Community Mental Health Center licensed by the state of New Mexico in the year 2000.

Contact Us

Supporters

Mission Statement

To provide comprehensive services that will assist adults living in New Mexico in the recovery from severe disabling mental illness. Our programs will optimize the health, wellness, and independence of the individuals we serve.

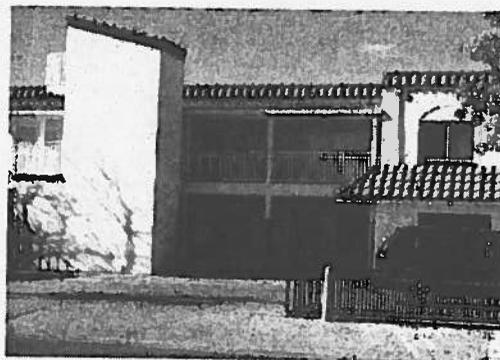


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[Home Page](#)

Our Programs

Our Programs

Housing:

Mesa House: In these programs, clients seek to achieve their highest level of independence in an environment that is supportive and consistent. They may remain at these houses as long as they are receiving benefit from the services provided and they are able to abide by the rules.

What is Mental Illness?

Hudson Program at Gray House: Provides a residential treatment program in a group home setting for clients that suffer from chronic mental illness and addictive illnesses. In these programs, a client is encouraged to work through an individualized program and achieve greater independence in 18 months "ÀÀÀ" 2 years. The ultimate goal is graduation to more independent living at that time.

How can I apply for services?

Shelter Plus Care & San Pedro Apartments: Provides an unsupervised, subsidized apartment program with weekly program and participation requirements. Active case management is required.

How can I help?

Concha Apartments: Unsupervised, subsidized rental apartments managed by TLS. Case management is not required but may be recommended. Some single room apartments and some double occupancy apartments. Unlimited length of stay.

Board of Directors & Management Staff

Other Critical Services:

Community Support Services: Community Support Services offer individualized treatment by a client advocate. Case Managers identifies needed support systems in the community such as physicians, psychiatrists, and families, and then works with the individual to access those support systems. A yearly treatment plan is developed with the consumer to identify rehabilitation goals and is updated once a quarter to monitor progress. Required by anyone in the Group Homes or Shelter Plus Care; also available for those living independently.

Contact Us

Psychosocial Rehabilitation (PSR): Individual and group rehabilitation programs designed to enhance life management and interpersonal skills, teach symptom and anger management, and develop creative and expressive abilities while increasing socialization, community and peer supports.

Supporters

Financial Management: TLS offers financial management to clients who have difficulty maintaining a budget on a limited income. This service is required for all residents in the Group Homes.

Therapy: Individual, group, and family therapy sessions are available to TLS

clients through a team of counselors and social workers. Therapists work with specific houses and programs so that services may best be tailored to client needs.



TRANSITIONAL LIVING SERVICES, INC.
A Community Mental Health Center

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Important! Before you submit this packet!

This application packet cannot be processed until all items on the check list below are completed and included in the packet before submission. If any of the items below are missing, this will hold up your application from being processed. By submitting a completed application packet, we will be able to process your application more quickly!

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Clients Medicaid Card
(copy only) |
| <input type="checkbox"/> Birth/Baptismal Certificate | <input type="checkbox"/> Signed releases of information
(copy only) |
| <input type="checkbox"/> Social Security Card
(copy only) | <input type="checkbox"/> Proof of income
(Award Letter from SSI) |
| <input type="checkbox"/> Recent medical records
(if applicable) | <input type="checkbox"/> State I.D. or Driver's License |

Full Psychiatric Evaluation :

completed within the Last Six Months [This should include DSM-IV 5-Axes Diagnosis! We request that psychiatrist specify specific diagnoses, for example: Psychotic Disorder N.O.S. is too broad. Additionally, neuropsychological and psychological evaluation are very helpful and should be included if the consumer has recently had one of these evaluations, however a Full Psychiatric Evaluation completed within the last six months must be included in order for us to process this application packet!]



TRANSITIONAL LIVING SERVICES, INC.
A Community Mental Health Center

5601 Domingo Road N.E. • Albuquerque, N.M. 87108 • Phone: 505-268-5295 • Fax: 505-268-9967

FAIR AND EQUAL OPPORTUNITY HOUSING

POLICY:

Transitional Living Services, Inc (TLS) will not discriminate in housing placement on the basis of race, creed, national origin, political affiliation, religion, gender, sexual orientation, or handicapping conditions. Housing placement includes, but is not limited to: application, processing, leasing, transfers, delivery or management services, access to common facilities and termination of occupancy.

PROCEDURE:

1. Every application will receive the policy statement in the application packet.
2. TLS will provide any applicant or resident who believes his/her rights have been violated under the Fair Housing and Equal Opportunity Laws with Form HUD-903, "Housing Discrimination Complaint." The Department of Housing and Urban Development developed this form specifically for reporting agencies which are suspected of discriminating in housing practices. The form should be completed and mailed to:

Dept. of Housing and Urban Development		Transitional Living Services, Inc.
Attn: Fair Housing and Equal Opportunity		Attn: Executive Director
PO Box 2905		5601 Domingo Road N.E.
Fort Worth, TX 76113		Albuquerque, NM 87108

3. The Executive Director will meet with the Intake Coordinator and Client Care Committee of the Board of Directors to investigate the complaint and take any corrective actions necessary.





TRANSITIONAL LIVING SERVICES, INC.
A Community Mental Health Center

5601 Domingo Road N.E. • Albuquerque, N.M. 87108 • Phone: 505-268-5295 • Fax: 505-268-9967

NOTICE TO APPLICANTS **RELEASES OF INFORMATION**

The authorization forms included in this application allow TLS to receive and share information about you and your application with other agencies and professionals who have provided services to you in the past, as well as interested family members and others that you may wish us to contact. We ask for this information in order to make the best decisions about which of our services are right for you, and so that we may coordinate the care we give you with others as long as you remain a part of TLS.

You are not required to give us your consent to communicate with people you don't want us to contact, although in some cases this could delay or disqualify your application. Even if you do allow us to communicate with someone, you always have the right to revoke that permission. The authorizations you give us automatically expire in one year and we must renew them after that.

*TLS or the person who helps you fill out this application may designate specific agencies or individuals that would be helpful to contact. This can be done whenever it is necessary. For your own protection, please **DO NOT SIGN** any authorization form until it has been completely filled out, especially if the space for the name of the agency or individual is left blank. To protect your confidentiality, TLS will automatically invalidate and destroy any incomplete authorization forms.*



TRANSITIONAL LIVING SERVICES, INC.
A Community Mental Health Center

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APPLICATION FOR SERVICES

*Please read all sections and fill out carefully. Incomplete applications will not be considered for services until all necessary information is completed and on file.
 Mail or fax your completed application to TLS, Attn: Intake Coordinator.*

Date of Referral: _____ Applicant's Name: _____

Name of Referring Person: _____

Agency: _____

Applicant Contact information:

Address: _____

Phone: () _____

* May messages be left at this number? Yes or No

Fax: () _____

Consumer's Date of Birth: _____ SSN: _____

Type of Insurance (circle) Medicaid (circle type) Molina Presbyterian Lovelace Value Options
 Private Medicare None Other (specify) _____

Benefits Currently Received (circle all that apply) Medicaid Medicare AFDC SSI SSDI
 VA
 Unemployment Food Stamps General Assistance Workman's Comp
 Pensions
 Retirement Accounts Alimony Child Support Section 8 Housing DD

Waiver Monthly Income and Source: _____

Services Requested:*

- | | |
|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Long-Term Group Home |
| <input type="checkbox"/> Psychosocial Rehab | <input type="checkbox"/> Co-occurring Group Home |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Independent Living Apartment |
| <input type="checkbox"/> Transitional Group Home | <input type="checkbox"/> Semi-Independent Living Apartment |

Have you ever lived in your own apartment or house? Yes or No (circle one)

Race (circle) American Indian/Alaskan Native Asian White Black/African American
 Native Hawaiian/Other Pacific Islander



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Ethnicity (circle) Hispanic _____ Non-Hispanic _____
 Gender _____ Height _____ Weight _____ Hair _____ Eyes _____ Marital Status _____

Are You: A Veteran? _____ A U.S. Citizen? _____ Currently in a Domestic Violence Situation? _____

For which illnesses, disabilities or issues are you seeking services? _____

Emergency Contact Name _____ **Phone** _____

Address _____

Legal/Treatment Guardian Name _____ **Phone** _____

Address _____

Medical/Physical Conditions or Developmental Disabilities _____

Food/Drug Allergies **Please list the names, addresses and phone numbers of your current service providers:**

Psychiatrist _____

Psychologist/Counselor/Social Worker _____

Case Manager _____

Financial Manager/Payee _____

Psychosocial Rehabilitation/Day Treatment _____

Other Mental Health Services (specify) _____

Primary Care Physician _____

Please list any counseling/mental health agencies you have received treatment from in the last five years, including inpatient hospitalizations and outpatient psychiatry, counseling, PSR and case management. (Use additional paper if necessary.)

