



Hello:

We are very excited that you are considering joining the Papa's House family! We have prepared this packet to give you some basic information that should help you in making that decision. We have also included the application and attachment requests should you decide to apply.

We look forward to meeting you and discussing whether Papa's House is a good fit for your needs.

**Papa's House Introduction Packet:**

- Basic Description of Papa's House
- Basic overview / guidelines
- Criteria
- Application process
- Illegal Immigrants/Non-legal Citizens
- Program completion / Graduation
- Application and attachment requests



## **PAPA'S HOUSE**

### Who we are

When you come to Papa's House you will quickly meet Becky and Leigh Anne. Becky and Leigh Anne live in the home full time. They are there to help you, pray with you and for you, and encourage you throughout your healing journey. You may also meet Connie, Cherie, and Liz who are board members and great prayer warriors, friends, and mentors. You will love each one of them!

We believe that God is the Healer and we strive to point each other to Him at all times. We believe that He has the answers to all our questions and as we learn to hear His voice, we are better equipped to follow Him.

### What is Papa's House

We are a Christian organization. Papa's House is a Christ-centered, family-style residential program where emotional and spiritual healing take place. While here, you will experience grace, mercy, and unconditional love in action.

Papa's House is not a "traditional" transition home. We live together in community and as a family. We encourage and require family members to cultivate and foster communication between the other family members. We strongly encourage each family member to share, as they feel comfortable, and participate in family activities on a regular basis. Sleep and personal time are important, but we encourage a healthy balance between rest, quiet time and interactions with others.

This is a place where real-life events are met with God's truth and healing. We learn to receive love from others and from God; then healing happens. We strive to learn to see ourselves as God sees us; fully accepted and completely loved.

Through courage, dedication and with consistent support, each family member is challenged to work through difficult issues, false beliefs and destructive cycles. We support this journey with prayer and patience; and with God as the Comforter and Healer, transformation happens. With this transformation comes freedom, which allows us to share our joy, hope and the love of Jesus Christ with others.

Each family member will be working on their 'stuff', which can be done in several ways.

- Meet with a counselor or therapist (we do not supply – but can help you find one)
- Obtain a drug evaluation (we are currently using Meridian in Muncie Treatment and Recovery Center – but will discuss if you have other places) (if drugs or alcohol have been an issue)
- Attend local group meetings (AA, NA, Celebrate Recovery or others) (if drugs or alcohol have been an issue for you)
  - Discuss the evaluation with a House Manager and determine a follow up plan which may include regular meetings ( AA, NA, Celebrate Recovery, or others).
- Utilize community programs and classes as needed
- Join in Transformation Prayer at Papa's House (This is an emotional healing prayer ministry)
- Participate in studies at Papa's House. (Some of these will be required as you will see in the House Guidelines)

Occasionally, we will have special guests come in to teach, minister, lead a craft night or teach. At Papa's House we work on our issues and we enjoy friendship, laughter, and fun.

At Papa's House, we live as family; which means we eat meals together, play, study and pray together. Don't worry, you will have plenty of free time also.

Papa's House is:

- A home based on community living – living together as family.
- “A respite place from the storm.”
- “A place where Healing begins below the surface.” – working to strengthen, build up, uplift, grow.
- A safe place to transition back into the world from treatment
- A safe place when we find ourselves in places where:
  - Something changed, and I didn't see it coming.
  - I just don't know how to deal with this.
  - I need a do-over; a fresh start.

Focused on learning:

- Who Jesus is to us
- Who we are to Jesus
- Unconditional love (how to give and receive)
- Unconditional forgiveness (how to give and receive)
- Grace (how to give and receive)
- Being real with ourselves and other (how to lay down our masks)
- How to listen to others and keep an open mind
- How to respect others, their opinions, feelings, time and possessions
- Sharing our space, gifts, and talents
- Tearing down walls (no hiding)
- How to be honest (with ourselves and others)
- How to trust again
- How to be vulnerable
- What it feels like to be safe
- How to set safe and healthy boundaries

We are not

We are not a drug rehab center, counseling service, nursing or retirement home, emergency shelter or day center.

