

CrossRoads Restoration

Restoring/Equipping/Training/Discipling

My Daughter's House of Crossroads

Topeka KS

Proverbs 31:25 "She is clothed in strength and dignity and laughs at the future without fear."

Our Mission:

To be trustworthy and demonstrate to the women we serve that no matter which direction they lean during their journey with us, we will be there to gently lead them to Jesus in a loving and respectful way. We will work hard to strengthen them and teach them how to obtain their dignity in Jesus Christ operating in truth and transparency to achieve the goal of serving our Lord and Savior.

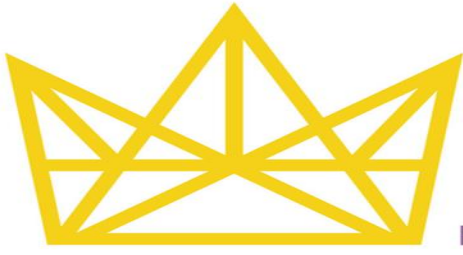
House Information:

My Daughter's House is in Topeka, Kansas and can house up to 8 women. We ask that all residents commit to a minimum of 6 months but can stay up to 1 year or longer. The house is a great launch pad for adult women wanting to relocate to a new community where career opportunities are available and align with their professional goals while building their foundation in Christ!

All applicants accepted into My Daughter's House must be seeking employment, attending school or actively serving in ministry while living in the house. Your monthly living expenses will be \$500.00 (keep in mind that this covers housing, transportation, and classes). A 250.00 deposit will be required upon approval to reside MDHC.

My Daughter's House of Crossroads can provide the following services to adult women due to the generosity of those Christian individuals and organizations who believe in the mission of the My Daughter's House of Crossroads.

- **Church-** As a faith-based organization, a Christ-Centered church service will be provided once a week.
- **House Meetings-** There are house rules that residents need to abide by during their stay at My Daughter's House to sustain the house and be successful. The weekly meeting, which will be held at 2 p.m. every Sunday, is a time where all the residents can gather with the Director and address house issues including personal successes and/or areas needing improvement. Each resident will be expected to attend. Please alert your employer of this time off needed.



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- **Community Involvement-** In every community there is an opportunity to connect with others. This could be through volunteering or attending 12-step or church functions. We encourage serving in local churches. We will help all residents find an opportunity to connect with others while staying at the house.

Application for Admission

(Please print and fill out all sections, if it does not apply, please write N/A)

Personal Information:

Last Name/ First Name/ Middle Name _____

Alias/Nick Names _____

Date of Birth _____

Driver's License Number _____

Children?

Names and ages _____

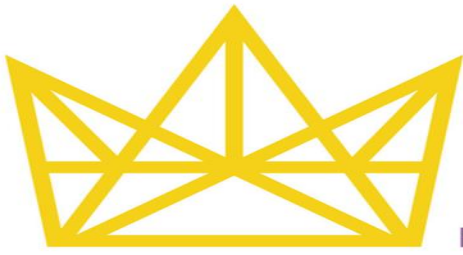
Child Support Owed _____ to Whom _____

How Much _____

Hometown Information:

City _____ County _____ State _____ *Zip _____

ATTENTION: If you are removed from the house for any reason, what address should your personal belongings be sent to?



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Training History:

Type of training _____

Write a short paragraph about your professional goals. What are your goals while here at My Daughter's House? What are your goals in the next 5 years? Attach a separate sheet of paper if needed.

Purpose:

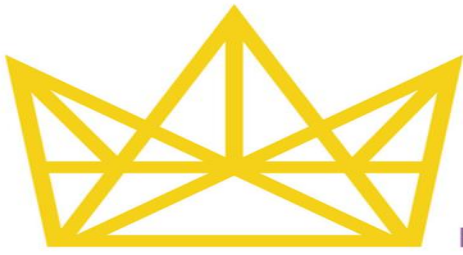
Why are you interested in being a part of the My Daughter's House: (Attach separate paper if needed) _____

What are your personal goals? (Attach separate paper if needed)

Church/Religion/Spirituality:

Have you attended a Church or Bible study before? _____

If so, what was your experience like? _____



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From a scale of 1-5, where would you rank your current relationship with Christ? **1** being that you are still unsure of your relationship with Jesus. **5** being that you are an active believer and trying to live a Christ-Centered life. Please circle the corresponding number and then give a brief explanation:

1 **2** **3** **4** **5**

Out of the items list below, what area do you wish to grow in as you pursue your relationship with Christ? Please mark all the areas that apply:

