

Dear GreenLeaf Applicant,

Thank you so much for your interest in our GreenLeaf Housing Program at Safe Harbor. There are just a few things that you need to know as you explore participation in this program.

To begin with, Safe Harbor is a Christ-centered program. We believe that in order to be successful, one must allow Christ to heal, restore, and mend what has been broken.

The following steps are necessary to consider your eligibility for our program:

1. The first step in the process is to review the application packet carefully as well as the GreenLeaf Guidelines document, both of which can be found on our website. You may contact GreenLeaf staff at 828-578-5038 or email [sheree@safeharbornc.org](mailto:sheree@safeharbornc.org) or [cari@safeharbornc.org](mailto:cari@safeharbornc.org) for additional information.
2. When we receive your application, you will be contacted to schedule an interview and review your application.
3. We will need a copy of your valid picture ID and a copy of your Social Security card.
4. After your interview, we will begin the application process, contact references, and do a background check. This process may take several weeks.

If you live out of town and cannot schedule a face-to-face appointment, we will consider your application. However, first priority is given to women in our immediate area.

The GreenLeaf Program is comprehensive and requires a commitment to improving your quality of life, a willingness to participate in counseling, varied classes, and regular case management to ensure successful transition.

We offer you our very best efforts and 100% commitment toward supporting and assisting you, and we expect that you are as equally committed.

Be encouraged. There really is hope through Christ and His people.

Sheree Rodgers, BSW  
GreenLeaf Manager

## **Safe Harbor GreenLeaf Program**

**Purpose: To promote recovery, provide temporary housing, Christ-centered programs, and whole life stability for women and children through strong relationships, financial independence, and accountability with the goal of independent living in community with others.**

**Possible candidates: Women in recovery from addiction, an unhealthy lifestyle, and/or loss. Recovery is facing and embracing all the good and bad in our lives, so that we will gain maximum growth: learning from our past, gaining insight and freedom, empowered to live the life God intends for us to live.**

**Participants in this program receive:**

- Personalized weekly case management and goal setting
- Assistance with obtaining all personal documentation and access to benefits such as food stamps, WIC, Work First, etc., medical care, and mental health care
- A wide variety of classes that address such issues as past sexual abuse, domestic violence, healthy relationship boundaries, parenting, and relapse prevention
- Housing and utilities
- The opportunity to advance education and employment goals
- Financial management to increase savings
- Building strong, healthy relationships beyond Safe Harbor and referring agencies
- Spiritual guidance

**Expectations**

1. Must submit application, complete phone and/or an in-person interview.
2. Must have all appropriate forms of identification.
3. Must have a vehicle, a valid driver's license and insurance, and be able to legally drive.
4. Must be willing to go through a screening process that may involve outside agencies or organizations.
5. Must consent to a background check (our program does not exclude felons, but we reserve the right to make a decision on a case-by-case basis).
6. Must be willing to submit to random drug/alcohol testing, apartment searches, and abide by curfews.
7. We are a smoke/vape free campus. Smoking/vaping is prohibited in the apartments and on Safe Harbor property. There is a designated smoking/vaping area located at the end of the driveway.
8. Must be willing to work with other agencies and individuals (in cooperation with Safe Harbor) who will strive to provide a comprehensive team of support toward independence.
9. Must be mentally and physically able to meet program criteria (employment, home responsibilities, outside chores, classwork, etc.).
10. Willing to maintain all mental health appointments, including therapy and comply with medication regime as determined by doctor.
11. Must be willing to pay program fees once suitable arrangements are made. Program fees are \$350 per month; covering the cost of housing, utilities, maintaining the apartments, and the requirements of case management. **Suitable candidates must be employable, with a goal of increasing income to the point of having the ability to transition to permanent housing as soon as possible.**
12. Must be willing to participate in appropriate classes.
13. There is a strict **NO** Pet Policy.
14. **Absolutely NO unauthorized** guests on property at any time.