The focus of Papa's House is always

Who Jesus is to us ♦ Who we are to Jesus ♦ Unconditional love ♦ Unconditional forgiveness ♦ Grace  
♦ Accepting unconditional love, grace and mercy ♦ Being real ♦ Listening to others ♦ Sharing ♦  
Tearing down walls ♦ Honesty and openness ♦ Trust ♦ Vulnerability ♦ Feeling safe ♦ Respect ♦  
Honesty ♦ Transformation – (changing, renewing our minds, trying new ways of thinking, acting and  
re-acting)

Expected Stay: 6 Months – 2 Years

**Healing takes time...**

## **Papa's House – House Guidelines:** **Basic overview... more detail in Family Member Application**

### **Respect:**

All family members will be respectful to one another.

We may not agree with decisions made or the actions of another, but we must show respect.

### **Personal Care:**

Each family member is expected to keep themselves and their room clean. Personal items (clothing, books, mail, etc.) will be kept in the bedrooms rather than the shared spaces. Family members may share a room with one other family member. Personal spaces must be kept clean. Each room will be randomly inspected.

### **Quiet Time:**

Quiet hours in the house are from 9:00 pm – 8:00 am. Laughter, talking, TV noise should be kept down so as not to disturb those that are trying to rest or sleep. No vacuuming or laundry will be allowed during those times. Please be especially mindful as we do not have a lot of insulation between the walls. Please be considerate.

### **Program Requirements:**

Each family member will be expected to participate in:

Required times / events: (no exceptions)

- Current family book or Bible study. This study will be held weekly. (date and time to be announced prior to each particular study.) Please arrange your work and doctor's visits around this time.
- 10 Individual Transformation Prayer sessions. (to be arranged with Becky)  
We are firm believers that we all have beliefs (lies) that we believe that lead us to make destructive and self-sabotaging choices. Only the Lord can get to the root of a lie and speak truth to it causing lifelong healing. Transformation Prayer (TPM) is a tool we use to invite the Lord to reveal lies and speak truth about each one.
- Obtain a drug evaluation. (if drugs or alcohol have been an issue for you)  
(we are currently using Meridian Health Services in Muncie but will discuss other options if you desire)
  - Discuss the evaluation with a House Manager and determine a follow up plan. You will be required to execute the plan as agreed. This plan may include:
    - IOP. (Intensive Outpatient Therapy.)
    - Utilize other community programs and classes as needed.

Other required times / events: *(Exceptions will be made for work schedules; however, you should make every effort to schedule work and all appointments around these activities).*

- Out of bed at 8:00 am
- Family devotions and prayer time at 9:00 each morning
- Dinner will be served at 5:00 pm each evening
- Family devotions and prayer time immediately after dinner each day
- Attending weekly services at a local church
- Family Prayer time at end of day
- Monthly Encounter Hour (last Sunday evening of each month)

### **Household Chores:**

Papa's House has no paid staff, so household chores are shared by everyone.

Each family member is responsible to clean up after herself. Everyone will participate in the cleaning, cooking, and yard work. (consideration of health, work schedules and abilities)

### **TV / Movies / Books and entertainment:**

The goals and purposes of Papa's House are established to promote a healthy lifestyle and to create an environment of peace and safety. We do believe that what we watch, read and listen to can have an impact on the choices we make in life. Therefore, no violent content will be allowed. Television and movies must be Christian based or 'family safe.' (no R or X rated, some PG rating are acceptable but with great caution) Anything that has foul language, sex or violence must be turned off immediately. This includes the books we read and the music we listen to. As well as what we watch on our phones.

### **Free time**

We want to encourage schedules to include some 'down time.' We all need time to relax and take care of ourselves. However, family members will not be allowed to just hang out in their bedrooms every day. We want to encourage family interactions, encouragement and support with each other. You will be allowed to be in your rooms no more than 2 hours per day between the hours of 8:00 am – 9:00 pm.