Scripture Interpretation___

Small Group Bible Study___

Volunteering/Service___

Worship/Music___

Prayer___

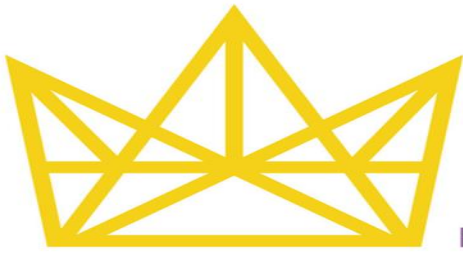
Women’s Ministry_____

Godly Mentorship___

Discipleship___

Not sure currently_____

Youth Ministries_____



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Medical Information:

Are you currently under a doctor's care? _____

If yes, for what? _____

Please list your doctor's contact information (Name, Address, Phone #)

Please list all medications, and medication dosage:

**Anyone currently taking psychotropic medication must coordinate with their doctor to ensure medication follow ups are continued. If medication follow up services need to be transferred to a local physician or psychiatrist, please make sure that occurs prior to arrival. Or bring a 30-day supply of your medication so you will have time to coordinate the medical transfer after arrival.*

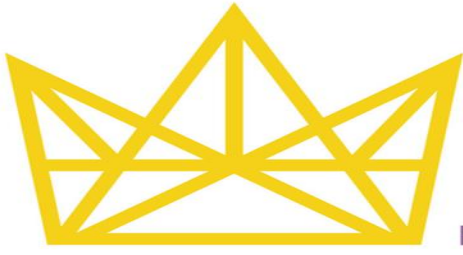
Do you have any allergies? _____

Do you have any physical limitations that would inhibit your ability to perform manual labor? *For example: A history of herniated or slipped disc in the back, hip or knee injuries, and neck or shoulder injuries.*

If so, please list. _____

A doctor's note, on their office stationery, stating the specific physical limitation(s) is **REQUIRED before admission to the program and should be submitted with this application.*

Please let us know of any medical or dental problems you may have before entering our home. Medical and dental emergencies will be attended to in the appropriate manner.



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Legal Information:

Please list pending cases and Current Charges: _____

Court Dates coming up? Yes No Dates: _____

Probation/Parole Status: _____

Date of Completion _____

PO Name/County/Contact Information: _____

Alcohol/Drug Use Issues: Yes NO

Drug of choice: _____

Date of Last Use: _____

Date of Last Treatment/ Detox Stay: _____

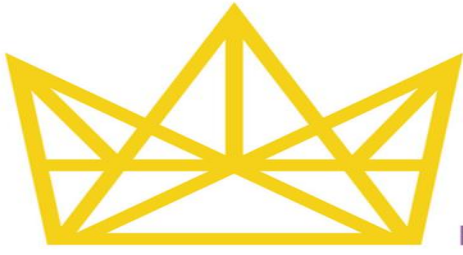
Mental Health Issues: Yes NO

Diagnosis: _____

Most Recent Date of Diagnosis:

Prescribed Meds for Mental Health: (use additional page as needed)

Name	Dosage	Diagnosis
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Emergency Contacts

Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____

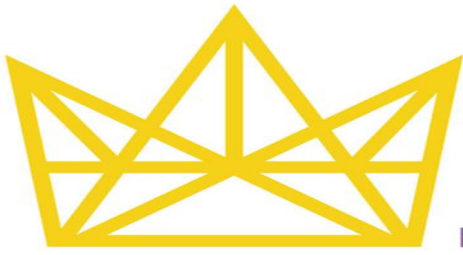
Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____

Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____

Personal References

Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____

Name _____ Phone # _____
Address _____ City _____ State _____
Relationship _____



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Ministry Relationship

I, _____ understand that My Daughter’s House is a Christ-Centered Biblically based organization, and a ministry of the Church. The purpose of My Daughter’s House of Crossroads (by the word of God), is to present new creatures in Christ and women of honor, prepared to take their place, first, in the fellowship of believers (regular church attendance) and secondly, return to live and work, with the rest of the world while remaining free from destructive and/or illegal addictions and behaviors. I will keep my body clean, which means no alcohol, no use of drugs, and no sexual misconduct. Our mission is to grow women in their relationship with Christ Jesus so in turn they may share the saving knowledge of Jesus Christ with those people in this community and abroad and make disciples of all nations.

Signature _____ Date _____

Note: After completing this application, please send to Attention Robin Lindsay MDHCDIRECTOR@GMAIL.COM.... You are to call and make an appointment to speak with program directors and overseers for an interview at 785-230-9763. Please feel free to contact us and we will sit down with you to complete the application.