Agency Name	Location	Services Received	Dates



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Please list your current medications and dosages (Please include any over the counter drugs or herbs you may take)

Medication/Strength	Dosage (How Much, How Often)	Prescribing Doctor

Consumer's Diagnoses:

Axis I: _____

 Axis II: _____

 Axis III: _____

Please list any inpatient treatment facilities you have ever been in for alcohol or drug abuse.

Facility Name	Location	Substances Treated	Dates

Have you used any of the following in the past year? (circle all that apply)

Alcohol Amphetamines Cocaine/Crack Hallucinogenics Opiates (Heroin,
 Morphine, etc.)
 Barbiturates (Seconal, Nembutal, etc.) Non-Prescribed Benzodiazepines (Valium, Xanax, etc.)



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Cannabis Inhalants Abuse of Prescription Drugs

If you have used any of the above in the past 30 days, please list _____

Are you currently using any other non-prescribed drugs? Yes No

If yes, please list _____

Have you ever been convicted of a felony or other crime? Yes No If yes, please list below.

Date _____ Conviction _____ Location _____

Date _____ Conviction _____ Location _____

Date _____ Conviction _____ Location _____

Are you currently awaiting trial or sentencing? Yes No If yes, list details _____

Are you currently on parole/probation? Yes No If yes, provide officer's name, address & phone below.

Current Daily Structure (circle)	Work Full Time	Work Part Time	Irregular	Work
	Volunteer Work			
	Student	PSR/Therapeutic Day Program		None

Name, Address & Phone of Work, School or Program _____

Highest Level of Education Completed _____

Approximate Household Income per Year * _____

**Please list current income from ALL sources. This includes full or part time employment, public assistance, AFDC, food stamps, pension, social security, unemployment, armed forces reserves, babysitting or caretaking, educational loans, scholarships/grants, annuities, child support or alimony, or financial assistance from family or others. Proof of income that is no more than 60 days old must be included with your application. SSI award letters can be obtained from the Social Security Office at 336-9964 locally.*

IMPORTANT! Please include copies of your Medicaid, Medicare and other insurance cards.

THIS PAGE IS INTENDED FOR RESIDENTIAL APPLICATIONS ONLY. IF YOU ARE ONLY APPLYING FOR OUTPATIENT SERVICES, YOU DO NOT HAVE TO FILL THIS PAGE FOR YOUR APPLICATION TO BE COMPLETE.

Name _____ Social Security Number _____

HELP SPEED UP YOUR APPLICATION

In order to process your application for services faster, you may choose to let us directly contact treatment providers and family members who know you and your conditions and situations. We will ask them



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questions that will help us decide which services to offer you. If you would like to choose this option, please list the names, addresses, and phone/fax numbers of the people listed below. We may then send you consent forms, as needed, so we can talk to or write those you list.

I agree to allow TLS to contact the individuals named below to discuss my application for services.

Client Signature

Date

Name	Address	Phone/Fax
CURRENT PSYCHIATRIST		
CURRENT COUNSELOR/THERAPIST		
CURRENT CASE MANAGER		
FAMILY MEMBER(s) (SPECIFY RELATION)		
CURRENT PRIMARY CARE DOCTOR		
PROBATION/PAROLE OFFICER (IF APPLICABLE)		



APPLICATION OVERVIEW

In order to process your application, TLS asks that a number of documents be on file. This information is required by various state and federal regulatory agencies and funding sources. Applications missing necessary documentation may be denied funding, and therefore cannot be processed until it is received. The necessary documentation may change depending on the programs you apply for, so please ensure the appropriate supporting information is included when you apply. An application checklist is included for you on the next page.

Your application is a permanent part of your client file. The application process has several stages:

- **Stage I**, the pre-interview stage, is complete when all the required documents are on hand. Once your application is accepted as complete, the Intake Coordinator will assign your file to a Clinical Team Leader, who will call you, or the person who helped you with your application, to set up an appointment for an assessment interview.
- During **Stage II**, the assessment interview, the Clinical Team Leader may meet with you several times and contact psychiatrists, therapists, family members, or other professionals, in order to best understand your case. The Clinical Team Leader will then discuss your case with other staff members and make recommendations to either accept or decline your application, or ask for more information to arrive at a decision.

If you are approved for a TLS residential program, you may need to obtain additional records or update old records before you can move in. You will then meet with the Client Financial Manager to sign a lease and work out program costs and details. All admissions into TLS programs and services are on a trial basis the first month.

It is important for you to know that sometimes it can take a while to start up as a client with TLS because there are generally more people wanting to join TLS than we can place at any given time. We work to make the best matches possible, so everyone has the greatest chance of success. Motivation and participation in your recovery are required.

Should TLS turn down your application, we will try to make referrals for you to other agencies. Any grievances due to rejected applications can be addressed to the Team Leader, Clinical Director, and then the Executive Director.

TLS does not coerce or forcibly place individuals into its programs and abides by the New Mexico State Handbook of Legal Rights of an Adult Recipient of Mental Health Services.



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Transitional Living Services
 A community Mental Health Center

Authorization to Request/Release Information

Client Name _____ Date of Birth _____ Social Security# _____

I hereby authorize: Name _____

Address: _____

Phone: _____ Fax: _____

To: (send to) Transitional Living Services, Inc. the information designated below: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Psychosocial History | <input checked="" type="checkbox"/> Summary Reports | <input checked="" type="checkbox"/> Progress Reports |
| <input checked="" type="checkbox"/> Psychological Testing Results | <input checked="" type="checkbox"/> Intelligence Testing Results | <input checked="" type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Vocational Testing Results | <input checked="" type="checkbox"/> Psychiatric Evaluations |
| <input checked="" type="checkbox"/> Service Plans | <input checked="" type="checkbox"/> Medical reports | <input checked="" type="checkbox"/> Psychological Reports |
| <input checked="" type="checkbox"/> Case Notes | <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other (specify) _____ | | |

Receive from: Transitional Living Services, Inc. the information designated below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Summary Reports | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Vocational Testing Results | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Service Plans | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other (specify) _____ | | |

I authorize that the information exchanged may include records relating to (initialing authorizes those checked):

- Psychiatric Conditions Initial _____
 Substance Use Information Initial _____
 AIDS/HIV Testing initial _____

The above information will be used for the following purposes:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Planning Appropriate Treatment or Program | <input type="checkbox"/> Case Review |
| <input type="checkbox"/> Continuing Appropriate Treatment or Program | <input type="checkbox"/> Updating Files |
| <input checked="" type="checkbox"/> Determining Eligibility for Benefits or Program | <input type="checkbox"/> Other |
| (specify) _____ | |

I authorize that information shared may be communicated via telephone, fax, or e-mail as needed. Initial _____
 I understand that authorizing the disclosure of this health information is voluntary and I can refuse to sign this authorization. I understand that I may revoke this consent at any time by providing written notice, however if I do revoke my signed consent, it may affect my eligibility for services at TLS. I understand that after one year this consent expires. I have been informed what will be given, it's purpose and who will receive the information.

Signature of Client _____ Date _____

Signature of Witness _____ Date _____

Signature of Representative/Guardian _____ Date _____

If client is unable to sign, state reason: _____

This information is disclosed from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. The information is protected both by State (section 34-2A18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.



