

LEOLA DISCIPLESHIP HOUSE
170 WEST MAIN STREET, LEOLA, PA 17540

The Leola Discipleship House is a non-profit, faith based outreach. Our mission is to provide a safe drug and alcohol free, reasonably priced, permanent housing for adult men who are committed to Christian Discipleship. Each Resident will complete an application, and rules and regulations will be explained.

Eligibility Requirements:

- Adult men committed to living a transformational life
- 45 Days of being Drug and/or Alcohol free, or have completed an inpatient treatment program
- Willing to submit to a drug test at any time
- Must be willing to attend all house meetings and scheduled bible studies
- Employed or able to meet financial requirements through other type of income or assistance.
- All residents will be required to attend regular weekly church services of their choice.
- Be committed to participating and serving in the active life of a local congregation.

Financial Requirements:

- A one month deposit of \$400.00 is required in advance of occupancy.
- Monthly payments of \$400.00 must be paid to the House Manager by the first day of each month or weekly payments of \$100.00 each Friday.
- Should a residential fee be unpaid by being 10 days in arrears, a payment plan needs to be approved by the House Manager and the Managing Staff.
- If payment is not made by the end of that month, immediate eviction will occur.
 - Default Payment Plans: An acceptable plan must include restoring the one month deposit, weekly payments and a return to payment in advance within 60 days.
 - Default Payment plans must be negotiated with the House Manager.
- Residential fees include lodging, and utilities.
- Residents are responsible for their own food, cooperation in food preparation and corporate meals are encouraged.
- Small in room air conditions are permitted at an additional cost of \$10.00 per month during usage.

Leola Discipleship House Guidelines

Christian Discipleship Path:

- Church Attendance: Be a regular participant in a local congregation.
- House Bible Studies: Attend one scheduled “house” bible study weekly with an outside resource person.
- House Meeting/Bible Study – Participate in the weekly house meeting/bible study.
- Accountability Meeting: A weekly meeting with the House Manager for accountability is required.
- Christian Witness: A commitment to maintain a Christian witness in daily living is expected for all residents. **Colossians 1:21-22(NKJV)** *And you, who once were alienated and enemies in your mind by wicked works, yet now He has reconciled in the body of His flesh through death, to present you holy, and blameless, and above reproach in His sight—*
- Commitment to Unity in the House: treat all residents with respect, no profanity. It is expected that all residents will assist the manager in maintaining the house guidelines in a spirit of peace and cooperation.
- Addiction Meetings are Optional: We strongly encourage residents to maintain substance free lifestyles by attending effective recovery meetings or addiction therapy provided in the area. (JA, AA, N/A, etc.)

RULES AND REGULATIONS

Leola Discipleship House

CAUSES FOR IMMEDIATE EVICTION(As discerned by the leadership team)

- BEING UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS
- POSSESSION OF ALCOHOL OF ALCOHOL/DRUGS
- POSSESSION OF WEAPONS
- THREATS EITHER VERBAL OR PHYSICAL, OR ACT OF VIOLENCE, FIGHTING
- FAILURE TO SUBMIT TO DRUG TESTING (WHICH ARE ALWAYS AT YOUR COST)
- LIES, STEALING, AND ANY CRIMINAL ACTIVITY
- FAILURE TO COMPLY WITH RULES AND/OR HOUSE MANAGER REQUESTS
- FAILURE TO COMPLY WITH COMMITMENT TO FINANCIAL PLAN

RULES

- Inspections: House Manager will perform spot checks of resident’s rooms on a weekly basis, but not drawers or closets, except in the presence of the resident.

- Visitor Policy: Guests are permitted in the house as a privilege. Overnight guests by permission only. Any visitor suspected to be under the influence of drugs or alcohol will be asked to leave. Sexual relations are not permitted at any time on the premises. Residents are responsible for restitution and/or repairs for any theft or damage of property caused by their guests.
- Accidents: Accidents resulting in injury to you, guests, or other residents while on the premises must be reported promptly to the House Manager.
- Property Damage: All residents are fully responsible for all property damage they cause.
- Smoking Policy: This is a non-smoking facility. No smoking is allowed in the house or on the porches. A designated smoking area is to be determined by the House Manager.

- Adult Females: Adult females are allowed in common areas only, except by special permission for a family member.
- Personal Vehicles: Each resident is limited to parking space for one personal vehicle

- Cooking and Laundry: Cooking and laundry facilities for the house residents will be provided
- Medical and Legal Services: Management does not provide medical or legal services.
- Employment: You are required to be employed full time or able to meet financial requirements through other type of income or assistance.
- Cleanliness: Your room must be kept clean and neat at all times. Daily Chores will be assigned they are mandatory and are part of your stay. (Kitchen, Bathroom, Living Rooms and Yard)
- Visitors: Visitors are permitted until 10:30 pm, in common areas.
- Drug Testing: You may be required to submit to a drug test at any time, which may be with or without cause. Also another resident may request someone to be tested if a person's behavior warrants it.
- Special Privileges: House Manager notification is required for any late return to the house after midnight, or off-premise overnight stays.
- Guideline /rule changes: All rules are subject to additions and changes at staff member/leadership team discretion.
- Overnight Guests: Overnight guests need to be approved by House Manager.
- Personal Property: Leola Discipleship House is not responsible for any lost, stolen or damaged personal items.
- Left Behind Property: All personal items remaining 1 week after leaving the Leola Discipleship House will be disposed of.