**Situations we are unable to serve:**

- Women who need assistance with daily living (physical, medical, mobility, mental health)
- Persons with behavioral health disorders that have not remained stable with treatment for a continuous year prior to application
- Anyone with active substance abuse issues; prior completion of a long-term recovery program is preferred or a substantial amount of clean time
- Anyone taking narcotics, benzodiazepines, gabapentin, muscle relaxants, Ambien or some other sedatives, even under a physician's care; we also drug test for kratom
- Anyone with acute domestic violence concerns (we do not have a "secure" location and cannot guarantee safety)
- Women who have a history of violent or threatening behavior
- Male children over the age of 14 are unable to reside at the apartments

**Actions that will result in immediate exit from the program:**

- Substance/alcohol use
- Stealing
- Physical threat or action against staff, volunteer, resident, or another program participant
- Unauthorized guests
- Smoking/vaping in or on Safe Harbor property
- Leaving the unit for more than 24 hours without prior approval

**Housing is first offered on a 3-month probationary plan. Reviews are completed every 3 months, and housing is extended if resident is making consistent progress towards their goals.**

**If a participant is no longer working toward agreed upon goals, or there are multiple incidences of noncompliance with guidelines as discussed with the case manager, then the participant is choosing to move towards an exit plan.**

Once an exit has been determined, Safe Harbor is not responsible for arranging or providing transportation to assist a resident to move unless the move is part of the case management plan.

I have read and understand the guidelines listed above, and have chosen to participate fully within these expectations.

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Full Name

Date

# Safe Harbor GreenLeaf Program

In order to process this application, please answer all questions, including names, addresses, and telephone numbers. If additional space is needed for any question(s) use the back of the page.

**Incomplete applications will not be processed.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Date of Application \_\_\_\_\_

## **PERSONAL INFORMATION**

Our program requires that the head of household be 18 years or older. Do you meet this requirement?  Yes  No

### **Ethnicity (please check one)**

Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Latino \_\_\_\_\_

### **Race (please check one)**

Black or African American

Asian

White/Caucasian

American Indian/Alaska native

Native American or Pacific Islander

Other

SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Are you a US Citizen?  Yes  No Marital Status \_\_\_\_\_

Current Residence/Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

**\*Our program requires that you do not have a romantic relationship during the first three months of the program, and maybe longer depending upon your goals and progress. No males are permitted to visit at the apartments at any time. Are you willing to comply with this requirement?  Yes  No**

Are you part of a faith community?  Yes  No

Name of church \_\_\_\_\_

How did you hear about GreenLeaf? \_\_\_\_\_

If referred, referring agency? \_\_\_\_\_

Worker's Name? \_\_\_\_\_ Phone No. \_\_\_\_\_

**Dependent Information**

Are you pregnant? \_\_\_Yes \_\_\_No If yes, how many months? \_\_\_\_\_

Please list all children who will be living with you.

Child	First Name	Last Name	DOB	Age	Sex	SS #
1						
2						
3						

Do you have any other children who do not live with you?

Child Name	Date of Birth	Who has legal and physical custody?

**Health Information**

Do you have a disabling condition? \_\_\_Yes \_\_\_No

Please explain: \_\_\_\_\_

Are you currently under any medical care? \_\_\_Yes \_\_\_No

If yes, name of Doctor or Clinic \_\_\_\_\_

Address \_\_\_\_\_

Does it keep you from working a permanent full-time job minimum of 30 hours a week?

\_\_\_Yes \_\_\_ No

Do you have any physical or emotional problems that we should be aware of? \_\_\_Yes \_\_\_No

If yes, please describe \_\_\_\_\_

Do you have any history of suicidal thoughts or actions? \_\_\_Yes \_\_\_No

If yes, what was happening during that time in your life? \_\_\_\_\_

Are you currently receiving treatment for a mental health issue? \_\_\_Yes \_\_\_No

If yes, please explain \_\_\_\_\_

Name of Counselor or Therapist \_\_\_\_\_

Agency \_\_\_\_\_

Has it prevented you from working? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you currently on any medication \_\_\_Yes \_\_\_No. If yes, please complete chart:

Name of Medication	Prescribed For	Dosage	Does it help?

If currently on medication, do you agree to continue taking your medication as prescribed and maintain necessary refills? \_\_\_Yes \_\_\_No

Do you have health insurance? \_\_\_Yes \_\_\_No

If Yes, name of Company \_\_\_\_\_

Do any of the children living with you have health insurance? \_\_\_\_\_

If yes, please fill out chart.

Child Name	Doctor	Health Insurance	Policy #

Do any of the children living with you have any significant health problems or are they on medication? \_\_\_Yes \_\_\_No

If yes, please fill in chart.