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 A community Mental Health Center

Authorization to Request/Release Information

Client Name _____ Date of Birth _____ Social Security# _____

I hereby authorize: Name _____

Address: _____

Phone: _____ Fax: _____

To: (send to) Transitional Living Services, Inc. the information designated below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Psychosocial History | <input checked="" type="checkbox"/> Summary Reports | <input checked="" type="checkbox"/> Progress Reports |
| <input checked="" type="checkbox"/> Psychological Testing Results | <input checked="" type="checkbox"/> Intelligence Testing Results | <input checked="" type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Vocational Testing Results | <input checked="" type="checkbox"/> Psychiatric Evaluations |
| <input checked="" type="checkbox"/> Service Plans | <input checked="" type="checkbox"/> Medical reports | <input checked="" type="checkbox"/> Psychological Reports |
| <input checked="" type="checkbox"/> Case Notes | <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other (specify) _____ | | |

Receive from: Transitional Living Services, Inc. the information designated below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Summary Reports | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Vocational Testing Results | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Service Plans | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other (specify) _____ | | |

I authorize that the information exchanged may include records relating to (initialing authorizes those checked):

- Psychiatric Conditions Initial _____
- Substance Use Information Initial _____
- AIDS/HIV Testing initial _____

The above information will be used for the following purposes:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Planning Appropriate Treatment or Program | <input type="checkbox"/> Case Review |
| <input type="checkbox"/> Continuing Appropriate Treatment or Program | <input type="checkbox"/> Updating Files |
| <input checked="" type="checkbox"/> Determining Eligibility for Benefits or Program | <input type="checkbox"/> Other |
| <input type="checkbox"/> (specify) _____ | |

I authorize that information shared may be communicated via telephone, fax, or e-mail as needed. Initial _____
 I understand that authorizing the disclosure of this health information is voluntary and I can refuse to sign this authorization. I understand that I may revoke this consent at any time by providing written notice, however if I do revoke my signed consent, it may affect my eligibility for services at TLS. I understand that after one year this consent expires. I have been informed what will be given, it's purpose and who will receive the information.

Signature of Client _____ Date _____
 Signature of Witness _____ Date _____
 Signature of Representative/Guardian _____ Date _____
 If client is unable to sign, state reason: _____

This information is disclosed from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. The information is protected both by State (section 34-2A18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.			
1	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
2	Home Address		Apt. or Lot #	City/Town	State Zip Code
3	Address Where You Get Your Mail if Different From Above		City/Town	State	Zip Code
4	Date of Birth Month Day Year	5	Telephone Number (optional)	6 ID Number - (See Item 6 in the instructions for your state)	
7	Choice of Party (see Item 7 in the instructions for your State)	8	Race or Ethnic Group (see Item 8 in the instructions for your State)		
9 I have reviewed my state's instructions and I swear/affirm that: ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.					
				Please sign full name (or put mark) ▲ _____ Date: _____ Month Day Year	

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
----------	-------------------	-----------	------------	----------------	---------------------------------

If you were **registered before** but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
----------	----------------------------------	---------------	------------------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<p>C</p> <ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Example</td> <td style="width: 10%; text-align: center;">Route #2</td> <td style="width: 10%; text-align: center;">● Grocery Store</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Woodchuck Road</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Public School ●</td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </table>	Example	Route #2	● Grocery Store						Woodchuck Road				Public School ●			X			<p style="text-align: right;">NORTH ↑</p>
Example	Route #2	● Grocery Store																	
		Woodchuck Road																	
Public School ●			X																

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	_____
----------	-------

Mail this application to the address provided for your State.

Application Instructions

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer no to either of these questions, you may not use this form to register to vote. However, state specific instructions may provide additional information on eligibility to register to vote prior to 18.

Box 1 - Name

Put in this box your full name in this order - Last, First, Middle. Do not use nicknames or initials. *Note:* If this application is for a change of name, please tell us in Box A (on the bottom half of the form) your full name before you changed it.

Box 2 - Home Address

Put in this box your home address (legal address). Do not put your mailing address here if it is different from your home address. Do not use a post office box or rural route without a box number. Refer to state-specific instructions for rules regarding use of route numbers.

Note: If you were registered before but this is the first time you are registering from the address in Box 2, please tell us in Box B (on the bottom half of the form) the address where you were registered before. Please give us as much of the address as you can remember.

Also note: If you live in a rural area but do not have a street, or if you have no address, please show where you live using the map in Box C (at the bottom of the form).

Box 3 - Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box. If you have no address in Box 2, you must write in Box 3 an address you where you can be reached by mail.

Box 4 - Date of Birth

Put in this box your date of birth in this order - Month, Day, Year. *Be careful not to use today's date!*

Box 5 - Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do not have to fill in this box.

Box 6 - ID Number

Federal Law requires that states collect from each registrant an identification number. You must refer to your state's specific instructions for item 6 regarding information on what number is acceptable for our state. If you have neither a driver's license nor a social security number, please indicate this on the form and a number will be assigned to you by your state.

Box 7 - Choice of Party

In some States, you must register with a party if you want to take part in that party's primary election, caucus, or convention. To find out if your State requires this, see item 7 in the instructions under your state.

If you want to register with a party, print in the box the full name of the party of your choice.

If you do not want to register with a party, write "no party" or leave the box blank. Do not write in the word "independent" if you mean "no party," because this might be confused with the name of a political party in your State.

Note: If you do not register with a party, you can still vote in general elections and nonpartisan (nonparty) primary elections.

Box 8 - Race or Ethnic Group

A few States ask for your race or ethnic group, in order to administer the Federal Voting Rights Act. To find out if your State asks for this information, see item 8 in the instructions under your State. If so, put in Box 8 the choice that best describes you from the list below:

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, *not* of Hispanic Origin
- Hispanic
- Multi-Racial
- White, *not* of Hispanic Origin
- Other

Box 9 - Signature

Review the information in item 9 in the instructions under your state. Before your sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand all of Box 9.

Finally, sign your full name or make your mark, and print today's date in this order - Month, Day, Year. If the applicant is unable to sign, put in Box D the name, address and telephone number (optional) of the person who helped the applicant.

STATE OF NEW MEXICO INSTRUCTIONS

Updated: 03-01-2006

Registration Deadline - 28 days before the election.

6. ID Number. Your full social security number is required. This registration card containing your social security number will become part of the permanent voter registration records of your locality, which are open to inspection by the public in the office of the county clerk. However, your social security number and date of birth will remain confidential and will not be disclosed to the public. Computerized listings of limited voter registration information (without social security number or birth date) are available to the general public, and are furnished upon request to incumbent election office holders, candidates, political parties, courts and non-profit organizations promoting voter participation and registration, for political purposes only (§ 1-5-19B, NMSA 1978).

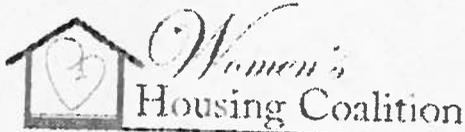
7. Choice of Party. You must register with a party if you want to take part in that party's primary election, caucus, or convention.

8. Race or Ethnic Group. Leave blank.

9. Signature. To register in New Mexico you must:

- be a citizen of the United States
- be a resident of the State of New Mexico
- be 18 years of age at the time of the next election
- not have been denied the right to vote by a court of law by reason of mental incapacity and, if I have been convicted of a felony, I have completed all conditions of probation or parole, served the entirety of a sentence or have been granted a pardon by the Governor.

Please return the completed form to your local county Income Support Division Office or to your local County Clerk's Office. For the location of your local County Clerk's office, please visit this website: <http://www.sos.state.nm.us/sos-CClerk.html>.



[DONATE!](#)

Home	History	Who We Serve	Events	Thrift Store	How You Can Help	Contact Us
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Welcome to
The *Women's* Housing Coalition
of Albuquerque, New Mexico!

The mission of the Women's Housing Coalition is to assist low-income women with children who are motivated to become self-sufficient by providing affordable housing, training, and a variety of support needs. The Women's Housing Coalition provides low-income, single mothers and their children an environment that fosters and nurtures their independence, personal growth, financial responsibility and a road map to becoming self-sufficient women and an inspiration to their children.

WHC is not simply an organization that supplies low-rent housing, but one that provides a partnership with its clients that will lead them to success and self-sufficiency through a comprehensive program that addresses the problems associated with homelessness and poverty. WHC actively assists clients in becoming economically independent and provides the support that each individual family needs to meet its goals.

While providing affordable shelter and assistance in getting started in the right direction, the Women's Housing Coalition also offers:

- **Self Assessment programs**
- **Career planning**
- **Life skills training**
- **Parenting classes**
- **Personal growth and development**

The Women's Housing Coalition works in conjunction with many other non-profit agencies, churches and social workers at the city, county and state levels. We will help our clients access community resources available to provide legal assistance, child care, job resume preparation, counseling for women and children who have experienced or witnessed domestic violence, and other support services.

Our goal is to provide...*The start of a new life!*

Visit our "[How you can help](#)" page - Assistance is *always* appreciated

3005 San Pedro NE • Albuquerque, NM 87110 • Office: (505)884-8856 • Fax: (505)884-6728 • whcabq@att.net

Copyright © Women's Housing Coalition. All rights reserved. Website designed by [Irene Perez](#).

Casa de Amigos / C.D.A.

