



A Place of Refuge Ministries of South Wisconsin, Inc.

Celebrating 14 years, 1,400+ babies, 1 mother at a time!

Eligibility Requirements

The home is known as Refuge House (per Constitution and By-Laws), a ministry of A Place of Refuge Ministries of South Wisconsin, Inc., whose principal office is located in Milwaukee, Wisconsin. It is duly licensed as a non-profit corporation in accordance with all local, state, and federal regulations.

A Place of Refuge Ministries of South Wisconsin, Inc., has been designated as a tax-exempt organization under Section 501(c) (3) of the United States Internal Revenue Code. A Place of Refuge Ministries of South Wisconsin, Inc., serves pregnant women and their pre-born children without regard to religion, race, or national origin.

The ministry will consider for placement pregnant women who want to live in the Refuge House. Applicants must be willing to live cooperatively with other residents in the home. Residents agree to accept the authority and guidance of the Houseparent. Women residing at Refuge House must work, go to school, or be actively involved in job training unless she has a medical release. No one will be allowed to place a birthmother in the Refuge House without her consent. The Intake Committee will make the provisional intake decision.

ADMISSIONS AGREEMENT

I, _____, on this _____ day of _____, _____, freely enter as a resident client A Place of Refuge House, located in Milwaukee, Wisconsin, and agree to accept the following terms for participation in this program.

The objective of A Place of Refuge House Ministry will be to provide

A Christian family atmosphere focused on the love of Jesus

A safe place for women and their children, born and preborn, to grow physically, emotionally, and spiritually

Support for the life affirming decision I have made and encouragement to make strong, healthy decisions in the best interest of my child/children

Experience living in a family atmosphere that emphasizes respect, kindness, responsibility, and positive conflict resolution

Assistance in developing strong, healthy relationships

Support to learn from past challenges and rise above them a stronger person

A well balanced nutritional plan, healthy eating habits, and nutritional education

Appropriate clothing to ensure my physical well being

Life skills training

Parenting classes

Financial seminars teaching debt reduction, fiscal responsibility, and family budgeting

Encouragement to pursue my educational goals: diploma, GED, college or technical school

Referrals to supportive services and community resources

Referrals for career counseling and job training

Resources for finding quality child care for employment hours and personal time

Support finding an apartment when ready to transition into independent living.

Assistance furnishing new apartment with the help of supportive APOR congregations.

Outings and trips that will be beneficial to me physically, emotionally, and/or spiritually;

The opportunity to develop a loving relationship with the living Christ. Opportunities to grow in the Christian faith are provided and nurtured. Women of all faiths will be respected and welcomed.

By the time a birthmother leaves the care of Refuge House:

We will have maintained complete professional records updated weekly at the resident's goal setting appointments. Residents will have formulated an exit plan with the House manager. Community resources will have been shared for continued support as women leave Refuge House. The House manager can help residents in the process of acquiring her new apartment or transitional living situation. Refuge House can also be helpful in acquiring furnishings for the new home being established. Residents should have a majority of their debt paid off or significant progress on their debt repayment plan. They should also have a significant savings account for their reserve when they begin living on their own. A financial plan will have been formulated at weekly goal sessions for living within her budget.

We will have helped the women we serve to grow physically, emotionally and spiritually while they developed a positive sense of self. They have a healthier understanding of relationships. Women are in the process of becoming the best parent they can be, continually growing as life-time learners. Refuge House residents leave with the confidence that they can provide for themselves and their children. Women leave Refuge House having heard they were created by a loving God with a purpose and a plan for their lives. If women are receptive to continued spiritual growth, we can help them find a church home close to their new apartment and connect them to spiritual support.

Adoption

Women who have made life affirming decisions and have chosen to give the gift of life to the child growing within them can either **choose to parent that child or choose to make an adoption plan.** Both choices are honorable. Women need time to look at their current situation and determine if they are able to parent a child at this time in their lives. Some women love the child they are carrying very much but know they cannot possibly parent any child at this time. It is a very courageous decision to put the best interest of their child first and make an adoption plan for that child. Adoption is not a second or inferior choice, but rather a thoroughly, well thought out conscious decision. Both decisions are positive reflections of a women's character and are a strong commitment to the life growing within her. Both choices are deserving of our respect, help, and support.