We have multiple quiet corners, comfortable furniture, and amenities in the common areas to make reading, resting, journaling, etc, possible and pleasant. The prayer room is an especially good place for private time with God and prayer sessions.

### **Visitors:**

As family, we will invite and accept visitors. Detailed visitor guidelines are in the full Family Member Manual.

## **Family Member Donations**

Each women's suggested donation will be determined based on income and ability to pay.

## **Medications:**

A week's worth of medications are to be kept in your locked safe. The rest of the prescriptions will be kept in the Papa's House safe as a precautionary measure.

Diet pills/medication are not allowed at Papa's House, even if prescribed by a physician.

**Suboxone, or any form of such, is not allowed at Papa's House.** Other controlled substances are discouraged and will be discussed on a case-by-case basis.

Medications should be ordered from only one pharmacy. One doctor should oversee all of your medications to prevent any negative side effects caused by drug interactions.

## **OTHER REQUIREMENTS**

Must work with a Life Coach or sponsor (we have a list of names / places available)

Family members must complete at least 1 community service project per month.

Family members must help with each PPH fundraiser.

Absolutely no communication will be allowed with any 'unsafe' person.

Including – (past friends / relatives / dealers / users / casual acquaintances / abusers / etc.)

No phone conversations in bedrooms after quiet time (Quiet Time: 9:00 pm – 8:00 am)

You will not be allowed to get a job until all other requirements are in place and functioning.

Generally not in the first 3 months of coming to Papa's House.

- No more than 25 hours a week will be allowed during the first 6 months of living at PPH (after the 6 month period we will evaluate and determine on an individual basis)
- You must maintain all other requirements

## **IF THERE IS OR HAS EVER BEEN A PROBLEM WITH DRUGS OR ALCOHOL**

Must work with a sponsor

Attend at least 2 meetings a week if you are not working

Attend at least 1 meeting a week if you are working

Within 1 week of arriving – must have completed an evaluation with Meridian Health

Services in Muncie. Then we will discuss the results and determine additional requirements – which may include: (we generally use Meridian but will discuss options)

- IOP (3 times week)
- Therapist and/or Psychiatrist
- More / other meetings or appointments as determined necessary for you

Papa's House is built on trust and community. When one person does not follow the guidelines given to them, it affects everyone in one way or another. And we recognize that Papa's House does not fit the needs of every woman. It is our desire that every woman here is dedicated to their healing journey and on a mission to improve the quality of life for themselves and others.

For this reason, we have determined that it is necessary to include consequences for not following the guidelines.

So effective immediately – the following steps will be taken for each person that does not follow the guidelines as written in the manual or any addendum issued.

- You will be issued a 'notice of violation (NOV)' for each time you do not follow the guidelines of PPH. (you will be notified in writing)
- After 3 NOV's – Your stay at Papa's House will be reviewed and we will determine whether Papa's House is the right fit for you.

**Successful Program Completion:**

- Have completed all goals set upon move in
- Show the ability to build and grow relationships with proper boundaries
- Have a healthy understanding of self-worth
- Display the ability to handle conflict in a healthy way
- Have meaningful purpose (Job, School, Volunteer, etc.)
- \$1,000 in savings
- Display the ability to maintain a monthly budget
- Write and share your testimony / story with family members
- Create a move out plan approved by staff



## **Basic Daily Schedule:**

### **Daily:**

8:00 am out of bed

9:00 am devotions

5:00 pm dinner & devotions

8:30 pm family prayer time

9:00 pm you may go to your rooms. (not required)

Anytime: sign in and out when you leave the premises and back in when you return

### **Other events during the week:**

Sunday morning: Church (you may attend with us or find your own church)

Evenings: Celebrate Recovery / AA / NA / Brianna's Hope / other as needed

Wednesday evening: PPH Group meeting (day subject to change)

### **Monthly events:**

Sunday evening: Encounter Hour (last Sunday of month)

Once per month: Each person is required to participate in a service project each month.