RESIDENT APPLICATION

Name of Applicant _____

Expected Release Date: _____

Referred By: _____

NMCD #: _____

Age _____

Birth date _____

Social Security No. _____

All of the below information is Very Important:

Name of your Case Worker AND their phone number so we can contact you:

Do you have any health problems or psychiatric disorders?

Current Medication (please list everything):

You must be willing to do the following: (please initial next to each number 1-7)

- 1). Attend at least 3 Twelve-Step meetings a week.
- 2). Attend a MANDATORY in house meeting every Mon. from 8:00 to 9:00
- 3). Get a job within 10 days.
- 4). Get a sponsor within 10 days.
- 5). Follow house rules, curfews and maintain chores.
- 6). Pay rent of 500.00 per month (or 125.00 per week due every Mon.)
- 7). **\$500.00 is due prior to arrival and the \$500.00 is completely 100% refundable if not accepted by parole or probation) this covers the whole first months rent.**

CASE DE AMIGOS DOES NOT ACCEPT ANY SEX OFFENDERS, CHILD ABUSERS OR CURRENTLY GANG AFFILIATED.

APPLICANT SIGNATURE _____

(Please have your caseworker fax to 505-792-7730 or email it to tgallup5@comcast.net) or your caseworker can call Tani Gallup at 505-449-7677 for a phone interview.

Tani Gallup / Casa de Amigos / Albuquerque, NM 87105

Application for Full Services

New Mexico Human Services Department/Child Support Enforcement Division

Please print clearly in block letters:

Applicant's information: I am the primary caretaker or the non-custodial parent

1. Information on the person who has the child(ren):

First Name: [] MI: [] Last Name: [] SEX: M F

Address: (Residential Mailing) [] Are there issues of domestic violence? Yes No

City: [] State: [] Zip: [] If there are issues of domestic violence, please see #7 ACKNOWLEDGEMENT, f. below.

Date of Birth: (mm/dd/yyyy) [] Social Security Number: [] Relation to Child(ren):
 Mother: Father: Other: []

Home Phone: [] Work Phone: [] Cell Phone: []

Employer Name: [] Employer Address: []

Employer City: [] Empl State: [] Employer Zip: [] Employer Phone: []

Mother's maiden name: []

2. Non-custodial Parent's Information

First Name: [] MI: [] Last Name: [] SEX: M F

Address: (Residential , Mailing) [] Are there issues of domestic violence? Yes No

City: [] State: [] Zip: [] If there are issues of domestic violence, please see #7 ACKNOWLEDGEMENT, f. below.

Date of Birth: (mm/dd/yyyy) [] Social Security Number: [] Relation to Child(ren):
 Mother: Father: Other: []

Home Phone: [] Work Phone: [] Cell Phone: []

Employer Name: [] Employer Address: []

Employer City: [] Empl State: [] Employer Zip: [] Employer Phone: []

3. The child(ren):

First Name: [] MI: [] Last Name: [] SEX: M F

City of Birth: [] State of birth: [] Date of Birth: [] Social Security Number: []

Were the parents married to each other at the birth of the child? Yes No

First Name: [] MI: [] Last Name: [] SEX: M F

City of Birth: [] State of birth: [] Date of Birth: [] Social Security Number: []

Were the parents married to each other at the birth of the child? Yes No

Application for Full Services
New Mexico Human Services Department/Child Support Enforcement Division

3. The child(ren) continued

First Name: MI: Last Name: SEX: M F
 City of Birth: State of birth: Date of Birth: Social Security Number:
 Were the parents married to each other at the birth of the child? Yes No

4. Parents' relationship to each other:

Married Divorced Separated Never Married Common Law Widowed

5. Marriage information (if parents were married to each other):

Marriage Date: (mm/dd/yyyy) State: Divorce Date: (mm/dd/yyyy) State: Separation Date:
 County of marriage: County of divorce:

6. Court Order Information (if there is a court order, please provide the following information and a copy of all court orders with a monthly payment record; a complete payment record is also required.)

Location/Court: Docket/Case Number: Monthly/Ongoing Support: \$
 Date of Last order: Payment due date: Total Arrears Judgment: \$ Monthly Arrears Pymt: \$

7. ACKNOWLEDGMENT

- a. Applicant hereby applies for the services of the Child Support Enforcement Division (CSED) and affirms that all statements in this application are true and correct to the best of the applicant's knowledge.
- b. The applicant understands the fee schedule and agrees that all necessary fees may be deducted from the support payments received in accordance with the regulations of the CSED and the Human Services Department. Applicant further understands that the CSED fee schedule may be periodically modified and applicant agrees to pay according to any modified schedule after having received proper notification.
- c. Applicant has received a copy of CSED form 538B, Fact Letter on Child Support Enforcement and acknowledges its contents, including the fee schedule, and has received the Statement of Understanding and has signed it to indicate acceptance and understanding.
- d. Applicant agrees to the conditions as explained in the fact letter and provides all documentation requested to proceed in this case.
- e. I acknowledge that my full cooperation is needed for CSED to work my case. If I fail to cooperate with CSED, I understand that CSED may close the case.
- f. **If there are issues of domestic violence, please request further information from the CSED worker regarding providing address information that can be used for legal process.**

Signature	Date: (mm/dd/yyyy) <input type="text"/>
-----------	--

Please keep a copy of the Statement of Understanding and Form 538B Fact Letter on Child Support Enforcement.

Application for Full Services
New Mexico Human Services Department/Child Support Enforcement Division
I. STATEMENT OF UNDERSTANDING AND NOTICE OF NON-REPRESENTATION

The New Mexico Child Support Enforcement Division (CSED) is here to serve the State's interest in having children adequately supported by their parents, and to collect welfare money pursuant to State and Federal laws. Your case will be handled by non-attorney CSED personnel, who may or may not refer your case to a CSED Attorney. You may be required to appear as a witness in court, meet with a CSED Attorney, or meet with non-attorney CSED personnel to discuss your case.

The CSED Attorney represents the State of New Mexico only. Only CSED can direct a CSED Attorney to do something in a case. There is no Attorney-Client relationship between you and any CSED Attorney nor will there ever be one. The CSED Attorney is limited, by law, to representing the State of New Mexico only, and the way he or she handles cases is also limited by law. If you are not satisfied with the actions taken by CSED or its attorney(s), or if you want an attorney to represent your interests, you may hire a private attorney to represent you without closing your case with CSED.

II. CONFLICT OF INTEREST

The CSED Attorney only represents the interests of the State. There may be times when the State's interest or CSED's interests are different from your personal interests. ~~The CSED Attorney is required by law to act in the best interests of the State, not in your best interests. For example, this may result in the State keeping payments from the non-custodial parent to repay an existing public assistance debt before paying your past due support. CSED will insist that all money in your case be processed through the CSED state Disbursement Unit in Santa Fe and be distributed according to State and Federal laws.~~

Your interests may conflict with the interests of another parent; your information will not be confidential from another parent. If the non-custodial parent of your child has more than one child support case, your case will not receive preferential treatment. The other custodial parent(s) and the CSED personnel working on their case(s) will have access to information you provided to CSED. A CSED Attorney may settle the State's interest in your case and the other support cases (if any) without your input or approval.

The amount of your support may be modified by the CSED based on State and Federal laws. At the request of either party, your support order may be reviewed by CSED personnel for modification. If the review shows that the amount of support should be changed, CSED may recommend that the order be modified. The support amount could be raised or lowered, based on the circumstances of both parents and the child(ren) at the time of the review. If CSED decides to take this matter to Court, a judge or hearing officer will make the final decision, based on New Mexico law. If you choose to receive services from CSED, your case will be subject to this review and modification process.

III. CONFIDENTIALITY

All information you provide to any CSED employee is not confidential and may be revealed to any other party. There is no Attorney-Client relationship between you and CSED employees (not even a CSED attorney working on your case). CSED owes you no special duty of confidentiality. Any information you provide to any CSED employee will be available to everyone employed by CSED, including the CSED personnel working on the other parent's case (if the other parent also receives CSED services) and CSED personnel working on other custodial parents' cases, who share with you a common non-custodial parent. It is even possible that information provided by you to a CSED employee may be used against you in certain circumstances. Such circumstances include, but are not limited to, revealing information that may lead to charges of welfare fraud against you, if you failed to report child support or other income to the Human Services Department; or revealing information necessary to collect support for another family, if you or your spouse become a non-custodial parent.

IV. LIMITATION OF CSED ACTION

By law, the role of CSED or its attorneys shall be limited solely to the issue of support. Neither CSED nor its attorney will provide services relating to other issues such as visitation, custody, property settlements, or other similar matters. If any issues other than support arise, you should contact a private attorney.