This is not intended to be a complete list of all the possible rules, guidelines, regulations, and/or violations that may happen. To ensure a healthy, happy, drug and alcohol free, and safe environment; please do your part to use common sense when it comes to either doing or not doing something that may affect yours' and others' stay at Leola Discipleship House.

I understand that should I fail to abide by any and/or all of such rules I will be asked to leave the house immediately at the discretion of the leadership team. An opportunity to request a consultation with the leadership team will be granted.

. Upon such request to vacate the Leola Discipleship House premises, I shall do so immediately if I refuse to leave, I understand that Leola Discipleship House Ministry will charge me with trespassing and call the police to evict me from the premises.

I acknowledge that I understand this material and that the Leola Discipleship House will do all possible to provide a safe and healthy environment for all residents. However, I realize that I must assume responsibility for my safety and well being at all times.

I have read, understand, and agree to the above statements.

Resident's Signature and Date

House Manager Signature and date

COVENANT AND RELEASE FORM

**Leola Discipleship House
170 West Main Street
Leola, PA 17540**

For the sole consideration of my stay at Leola Discipleship House, free of charge or cost to me the, the receipt and sufficiency whereof is hereby acknowledged. The undersigned individually hereby releases and forever discharges Leola Discipleship House and /or its personnel, its heirs, executors, administrators, agents and assigns, and all other staff member/volunteer and/or persons, firms or corporations liable or who might be claimed to be liable, hereinafter called "Releases"; none of whom admit any liability to the undersigned but all expressly deny any liability from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from or during my stay at the Leola Discipleship House, Lancaster County, Pennsylvania beginning _____, 20____, until departure from the Leola Discipleship House.

Furthermore, the undersigned do hereby covenant and undertake with the said Releases, their heirs, executors, administrators, agents and assigns, to forever refrain and desist from instituting or asserting against them any claim, demand, action or suit of any kind or nature, either directly or indirectly, for injuries or damages, to person or property, resulting or to result from my stay at the Leola Discipleship House, during the aforesaid stay.

It is understood that the said Releases expressly deny any negligence on their part causing or contributing to aid stay and any liability therefore; and that this agreement is entered into for the purpose of avoiding litigation and shall not be construed as an admission or liability on their part, and that the undersigned hereby expressly reserves the right to sue any other person or persons against whom she/ he may have or assert any claim on account of damages arising out of the above described stay at the Leola Discipleship House.

It is further expressly understood and agreed that as against the undersigned, her/his heirs, executors, administration, and assigns, this instrument may be pleaded as defense n bar or abatement of any action of any kind whatsoever, bought , instituted or taken by or on behalf of the undersigned on account of said supposed claim or claims against the Release.

The undersigned hereby declares that the term of the Release and Covenant have been completely read and are fully understood and voluntarily accepted for the purpose of settling fully and finally any and all claims, dispute or otherwise, on account of injuries and damages above mentioned, and for the express purpose of precluding forever claims arising out of the aforesaid stay at the Leola Discipleship House.

IN WTNESS WHEREOF, have hereunto set my hand this _____, day of _____, 20____.

In presence of:

Resident Signature and Date

Witness Signature and Date

Application for Residency

**Leola Discipleship House
170 West Main Street
Leola, PA 17540**

Last Name _____ First Name _____ MI _____

- Date of Birth: _____ Social Security#: _____
- Current Address: _____
- Contact Phone #: _____ 2nd Contact #: _____
- Email Address: _____
- Are you an Alcoholic or Addict? (Yes or No) _____
- What drugs have you used or abused in the last three years? _____

- Date of last drink or drug: _____
- Have you been through a Treatment Facility? (Yes or No) _____
- Name and Location of most recent treatment facility or program: _____
- Where did you attend your first AA/NA meeting? _____
- Location and date of your most recent AA/NA meeting: _____
- Occupation/Trade: _____ Are you currently employed? _____
- Employers name, address, & phone #: _____
- May we contact your employer? _____
- If you are not currently employed, what is the source and amount of your income? _____

- Highest Grade Completed:_____ Marital Status:_____
- Have you ever been convicted of a Felony?_____
- Have you ever been charged with a sex related offense?_____
- Are you currently on probation?_____
- If yes, list Probation Officer Name, Office Location, and Phone #:_____
- _____
- Do you currently need or take prescription drugs?_____
- If yes, List all drugs and reason for taking:_____
- _____
- List and describe any special needs or concerns that you may have that we should know about regarding your residency at Leola Discipleship House:_____
- _____
- Are you willing to do whatever it takes to stay clean and sober?_____
- Why do you want to reside at the Leola Discipleship House?_____
- _____
- What is the most important thing in your life right now?_____
- _____
- Please give us any additional information that you think would be helpful in evaluating your application:_____
- What date would you like to begin residency at Leola Discipleship House?_____
- How did you hear about Leola Discipleship House?_____
- _____

I understand and agree that if accepted into Leola Discipleship House I am subject to all rules, regulations, and guidelines of Leola Discipleship House. I will be financially responsible for any damage to any Leola Discipleship House property resulting from my conduct or actions.

Signature:_____ Date:_____