IMPORTANT NOTICE: All residents must read, consent, and sign the Rules and Living Agreement Contract.

I have read the above disclosure statement. I understand and agree to abide by these terms.

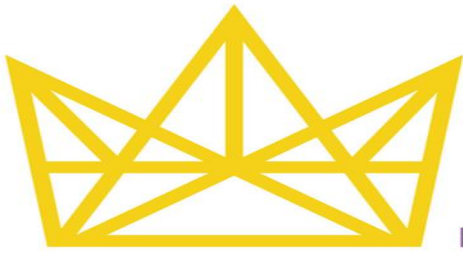
Signature _____ Date _____

Printed Name _____

Reviewed by Director _____ Date _____

FOR OFFICE ONLY: Date Received ____/____/____ Date Accepted ____/____/____ Date entered in program. / ____/____

Approved by _____



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RULES AND LIVING AGREEMENT

Upon arrival into My Daughter's House, the Director or House Mentor will greet you. Their primary role is to mentor and be an advocate for you along your professional and spiritual journey as well as assist you with developing your independent living skills. They are also there to ensure accountability of those living in the house. There are multiple rooms available, with a max of two residents per room. At this time, the My Daughter's House will have 8 Residents.

House Chores

Assigned house chores need to be completed daily before 9:00 p.m. Chores will be checked and signed off by the Director and/or the House Mentor. Failure to do your chores will result in restrictions. It is the resident's responsibility to read the chore list before starting assigned chore. INT_____

We ask that all residents clean up after themselves. Personal items are not to be left in the common areas. Dirty dishes should be washed and put away in the kitchen and not left in your rooms or common areas. You are responsible for maintaining your bedroom, making your bed daily, no dirty dishes or laundry, etc. Failure to comply will result in restrictions or extra duties for each item left in these areas. Room checks will be done by the Director/Mentor as needed. INT. __

Laundry

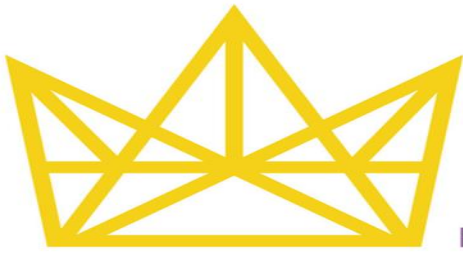
Laundry day will be assigned. Laundry is not to be started before 6:00A.M. Clothes need to be out by 7 p.m. of your assigned day. There will be a fine for using the laundry when it is not your assigned day restrictions and or extra duties will be given. Keep filters in dryers cleaned out for the next person. INT_____

House Meals

Residents are expected to cook and eat together in family type meals. Food items for sack lunches will be made available for each resident in the house. Food donated by outside individuals or organizations, such as churches and Harvesters, will be shared by all residents. All residents who eat a meal are expected to help with clean-up and leave the kitchen tidy. INT_____

House Meetings

Mandatory house meetings will be attended every Sunday by 2:00P.M. Repeated tardiness and/or failure to attend mandatory meetings will result in a possible disciplinary contract and may lead to other consequences. INT_____



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Personal Belongings

Cell phones, televisions, gaming systems, laptops are all welcome, however, MDHC will not be held liable for broken or stolen personal items.

INT _____

Overnight Passes

Due to the required weekly chores and work expectations, overnight /day passes will not be permitted during the week. After your 1st 30 days, weekend passes are permitted for those wishing to visit family and friends out of town. (Pending approval from PO, the Director) You will be responsible for providing your own transportation for those trips and to make sure you return for the scheduled house meeting every Sunday evening. INT _____

Curfew

Curfew is set for 9pm every evening. This is on a case-by-case basis. We understand that work schedules may prevent you from meeting curfew. INT _____

Transportation

Transportation will be provided (as available) by My Daughter's House for work, educational programs, appointments, etc. Parking is provided for those wishing to bring their personal vehicles. INT _____

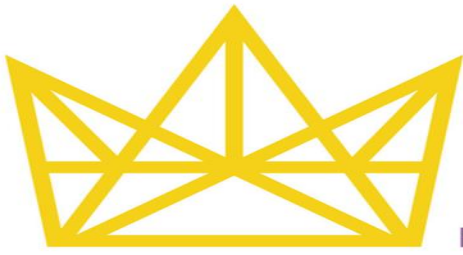
Sunday Church Services and Programs

During your first 30 days you will attend the scheduled church services for My Daughter's House until you find the one you connect with best. Any outing you will be expected to dress and act with respect if issues occur restrictions will be given. INT _____

Employment/School

All new residents must be actively seeking employment/School and are expected to be employed/School no later than two weeks from move in date, and while unemployed or not in school, you must complete twenty (20) hours of documented in house community service or actual community service, unless arrangements have been made by the Director. Once employed/ School, all residents must maintain a minimum of 30 hours per week of employment.