IMPORTANT

DO NOT SIGN BELOW UNLESS YOU UNDERSTAND AND AGREE TO ALL OF THE ABOVE. If you have any questions concerning the above, you should discuss them with an attorney before applying for support services from CSED.

I have read and understand the above terms of my relationship with the New Mexico CSED. I understand that I will not be represented personally by any CSED Attorney. I agree to the above terms.

Applicant Signature:	Date: <input type="text"/>
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FACT LETTER ON CHILD SUPPORT ENFORCEMENT

The Child Support Enforcement (CSE) Program is a Federal/State effort to find non-custodial parents, their employers and/or assets; establish paternity if necessary; and establish and enforce child support orders.

Continuing concern for the well-being of children who live with only one of their parents and a desire to reduce the costs to taxpayers of public assistance (TANF) program prompted Congress to strengthen child support laws. Major improvements to the Federal/State Child Support Enforcement Program required between 1989 and 1994 include:

- Immediate wage withholding for all orders in the State unless both parents and/or the court agree to a different plan;
- Child support guidelines must be used unless it can be shown that to use them would be unjust or inappropriate in a particular case;
- Genetic testing must be provided in disputed paternity cases at the request of either party;
- States must notify both parties of their right to review CSE cases every three years.

The Family Support Act of 1988 requires child support payments to be withheld from an obligated parent's paycheck from the time child support is ordered regardless of whether payments are in arrears. Immediate wage withholding began on January 1, 1994, for child support orders that are established through an attorney or office outside of the CSE program.

The main beneficiaries of an effective child support enforcement program are, of course, children and custodial parents. Experience has shown that wage withholding is the tool that works best for enforcing child support orders. It taps the parent's income at its source: child support is deducted as automatically as income tax, social security, or union dues. With regular wage deductions for child support, children get their support payments on time and in the correct amount. Arrearage - overdue child support - can be eliminated, and a stable pattern of payments set up from the beginning.

Wage withholding has advantages for the parent who is ordered to pay child support as well. It offers a clear record that child support payments have been made in full, on time, as ordered. Wage withholding is a convenient way for a parent to fulfill a legal responsibility. A parent paying by wage withholding does not have to write checks or take payments to the other parent, child support office, or court every week or month. When child support payments are missed, a parent must make bigger payments until the arrearage is eliminated. The delinquent parent can face court proceedings and can easily develop poor credit ratings. Wage withholding avoids missed payments.

The **Child Support Enforcement Division (CSED)** provides an array of services subject to restrictions and availability of time and personnel. Cases are handled by non-attorney CSED personnel who may or may not refer your case to a CSED Attorney. Neither CSED nor its attorneys represent individual parties. CSED attorneys represent CSED's interests only and **NO ATTORNEY-CLIENT RELATIONSHIP** exists between the attorney and another party.

Application. Attached is the necessary form for applying for child support enforcement and collection services. Please carefully read this explanation about our services and policies. If you wish to apply for our services, fill out the application entirely, as completely as possible, including the Statement of Understanding and Notice of Non-Representation. (If you have been on public assistance and wish to continue receiving child support services, you

are not required to fill out an application; however you must complete and return the Statement of Understanding and Notice of Non-Representation.)

Locate. Under Federal law, CSED is charged with locating parents and alleged fathers who are not financially supporting their children. **All other services are dependent upon this one.** Generally, the primary source of locate information is the custodial parent who will be asked by CSED personnel to supply crucial data on the non-custodial parent that CSED will rely on: name, home and work addresses, and Social Security number - this last information forms the basis for automated location efforts.

Locate Only. Using information supplied by the applicant, CSED can check State and local resources to try and locate the non-custodial parent. The information provided by CSED is made available to the applicant with the understanding that all information obtained will be used solely for the establishment or enforcement of a support obligation.

Paternity Establishment. This step is necessary if paternity has not been previously determined. If the person you name as the father denies paternity, we can assist in proving paternity, usually through genetic testing of you, the child, and the alleged father. Once paternity is proven, a court order for child support can be obtained.

Establishment. The fair amount of child support that a parent should pay is decided by using child support guidelines. The needs of the child, the number of children who must be supported, and the ability of the parents to pay are all taken into consideration.

Enforcement. In addition to income withholding, other enforcement mechanisms include liens against real and personal property, garnishment, civil contempt, offset of Federal and State tax refunds, bonds and other forms of security, and reports to consumer reporting agencies (credit bureaus).

Tax Intercept. CSED is able to intercept the tax refunds of delinquent payor(s). Your case must meet certain conditions for submittal to the Internal Revenue Service (IRS) or the New Mexico Taxation and Revenue (TRD). There is no guarantee monies will be collected on your behalf. If an offset is made on your behalf, the State has the authority to hold the refund up to six months before sending the collection to you. If you have received public assistance in the past, a tax intercept collection may first be applied to satisfy any child support debt owed to the State.

Credit Bureau Referral. Once a child support order has been obtained and a debt identified, the non-custodial parent may be referred to national credit rating agencies. CSED provides this service to custodial parents free of charge for all cases that meet the referral criteria. The purpose of the referral is to discourage the non-custodial parent from acquiring credit obligations that would interfere with the ability to make child support payments.

Interstate Cases. If the non-custodial parent lives in another state, our agency can act to transfer the case to the state and agency with the authority to take proper action.

Medical Support. The Child Support Enforcement Amendments of 1984 and Federal regulatory changes in 2008 require CSED to petition for the inclusion of medical support as part of any child support order whenever health care coverage is available to a parent at a reasonable cost. If health care coverage is not available to a parent at a reasonable cost, CSED will petition for the inclusion of a cash medical support payment.

Modification and Review. All CSED cases with support orders may be reviewed for modification once every three years. If the review shows that application of the guidelines results in an obligation 20% more or less than the existing obligation, the court can modify the order without any further justification. CSED is required by law to share financial data with the non-custodial parent, even if the data indicates a downward adjustment would be appropriate.

Kidnapping and Child Custody Cases. CSED has an agreement with the Office of Child Support Enforcement (OCSE) to use the Federal Parent Locator Service (FPLS) to locate persons sought in connection with child custody and parental kidnapping cases. As a result of this agreement, an authorized person may request FPLS to locate persons sought in connection with child custody and parental kidnapping cases. Neither parents nor their private legal representative may apply directly to CSED for this service. A parent can request appropriate state officials who are authorized persons to make a locate request. An "authorized person" is any U.S. Attorney, Attorney General, District Attorney, Sheriff, Agents and Attorneys who are empowered to act on behalf of the State to enforce a child custody determination. Private attorneys are not considered agents of the court since they do not have the authority to make or enforce a child custody determination.

Custodial Parent Cooperation. CSED may terminate its services to you if you refuse to comply with CSED policies or procedures or if your actions are detrimental to the operation of the CSED program.

Direct Payments from the Non-Custodial Parent. Any and all support payments you receive directly from the non-custodial parent must be reported to CSED as a condition of your case remaining open.

Fees. CSED charges fees for locating the non-custodial parent, legally establishing paternity, obtaining a court order for child support, enforcing a court order, and various other services listed in the attachment to this fact letter. These fees are one-time only charges per action against the same non-custodial parent. If the same service is provided for two non-custodial parents, you will be charged two fees. The CSED caseworker assigned to your case can explain the fee schedule to you.

Deduction for Fees. All fees, except for wage withholding only services, are deducted from payments we collect from the non-custodial parent. The amount we deduct from each payment may only go up to 10% of each payment. Once fees are paid, the entire support payment is forwarded to you.

Wage Withholding Only or Pass-Through Services. Individuals choosing not to apply for full CSED services will be required to pay a \$25.00 annual processing fee. This fee will be deducted from the payments collected from the non-custodial parent once a year. This fee cannot be waived.

Overpayment. Occasionally, CSED makes payments to custodial parents in error. You are personally liable for the return of any amounts you received which were paid erroneously, including any amounts which must be returned due to the filing of an amended return by the non-custodial parent's current non-obligated spouse within six years following the end of the tax year.

Fraud. Any applicant who intentionally gives misleading or false statements to CSED in an attempt to wrongfully collect support may be refused CSED services and will be liable for prosecution.