### **Other things you are required to schedule include:**

1 therapy / counseling session per week

1 Transformation Prayer session per week (for at least 10 sessions)

2 meetings a week if not working and have drug or alcohol problems

1 meeting a week if working and have previous drug or alcohol problems.

1 Drug evaluation with probable IOP for first 6-8 weeks.

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**PAPA'S HOUSE**  
He's prepared a place for you

# Papa's House Family Member Application

Date: \_\_\_\_\_

## Applicant Information

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Last First M.I.*

Current Address \_\_\_\_\_  
*Street Address Apartment/Unit #*

Home Address \_\_\_\_\_  
*City State Zip*

Home Address \_\_\_\_\_  
*Street Address Apartment/Unit #*

Personal Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  
*City State ZIP Code*

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Single

Children?  Yes  No Who has custody? \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Vehicle: (Make, Model, Year) \_\_\_\_\_

Current Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_

Are you or will you be on probation?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Do you have pending/unsettled charges?  Yes  No

If yes to either please list

Charge, Date, Sentence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Allergies: (food / medicine /  
environmental) \_\_\_\_\_

Special Diet requirements: \_\_\_\_\_  
(Please include or send a copy of the diet sheet you received from your doctor.)

Other physical limitations / special needs: \_\_\_\_\_

## References

*Please list three personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment History

Current Job: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

3 Most Recent Positions Held

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Treatments / Programs**

Are you currently seeing a Counselor or Therapist? \_\_\_\_\_ Name: \_\_\_\_\_

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_

Are you currently seeing a Psychiatrist? \_\_\_\_\_ Name: \_\_\_\_\_

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

What treatment centers / programs do you currently attend or have completed:  
(Name, frequency, begin date, end date if completed):

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Are you currently attending a church: \_\_\_\_\_ Name: \_\_\_\_\_

**Other Information**

What has caused you to look for a place such as Papa's House? \_\_\_\_\_

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What do you want to get out of a stay at Papa's House? (add attachment if more space is needed)

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Why do you think Papa's House is a good fit for you? (attach a page if more space is needed)

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How did you hear about Papa's House: \_\_\_\_\_

When do you anticipate coming to Papa's House? \_\_\_\_\_

Papa's House is committed to following the letter and spirit of the Federal Fair Housing law by respecting the diversity and differences within our client base by providing equal service to all, without regard to race, color, religion, sex, handicap, familial status, national origin or other protected status.

I have read and understand the above statement.

### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(By signing this – you are giving us permission to run a background check)

### Additional Information

Please click on the following links or go to the following sites and complete the questionnaires.  
(These will help us to better serve you.)

Love Languages: <https://www.5lovelanguages.com/quizzes/singles-quiz/>

Basic Personality: <https://www.16personalities.com/profile>

Print and attach the resulting reports or email them to us at: [Papas.house.office@gmail.com](mailto:Papas.house.office@gmail.com)

Or mail to:

Papa's House  
412 S West Street  
Summitville, IN 46070

## Attachments

Please list all medications / prescriptions that you take. (Include over the counter medications)

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

What for: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

What for : \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

What for: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Name: \_\_\_\_\_

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Doctor Name: \_\_\_\_\_

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Doctor Name: \_\_\_\_\_

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What for: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

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Doctor Name: \_\_\_\_\_

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What for: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

What for: \_\_\_\_\_

Doctor Name: \_\_\_\_\_



**Papa's House**  
**NOTICE REGARDING BACKGROUND INVESTIGATION**

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, and mode of living, may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Papa's House. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with Papa's House.** You have the right, upon written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

**AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Papa's House to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services at Papa's House. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

_____		_____
Print Name (last, first, middle)		Social Security Number
_____	_____	_____
Date of Birth (MM/DD/YYYY) <i>(For ID Purposes Only)</i>	Driver's License Number	Driver's License State
Any other names I have been known by: _____		
_____		
Current Address: _____		
Previous Addresses (Last 7 Years): _____		
_____		
_____		
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_____		
_____		
_____		
Signature		Date

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