Child Name	Describe Health Problem	Medications

Do you have a history of alcohol or substance abuse? \_\_\_Yes \_\_\_No Length of sobriety \_\_\_\_\_

What was your substance of choice? \_\_\_\_\_

Have you received any treatment? \_\_\_Yes \_\_\_No

If yes, how long ago: \_\_\_\_\_

Name of Treatment Provider? \_\_\_\_\_

Address? \_\_\_\_\_

Have you ever participated in a parenting program? \_\_\_Yes \_\_\_No

If yes, Program Name \_\_\_\_\_

Program Location \_\_\_\_\_

Graduation Date \_\_\_\_\_

Do you have a certificate or other proof of class completion? \_\_\_Yes \_\_\_No

**Legal Information**

Do you have any legal issues? \_\_\_Yes \_\_\_No

If yes, what type?

\_\_\_Custody \_\_\_Divorce \_\_\_Criminal \_\_\_Domestic Violence \_\_\_Bankruptcy \_\_\_Court Orders \_\_\_Other

Please explain: \_\_\_\_\_

Have you ever been arrested? \_\_\_Yes \_\_\_No

If yes, when and why? \_\_\_\_\_

Have you ever been in jail? \_\_\_Yes \_\_\_No

If yes, when and why? \_\_\_\_\_

Do you have a Lawyer? \_\_\_Yes \_\_\_No

If yes, Name of Lawyer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Are you currently or have you ever been on probation? \_\_\_Yes \_\_\_No

If yes, when? \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any pending legal matters? \_\_\_Yes \_\_\_No

If yes, please describe \_\_\_\_\_

Do you currently have or have you ever filed a restraining order? \_\_\_Yes \_\_\_No

If yes, against whom? \_\_\_\_\_ When? \_\_\_\_\_

Please explain? \_\_\_\_\_

Please attach a copy of any CURRENT restraining orders to this application.

Does anyone have a restraining order against you? \_\_\_Yes \_\_\_No. If yes, who and why?

\_\_\_\_\_

**Income/Expenses**

What are your current monthly housing expenses? \$ \_\_\_\_\_

Have you paid your rent/mortgage/taxes on time? \_\_\_Yes \_\_\_No

What are your monthly costs for all utilities (except telephone) \$ \_\_\_\_\_

What is your current primary source of income? \_\_\_\_\_

Please list your present income and any benefits you receive:

INCOME	AMOUNT PER MONTH
Employment	\$
Social Security	\$
Social Security Disability	\$
Supplemental Security Income	\$
Work First Case #	\$
Unemployment Benefits	\$
Child Support	\$
Veterans Benefits	\$
Current Checking Account Balance	\$
Current Savings Account Balance	\$
Other	\$

Are you a full-time student? \_\_\_Yes \_\_\_No

Do you have any outstanding electric bills? \_\_\_Yes \_\_\_No

Have you ever been denied Public Assistance? \_\_\_Yes \_\_\_No

Do you have a valid NC Driver's License \_\_\_Yes \_\_\_No

NCDL Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you currently own a vehicle or have one registered in your name? \_\_\_Yes \_\_\_No

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

### **Housing Information**

How did you become homeless? \_\_\_\_\_

How long have you been homeless? \_\_\_\_\_

Times you have been homeless in the last 3 years? \_\_\_\_\_

Where are you currently staying?

- a. Non-housing (street, car, bus station, etc.)
- b. Emergency Shelter
- c. Transitional housing for homeless persons
- d. Psychiatric Facility
- e. Substance abuse treatment facility
- f. Hospital
- g. Jail/prison
- h. Domestic Violence situation
- i. Living with relatives/friends
- j. Rental Housing
- k. Other \_\_\_\_\_

Please describe your present living situation.

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Are you being, or have you been, evicted? \_\_\_Yes \_\_\_No

If yes, please explain

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### **Education**

Did you graduate from High School? \_\_\_Yes \_\_\_No

If yes, Name of High School\_\_\_\_\_

Do you have a GED? \_\_\_Yes \_\_\_No

Do you have a College Degree or any College credits? \_\_\_Yes \_\_\_No

If yes, name of school\_\_\_\_\_

### **Employment**

Are you willing and able to be employed in a permanent full-time job (at least 30 hours per week)?  
\_\_\_Yes \_\_\_No

Last Employer: \_\_\_\_\_Occupation: \_\_\_\_\_

Reason for Leaving:\_\_\_\_\_

Please list all job skills:\_\_\_\_\_

Please list any specialized training:\_\_\_\_\_

What career/field would you like to consider?\_\_\_\_.