Fee schedule on last page

NON-TANF RECIPIENT FEES

a.	LOCATE		\$60.00	
b.	ESTABLISHMENT OF SUPPORT ORDER		\$250.00	
c.	PATERNITY ESTABLISHMENT		\$250.00	
d.	ORDER MODIFICATION		\$150.00	
e.	ENFORCEMENT ACTIONS		\$250.00	
f.	PARENTAL KIDNAPPING LOCATOR FEE		\$60.00	
g.	ANNUAL FEE FOR WAGE WITHHOLDING		\$25.00	
h.	BAD CHECK	(ACTUAL)		
i.	FILING FEE	(ACTUAL COST)		
j.	WITNESS FEE	(ACTUAL COST)		
k.	GENETIC TESTING	(ACTUAL COST)		
l.	SERVICE OF PROCESS	(ACTUAL COST)		
m.	EXPERT WITNESS FEE	(ACTUAL COST)		
n.	COURT COSTS	(ACTUAL COST)		
o.	IRS FULL SERVICE COLLECTION	(ACTUAL COST)		
p.	IRS TAX INTERCEPT SERVICE	(PER INTERCEPT)	\$25.00	
q.	TRD TAX INTERCEPT SERVICE	(PER INTERCEPT)	\$20.00	
r.	RECOUPMENT	(ACTUAL)		



Crossroads For Women
 805 Tijeras Ave. NW
 Albuquerque, NM 87102
 Phone: (505) 242-1010
 Fax: (505) 242-1551

Maya's Place
 640 Grove St. SE
 Albuquerque, NM
 Phone: (505) 266-0110
 Fax: (505)-266-0998

Current location: _____
 Facility Contact Name: _____
 Facility Contact Phone #: _____

APPLICATION FOR: CROSSROADS MAYA'S PLACE

*****Please check box for program that you are applying to*****

Basic Client Information

1. Legal Name: _____ Phone: _____

2. Date of Birth: _____ 3. Age Today _____

4. Social Security Number : _____

5. Emergency Contact Person:

Name: _____ Phone: _____

Relationship to you: _____

6. Current Marital Status (circle one): Married Separated Divorced Widowed
 Never Married Partnered

7. Current Partner: _____ Location: _____

8. Where were you born and raised? _____

9. How long in Albuquerque? _____

10. List the names, ages and locations of your children:

Name	Age	Location	With Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Do you have custody of your children? Yes No Explain:

12. What belongings do you have? (Examples: car, personal items, clothing, other property, house/trailer/condo):

13. Which forms of identification do you have (circle)?

SS Card Birth Certificate License/State I.D

14. What is your religious/spiritual practice if any? _____

15. How do you describe your ethnic/racial background? _____

Legal Information

1. Why are you currently in jail?

2. When do you expect to be released?

3. Next court date / what for? _____

4. Are you asking for reconsideration of sentence? Yes No

5. What are your current legal charges other than probation violation?

6. Explain how you received these charges and when? _____

7. Are you on probation? Yes No How long? _____

8. Are you on parole? Yes No How long? _____

9. Probation/parole officer name/phone (if assigned): _____

10. Name/phone of attorney/public defender/case worker? _____

11. What other prior charges/sentences have you had? _____

Medical and Health History

1. What health insurance do you have (if any)? _____

2. Do you have a primary care physician?

Name Address Phone

3. When/where was your last physical exam? _____

4. Last mammogram: _____ Last Pap smear: _____

5. Known Health Problems/Conditions:

6. Have you been tested for the following (when, where, results)?

HIV _____

Hepatitis _____

Tuberculosis (TB) _____

7. What medications do you currently take?

Medication Who Prescribed? When? What for?

8. List hospitalizations.

When? Where? What for?

9. Are you in pain today? Yes No When did it start? _____

10. Is there any chance that you may be pregnant right now? Yes No

11. How would you describe your daily nutrition (circle)? Good Fair Poor

12. Do you have special nutritional needs/follow up needed? _____

Housing

1. Where did you live before jail? _____

2. Where do you live now? _____

3. Are you homeless? Yes No

4. Have you had more than four episodes of homelessness in the past three years? Yes No

5. Do you need protection from anyone when you get out? Yes No

6. Are there people or places you need to stay away from in order to stay safe/clean/sober?

7. Where did you do drugs? _____

8. Where did you do prostitution? _____

9. Do you owe anyone money (credit cards, gas, electric, phone, student loans, payday loans, drug dealers, etc.)?

Yes No How much total do you owe? _____

Education and Employment

1. Can you read and write? Yes No

2. What is the last grade in school you completed? _____

3. Where did you go to school? _____

4. What was your favorite subject? _____

5. Briefly describe any job training, certifications, licenses, or job skills you have.

6. Briefly describe what jobs you have held, for how long, and your rate of pay?

Job	How Long	Pay Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. What is your current income? _____

8. Do you receive Social Security Benefits? Yes No

9. Do you receive food stamps/welfare? Yes No

10. Do you receive child support? Yes No

Mental Health History

1. Have you received mental health or psychiatric treatment in the past? Yes No

Where	When	What for?
_____	_____	_____
_____	_____	_____

3. Are you currently taking any mental health medications? Yes No

Please list: _____

4. Have you been hospitalized for a mental health/psychiatric condition? Yes No

Describe where/when what for: _____

5. Do any family members have a mental health or psychiatric history? Yes No

Explain: _____

6. Have you been involved in or witnessed any violent incidents? Briefly describe:

7. Have you experienced physical abuse as a child? Yes No As an adult? Yes No

8. Have you experienced sexual abuse as a child? Yes No As an adult? Yes No

9. Have you experienced emotional abuse as a child? Yes No As an adult? Yes No

10. Have you ever attempted to harm yourself or harmed yourself? Yes No

11. Have you ever attempted to harm or have you harmed someone else? Yes No

History of Alcohol and Substance Use

1. Complete the following chart to tell us about your history of substance use.

	Age at First Use	How Many Years?	Used in Last 30 Days?
Alcohol			
Marijuana			
Cocaine/Crack			
Heroin			
Opioids (Pain Pills)			
Benzos (Tranquilizers)			
Amphetamines/Meth			
Inhalants			
Tobacco			

2. What is the longest amount of time you have been clean and sober? _____

When did this period of sobriety occur? _____

3. Describe your clean and sober support system, if any? _____

4. Briefly describe your family's history of alcohol or substance abuse: _____

5. Prior to incarceration/homelessness, were you living with someone who abused alcohol/drugs? Yes No

Explain: _____

6. Which of the following have you experienced related to your drinking/drug use?

- ___ Blackouts or other periods of memory loss
- ___ Injury to your head
- ___ Convulsion, seizures, or DTs
- ___ Hepatitis or other liver problems
- ___ Depression and/or anxiety when not using
- ___ Used needles to shoot drugs
- ___ Lost your temper or gotten into arguments/fights
- ___ Other withdrawal symptoms (explain): _____

7. Briefly describe problems with family/friends related to your use of alcohol/drugs:

8. What legal problems do you have related to your use of alcohol/drugs:

9. What alcohol/drug treatment have you participated in the past:

Where?	When?	How Long?
_____	_____	_____
_____	_____	_____

10. Tell us something about what you have learned about why you use alcohol/drugs, what progress you have made in recovery from substance use, and what you see as the next steps in your recovery.

Initial Treatment Plan/Goals

I would like help with accomplishing to following goals:

What specific help will you need to accomplish your goals?

What are qualities you have that have helped you get through life (Strengths)?

What has prevented you from achieving your goals in the past (Barriers)?

I understand that I am providing this information voluntarily to show my interest in the Crossroads and/or Maya's Place programs. It does not guarantee me an interview or acceptance to either program. An interview may be scheduled based on review of the application and space availability in the programs.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____



**STATE OF NEW MEXICO DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
CHILD CARE APPLICATION**

Date Received: _____

Si necesita esta aplicacion en Español digale a la recepcionista. Applications are processed within 15 days of receiving the completed form and required verification. Please answer all questions completely using a black or blue pen. Please print legibly.

SECTION I - Participant Information

Your Name		Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>			
Physical Address /No. & Street			Mailing Address/PO Box		
City	State	Zip Code	City	State	Zip Code
Home Phone	Cell Phone	Language Preference			

Why do you need child care? Working Going to School Work Experience Training Program

SECTION II - Verifications

Have you ever received child care assistance in New Mexico?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?
Have you ever received services under a different name?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Names used?

SECTION III - List persons living in the household including yourself, adult members, all children under the age of 18 for whom you are responsible.