INT _____



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Moving Out

If a resident decides it is time to find other housing arrangements, they must give a 2 week notice to the the Director and coordinate their personal items to be moved by the time the resident leaves the house. Any resident's personal items that are left behind will only be kept for seven (7) days from the time of client leaving the property. Anything left on premises after seven (7) days will be considered abandoned and will be donated to an appropriate charity INT. _____

If upon change of residence, any monies returned to the undersigned are at the sole discretion and convenience of the Director. There can be no exception or obligation of said monies, except for the shared living arrangement agreed upon herein. If you leave without reasonable notice, you shall forfeit all monies to My Daughter's House. INT _____

Prohibited Activities

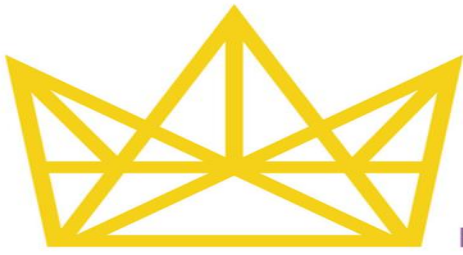
Smoking is prohibited inside the house. Smoking will only be allowed in designated areas. INT _____

Use of any Alcohol or Drugs will be grounds for immediate eviction. Undersigned agrees that one hour will be given to vacate premises of My Daughter's House and the party will be given seven (7) days following eviction to pick up all personal belongings. Anything left on premises after seven (7) days will be considered abandoned and will be donated to an appropriate charity. My Daughter's House is not responsible for said properties of party. INT _____

The undersigned agrees to submit to a **Breathalyzer & or Urinalysis upon request.** Failure to submit to either will be considered as a positive result and will be grounds for removal from premises. INT _____

Verbal or Physical Abuse to one another, on the telephone or to anyone **WILL NOT be tolerated.** Any type of physical violence will be grounds for removal from the house immediately, and the proper authorities will be called. Gossip will not be tolerated. INT _____

Stealing will NOT be tolerated. This includes monies, food, personal items, laundry supplies, or any other thing that does not belong to you. Immediate eviction will result, and authorities will be called. Also, any type of disrespect or flagrant abuse or damage to another's property could result in eviction or restriction or appropriate sanction. This will be at the discretion of the Director. You will be financially responsible for all property damage that may occur because of disorderly actions or carelessness of the home and/or any residents of the house. INT _____



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God has provided these homes as steppingstones in your new walk. Our home has a kind and loving environment for you to let your guard down, build trust with other women, and build your faith in Jesus Christ. We encourage change and continual growth. Our foundation is Christ Jesus and is correct family values, doing the next right thing and treating others as it is written in God's Word. He is the Teacher; we are the residents. Welcome home.

Undersigned agrees that these rules and agreements are made at the sole discretion of the Director, and that she can and will have the final say in all matters affecting the safe and productive shared living arrangements agreed upon herein. INT_____

Print Residents Name: _____

Residents Signature: _____ Date: _____

Judges Signature: _____ Date: _____

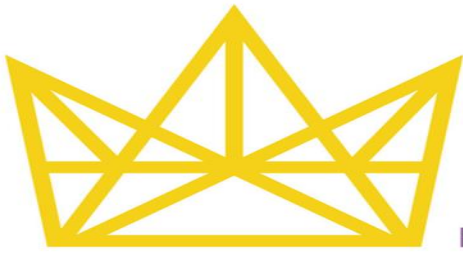
Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Witness

Signature:

_____ Date: _____



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RELEASE AUTHORIZATION FORM

To (Check which ones apply):_

- Shawnee County Community Corrections
- Kansas Department of Corrections
- Shawnee County Adult Probation
- KVC
- KJCC
- DCF
- Valeo Behavioral Services
- OTHER _____

I, the undersigned, authorize the staff of My Daughter’s House to contact you, and any other person or entity, to receive any and all information, including any **medical information, medical records,** or other **information** regarding my treatment for any condition including any treatment for psychiatric, alcohol\drug addiction, or psychological impairments or social history. A photocopy of this authorization may be accepted in lieu of an original.

I hereby authorize you to provide the above-referenced information and any other requested information to the staff of My Daughter’s House. mdhcdirector@gmil.com

Signature _____

Print Name: _____

Dated: _____