How long was your longest full-time job (35= hours weekly, does not necessarily mean most recent):

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What has been your usual employment pattern for the past three years? \_\_Full time (35=hours)  
\_\_Part time (regular hours) \_\_Part time(irregular hours) \_\_Student \_\_Military \_\_Unemployed \_\_  
Retired/Disability

### **Personal or Professional References**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ How long you have known \_\_\_\_\_

What capacity \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ How long you have known \_\_\_\_\_

What capacity \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ How long you have known \_\_\_\_\_

What capacity \_\_\_\_\_

GreenLeaf is a short-term TRANSITIONAL program for women in recovery from addiction, from an unhealthy lifestyle, from loss. **Recovery means you recognize the need for change and that you are ready and willing to commit to doing the work required.** This program requires weekly case management and completion of certain program goals.

**Are you willing to adhere to any/all guidelines pertaining to the GreenLeaf program?**

\_\_\_Yes \_\_\_No

**Are you willing to fully commit to GreenLeaf in its entirety?** \_\_\_Yes \_\_\_No

**\*Why is this transitional housing program for you?**

**\*Why would you be a good candidate for this program?**

**\*What are your goals for the upcoming year?**

**\*What do you hope to take away from this program?**

**Safe Harbor reserves the right to verify all of the above information, and will require a signed Release of Information and permission to run a background check before a final decision can be made.**

**I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the program agreement.**

**Signature of Applicant** \_\_\_\_\_

**Safe Harbor  
Greenleaf Transitional Housing Program  
General Consent and Authorization for Release of Information**

\_\_\_\_ I give my consent and authorization for release of information to, from and between Safe Harbor, Greenleaf Program, staff, volunteers and interns regarding my particular needs and participation in the program.

\_\_\_\_ I give my consent and authorization for release of information to, from and between Safe Harbor and any church, organization, agency, physician, counselors, helping professionals or their representative when the information is provided with the intent and purpose of providing direct or indirect assistance for me.

\_\_\_\_ This consent form expires four weeks after guest leaves Safe Harbor or Greenleaf Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

Some agencies require their own release to be signed. We will provide this for you if needed.

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, Safe Harbor will order a “consumer report” (a background report) or “investigative consumer report” on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal; public; educational; and, as appropriate, driving record checks; verification of prior employment; reference; licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries. Workers compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An “investigative consumer report” is a background report that is not a credit report.), except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by PRIORITY BACKGROUND Solutions, Inc. or another outside organization.

### **STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that PRIORITY BACKGROUND Solutions, Inc. has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. PRIORITY BACKGROUND Solutions, Inc. can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for PRIORITY BACKGROUND Solutions, Inc. You will get this information within 5 business days of our receipt of your request. You have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a free copy of the report.

**MARYLAND:** If the Company obtains credit history on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the report by contacting PRIORITY BACKGROUND Solutions, Inc.

**MINNESOTA:** If you submit to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc., and you will be provided with the name and address of PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the reports by contacting PRIORITY BACKGROUND Solutions, Inc. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report ordered, if any. You also have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

### **AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to PRIORITY BACKGROUND Solutions, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, workers' compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/ or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to PRIORITY BACKGROUND Solutions, Inc. and its agents include, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

The information provided is true to the best of my knowledge and belief. I understand that any misrepresentation of false statement made by me in connection with the application or any related documents which are deemed material by the Company shall result in the Company not employing me, or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by the Company. I hereby authorize all individuals and organizations named or referred to in my application and any background reporting organization to give the Company all information relative to such verification and hereby release such individuals, organizations, and the Company from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by the Company that the Company make seek to obtain a consumer credit report and/or an investigative report that will include personal information regarding me, including, but not limited to, educational history, work references, driving record, drug testing, credit report, and criminal convictions or arrest records if allowed, in order to assist the Company in making certain decisions. I, my heirs, assigns and legal representatives, hereby release and fully discharge the Company, its parent and affiliated companies, background reporting companies, and the respective officers, directors, shareholders, employees, and all agents of each named above.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than PRIORITY BACKGROUND Solutions, Inc. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_

If you live or work for the Company in California, Minnesota or Oklahoma: Check the space below if you would like a free copy of your background check: \_\_\_\_\_

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

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

\*All information is confidential