Household Members:	Race (See table below)	Ethnicity (See table below)	(Optional) Social Security Number	Birth Date MM/DD/YY	Gender M/F	Relationship to You	Do both parents live with child? Yes/No
Your Name							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							
Child/Adult							

<p>Race Types and Codes:</p> <ol style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White Other _____ 	<p>Ethnicity Types and Codes:</p> <ol style="list-style-type: none"> Arab Chinese Cuban Filipino Hispanic Indian (India) Japanese Other _____
--	--

SECTION IV - Unearned Income and Employment Information

Are you receiving any of the following:	YES	NO	Name of Person Working	Employers Name, Address & Phone #
TANF and/or government assistance (ex. VISTA, AmeriCorp, etc.)	YES	NO		
Child Support	YES	NO		
Cash/Gifts/Other	YES	NO		
Social Security Benefits / Supplemental Security Income (Disability)	YES	NO		
Unemployment Compensation Benefits	YES	NO		
Food Stamps	YES	NO		
Housing Voucher (HUD)	YES	NO		

SECTION V - Your Rights and Responsibilities

Please: (1) read each section carefully; (2) make sure you understand each statement; (3) ask for clarification of any questions; and (4) sign and date at the bottom.

AGREEMENT TO PROVIDE INFORMATION

I agree to provide information needed to determine eligibility for benefits for myself and others for whom I am applying. I understand that my social security number is not required to receive benefits. I understand that I have to provide documents to prove my eligibility and agree to do this. I give my permission to the New Mexico Children, Youth and Families Department (CYFD) to contact persons or agencies who have knowledge of my circumstances to obtain needed information which I may not be able to give or verify. I understand that all information given to CYFD is confidential and is restricted to CYFD employees who need it for the administration of programs for which I have applied and that this information will be used solely for the purpose of establishing eligibility, amount of benefits, or for providing services. I further understand that confidential information may be released to other agencies involved in the administration of federally assisted programs that provide income supplemental benefits.

RESPONSIBILITY TO REPORT CHANGES

I understand that the information which I have provided in this application and all information I provide in the future, is the basis for determining my eligibility for assistance. I understand that I have a responsibility to report all changes in my situation, such as changes in income, employment status, residence, persons residing with me, school schedule and child care arrangements, to my worker within fourteen (14) calendar days of the date of change.

RESPONSIBILITY FOR CO-PAYMENT

I understand that the New Mexico Children, Youth and Families Department will make payment or partial payment on my behalf for the care of the child(ren) named herein, at the approved CYFD rate, subject to applicable federal regulations, and the rules and regulations established by the Department. I understand that I am required to pay my provider the co-payment established in the Child Care Placement Agreement for the child care provided as well as gross receipts tax if the provider chooses to pass the charge onto me.

VERIFICATION

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that a CYFD representative may call or visit my home and may contact other people in order to verify my eligibility for benefits. I also understand that information I give will be subject to verification by federal, state and local officials, through computer cross-matching with other agencies, and through the state income and Eligibility Verification System. I understand that if what I have reported is found to be incorrect, my child care benefits may be denied or terminated and I may be subject to criminal prosecution for knowingly providing incorrect information.

FRAUD PENALTIES

I understand that I will be subject to prosecution for fraud if I knowingly give false, incorrect, or incomplete information in order to obtain, try to obtain, help someone else obtain or help someone else try to obtain child care assistance. I understand that not providing a social security number or providing a false social security does not constitute fraud for child care assistance purposes. I further understand that I will be required to repay any benefits received improperly.

FAIR HEARINGS

I understand that I, or my representative, may request a Fair Hearing if I do not agree with any decision made on any matter concerning my case and that the request for a Fair Hearing must be made in writing within 30 days from the date that the Department took action affecting my benefits. I understand that I have the right to examine, prior to the hearing, my case record and documents used in the determination of the appealed action. If I elect to continue receiving benefits pending the outcome of the Fair Hearing, I may be required to repay this money if the decision is not in my favor unless the Hearing Officer or Division Director authorize otherwise.

CIVIL RIGHTS STATEMENT

I understand that it is unlawful to discriminate against any applicant or recipient of any program administered by CYFD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaints of discrimination may be filed with CYFD's central office, the U.S. Department of Justice, or the Civil Rights Commission in Washington, D.C.

I understand that my signature below verifies that I have read the complete "Rights and Responsibilities" section and that I understand my rights and responsibilities as a client.

Sign: _____ Date _____

SECTION VI-Office Use Only

Child Care Application is an: Intake <input type="checkbox"/> Re-Certification <input type="checkbox"/> Other <input type="checkbox"/>	Total Monthly Average for Self Employment Gross Income - Total Expenses = Net Income	Total Income \$
Comments:		
Case Worker Signature	Date	Child Care Application is: Approved <input type="checkbox"/> Denied <input type="checkbox"/>

APPLICATION PROCESS

The Dismas House staff determines an applicant's acceptance into the program based on criminal history, application review, results of a phone or an in-person interview, and the applicant's commitment to changing his/her life.

*Dismas house does not accept applicants who have a history of arson, gang involvement, sexual offenses or a recent history of extreme violence. *



"Dismas has given me the hope and courage to transition into the life that I now want to love and to be a positive and productive person of society."

HOW TO HELP!

We invite you today to become an active member of the Dismas House family. Whether your gift is small or large, your contribution will be much appreciated.

Please indicate how you wish to help:

- by providing a monetary gift
- by providing instruction as part of our life skills program
- by adopting a room
- by cooking a weekday dinner and sharing it with residents
- by volunteering to work a 3-hour shift in our thrift store
- by providing clerical assistance in our administrative offices
- donating clothes/ personal items for residents
- by donating items for our thrift store

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email address _____

P.O. Box 6101

Albuquerque, New Mexico 87197

www.dismashousenewmexico.org

Thrift Store/Offices:

4514 Central Ave. SE, ABQ, NM 87108

Office: 505-343-0746/Fax: 505-345-4513

DISMAS HOUSE
NEW MEXICO

Thriving lives around



Mission/Vision statements

Our mission at Dismas House New Mexico is to assist motivated adults on probation and parole to transition successfully into society.

The staff and board of directors are dedicated to serving formerly incarcerated adults. We have hope and see potential for good in each of our residents. **We believe in second chances!**

INTRODUCTION

Dismas House New Mexico is a nonprofit organization which supports a safe passage for adults transiting from jail or prison into society.

Dismas House has served over 1500 individuals since its founding in 1994.

Five residential buildings on a 3-acre campus provide 90 days of service-enriched housing for up to 18 residents. An onsite Residential Program Manager (MSW), and 3 residential interns/aides provide supervision, support, group therapeutic services and life-skills training. Case management sessions are provided at our offsite offices by social work interns from Highlands University under the supervision of our LMSW Program Director.

A unique feature of the program is our Dinner Program which brings community volunteer cooks together with our residents and staff in a safe supportive environment. The dinners provide residents with an opportunity to learn new socialization skills and to experience acceptance by our caring volunteers.



THE PROGRAM

- Individualize assessments.
- Substance abuse support with onsite 12-Step AA & NA groups.
- Individualized case management including: educational opportunities, job search, housing options, and health-care referrals.
- Individual, group, and family counseling sessions.
- Life-skills training sessions.
- After care services.

WEEKLY SCHEDULE			
	9-4:00PM	6:00PM	7-8:30PM
Monday	Case management sessions	Dinner Program	AA house Meeting
Tuesday	Individual counseling	Dinner Program	Life by Design Group
Wednesday	Case management sessions	Dinner Program	Transitions life-skills curriculum
Thursday	Small group sessions	Dinner Program	Life by Design Group
Friday	Case management sessions	Dinner Program	Relapse Prevention
Saturday	Community Service	Activity/Outing	Open
Sunday	Open	Open	House Meeting

COLLABORATION AND SUPPORT

Dismas House is fortunate to have the support of many faith based and civic organizations. In addition, local and national university social work and psychology student interns serve residents in a variety of programmatic roles including supervised case management, counseling and life skills presentations.

FUNDING FOR DISMAS HOUSE INCLUDES...

- The United Way of Central New Mexico
- The Daniels Fund
- The Albuquerque Community Foundation
- Local faith-based and civic organizations
- Businesses and private donors

86% of all funds go directly toward supportive services for DHNM residents.





Susana Martinez
Governor

State of New Mexico

State Capitol
Room 400
Santa Fe, NM 87501
(505) 476-2200

PARDON APPLICATION

GENERAL INFORMATION				
APPLICANT NAME:				
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		
ADDRESS/CITY/STATE/ZIP:				
PHONE NUMBER:		WORK NUMBER:		
EDUCATION ² (SCHOOL AND HIGHEST GRADE COMPLETED):		DEGREE:		
EMPLOYMENT HISTORY: • LAST 5 YEARS • ACCOUNT FOR ANY GAP IN EMPLOYMENT W/IN THE REQUESTED 5 YEARS (AN ATTACHED RESUME IS SUFFICIENT TO SATISFY THIS QUESTION)	PLACE OF WORK (INCLUDE SUPERVISOR'S NAME & CONTACT INFO):	POSITION HELD:	DATES OF EMPLOYMENT:	REASON FOR LEAVING:

¹ Applicants must have a social security number. Please indicate if applicant is in the process of applying for citizenship, and the anticipated date of naturalization.

² Applicants must have, at a minimum, a High School Diploma or General Equivalency Diploma before his/her application will be considered.

CRIMINAL HISTORY

CONVICTION(S) INCLUDE ALL CRIMES OF WHICH APPLICANT WAS CONVICTED (REGARDLESS OF WHETHER COURT IMPOSED A CONCURRENT SENTENCE):			
CASE NUMBER AND DISTRICT:			
CRIME(S) CHARGED INCLUDE ALL CRIMES WITH WHICH APPLICANT WAS CHARGED (REGARDLESS OF WHETHER IT/THEY ARE DIFFERENT FROM THE CONVICTED CRIME):			
DATE OF INCIDENT:		DATE SENTENCED:	
SENTENCE IMPOSED³ (CONDITIONAL DISCHARGE/DEFERRED/SUSPENDED/PRISON):			
BASIS OF CONVICTION (GUILTY PLEA/NO CONTEST PLEA/JURY TRIAL):			
DATE(S) PROBATION AND/OR PAROLE ENDED:			
DATE(S) OF PROBATION/PAROLE REVOCATION (IF APPLICABLE):		BASIS FOR REVOCATION:	
WAS PROBATION SATISFACTORILY OR UNSATISFACTORILY COMPLETED:			
ADDITIONAL REQUIREMENTS:	APPLICANT MUST INCLUDE A LETTER STATING THE FACTS OF THE CRIME(S) AND THE REASON(S) WHY HE/SHE IS SEEKING A PARDON.		
I acknowledge that I have read Governor Martinez' Pardon Guidelines and that I satisfy all eligibility requirements.			
Signature: _____			

³ Applicants must submit a copy of the judgment and sentence. If not available, please indicate the reason why the "judgment and sentence" is not included.



Susana Martinez
Governor

State of New Mexico

State Capitol
Room 400
Santa Fe, NM 87501
(505) 476-2200
Fax (505) 476-2297

PARDON GUIDELINES

I. PARDONING AUTHORITY:

- a. The pardoning authority in this State is vested exclusively in the Chief Executive, as stated in Article V, Section 6 of the New Mexico State Constitution:

"Subject to such regulations as may be prescribed by law, the governor shall have power to grant reprieves and pardons, after conviction for all offenses except treason and in cases of impeachment."

- b. The power to pardon listed in Article V, Section 6 is an absolute power at the sole discretion of the Governor.
- c. The pardoning power extends to all offenses committed under state law, with the constitutional exceptions of impeachments and treason.
- d. The Governor's pardoning power does not include expunging arrest or conviction records¹.
- e. The pardoning power does not include convictions for violations of municipal ordinances.

II. PARDON'S GENERALLY:

Restoration of Civil Rights following completion of sentence and discharge from supervision:

- a. A pardon restores **all or some** of the rights of citizenship a convicted felon enjoyed prior to conviction.
- b. The pardon only removes disabilities imposed by the State of New Mexico, such as the right to vote and hold public office.
- c. A pardon does not remove any disabilities imposed by federal law and it does not allow for the police, prosecutors, or court records to be expunged.

¹ Department of Public Safety has the authority to expunge petty misdemeanor and misdemeanor ARREST records. Arrest records are those that did not result in a conviction.

- d. Misdemeanor convictions for Battery or Assault Against a Household Member do qualify for a restoration of the right to bear arms and those requesting the restoration of this right should apply through the standard application procedures.

III. General Considerations:

- a. **Sexual offenders, habitual offenders (including multiple convictions for Driving Under the Influence of Intoxicating Liquors and/or Drugs, Assault or Battery Against a Household Member), multi-felony offenders, or offenders convicted of a crime of violence against a child are not eligible for a pardon.**
- b. The Governor may request a recommendation from the Parole Board, the attorney general, or corrections secretary.
- c. Application for a pardon to restore civil rights shall include proof of the applicant's ability to act as a responsible and contributing member of society, such as:
 - i. The applicant shall include any significant achievements, such as employment and educational accomplishments, and provide evidence of good citizenship and details about charitable and civic activities or other contributions made to the community.
 - ii. Due consideration will be given to consistent employment history, lack of criminal record since discharge (including municipal, state and federal offenses).
- d. Misdemeanor or Petty Misdemeanor convictions, except on application for the restoration of the right bear arms are not eligible for a pardon.
- e. All victims of crimes enumerated under the Victim's of Crime Act, ² regardless of whether the crime was committed prior to the statute's enactment WILL BE notified and her/his opinion will weigh heavily on the Governor's decision.

IV. Time Requirements:

In order to apply for the restoration of civil rights, applicants must remain free of arrest for the following periods of time (there are no exceptions to the time requirements):

- a. Misdemeanor for Assault or Battery Against a Household member³: Applicant is eligible five (5) years after a discharge from supervision.
- b. Fourth degree felony: Applicant is eligible ten (10) years after a discharge from supervision.
- c. Third degree felony: Applicant is eligible fifteen (15) years after a discharge from supervision.

² Victims of Crime Act (31-26-1 to 31-26-13, NMSA 1978)

³ Assault or Battery Against a Household Member are the ONLY misdemeanor convictions that are eligible for clemency.

- d. Second degree felony: Applicant is eligible twenty (20) years after a discharge from supervision.
- e. First degree felony: Governor Martinez will not accept pardon applications for first degree felony convictions.

V. APPLICATION PROCEDURES:

- a. This policy is available online at www.governor.state.nm.us.
- b. The Governor may refer requests to the Parole Board for investigation and recommendation. If the Governor determines that the Parole Board's involvement is necessary, the board will call for a field investigation by the Corrections Department.
- c. The Governor may request the sentencing judge and/or prosecuting attorney to provide pertinent input, including a recommendation for or against a pardon.
- d. After reviewing all the reports, other material and recommendations provided, the Governor will decide whether to grant the pardon or not.
- e. If applicant was denied a pardon by a prior administration, he/she may apply two (2) years after the date of the original application.
- f. If applicant is denied a pardon by the current administration, he/she must wait four (4) years from the date of the application before applying again.
- g. The Governor has full discretion over the pardon applications and may review them earlier or later than these guidelines permit.
- h. The decision of the Governor is final.

Application for Admission to the La Pasada Program

Alternative House Inc.
La Pasada

2206 4th St. NW
Albuquerque, NM 87102

242-4676 Main
247-0485 Fax

Name: _____ Soc. Sec. # _____ NMID#: _____

Date of Birth: _____ Age: _____ Gender: _____

Earliest Date Eligible to Enter Program: _____ Institution: _____

Case Manager: _____ Phone Number: _____

Place of Birth: _____ Length of time Incarcerated: _____

Last Address: _____ Married: _____ Single: _____

Have you had a problem with: Drugs: _____ Alcohol: _____ Anger: _____

Mental Health History: _____

Are you taking any Mediation? Yes _____ No _____ If yes, please list medications and for what conditions:

Physical Health: Excellent _____ Good _____ Fair _____ Poor _____

Do you have relatives living in Albuquerque? Yes _____ No _____

Are you able to secure employment? Yes _____ No _____

If yes, what type of work have you done? _____

Do you have a New Mexico ID? Yes _____ No _____

Do you have a Social Security Card? Yes _____ No _____

Application for Admission to the La Pasada Program

Alternative House Inc.
La Pasada

2206 4th St. NW
Albuquerque, NM 87102

242-4676 Main
247-0485 Fax

Are you on disability? Yes _____ No _____

Do you plan to apply for disability? Yes _____ No _____

History of Arrest:

Date	Charge	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a sex offense? Yes _____ No _____

City/State: _____ Registration Required? Yes _____ No _____

Do you have Probation and Parole Officer? Yes _____ No _____

If Yes: Name: _____

Phone: _____

City: _____

Please explain why you want to attend the La Pasada Program:

Application for Admission to the La Pasada Program

Alternative House Inc.
La Pasada

2206 4th St. NW
Albuquerque, NM 87102

242-4676 Main
247-0485 Fax

Applicant Signature

Date

Case Manager or Classification Officer Comments:

Classification Office, Case Manager
Signature

Date

***All applications need to be filled out completely to be considered for the La Pasada Program. Incomplete applications will be denied. Fax all applications to 247-0485 Attention Management.**