A Place of Refuge Ministry is not a licensed adoption agency and therefore does not assume the responsibility of connecting children with their forever families by the process of adoption. A Place of Refuge will refer interested birth mothers to agencies which provide respectful birth parent counseling. A variety of adoption options are presented and explored. A birthmother has the right to vacillate in her decision making and change her mind any time before the Termination of Parental Rights Hearing. This hearing usually takes place about a month after the birth, dependant on the court's availability.

Women's choices to parent or to make an adoption plan are respected at Refuge House. If a women finds it difficult to reside in an atmosphere where there are newborn children when she is firm in her resolve to make an adoption plan, efforts can be made to find a host home for the time after delivery until the Termination of Parental Rights Hearing. Post placement counseling is available and encouraged.

Medical Needs

All birthmothers and their children are required to be under the care of a physician of her own choosing for the duration of her pregnancy and for at least six weeks postpartum or until she, her children and her newborn baby leave Refuge House.

Code of Conduct

As a resident client of Refuge House I agree:

To practice good health habits which include healthy eating, regular physical exercise, restful adequate sleep, and follow the recommendations of my physician. for myself, my children, and my preborn baby.

To refrain from the use or possession of harmful substances including drugs and alcohol. Failure to abide by this rule is **reason for immediate dismissal from Refuge House.** Smoking in the house is prohibited. Women who smoke and are under a doctor's care should follow his/her directions regarding limited smoking during pregnancy. It is important that women who wish to stop smoking follow the doctor's recommendations how to slowly cease. Women who do smoke must do so outside the residence always making certain that cigarettes are safely extinguished without littering the premises. Women are responsible for the care of their children at all times.

To participate in all programs offered by Refuge House.

To cooperate with the house manager to keep the House clean and safe. Residents agree to accept the responsibility of shared living by **assuming household tasks on a weekly basis.** The house

manager works together with residents to see that the home is kept neat, clean and safe.

To keep my personal space, hall, bathroom and upstairs lounge clean and neat. I agree to **restrict eating meals to the downstairs** of Refuge House so as not to attract unwanted “critters” or bug infestations. Residents are given storage for personal food downstairs that can be labeled and secured. A community food donation room is accessible to all residents as well as the House manager.

To respect my housemates and treat others with kindness and understanding. Refuge House is “home” to all who reside here. Everyone deserves to feel safe, comfortable, and accepted. Conflicts should be resolved with words, always keeping in mind “to treat others how you would like to be treated.” The House manager is available to help resolve conflicts and misunderstandings. I agree to learn how to cope with my anger and resolve disputes respectfully, without yelling. Residents may not invade the personal space of another resident. Others property must be respected. **Stealing, lying, a verbal threat of or actual physical confrontation is grounds for removal from Refuge House.**

To not call the police to resolve situational disputes with other residents. The police are reserved for responding to criminal, unsafe situations. If the police are called and the event is deemed to be of a nuisance category, the resident who called will be charged the fee imposed.

To treat the House manager, other residents, visitors, and volunteers with respect. Using offensive language is strictly prohibited. A reasonable tone of voice shows respect for others, therefore yelling or swearing is inappropriate and unacceptable.

To **cook the family meal** either once or twice a week dependant on the number of residents.

To keep the House manager informed of my schedule. I will post my appointments on the House calendar as soon as the appointments are confirmed. Transportation to non-medical appointments will be discussed, in advance, at the discretion of the Houseparent to schedule. Plans for the following day are discussed at the evening meal with the House manager to best accommodate all residents. Transportation for medical appointments should be arranged with the medical transport van service. The use of bus passes is also recommended.

To be in Refuge House by 10:00 pm unless at school or work. Residents are expected to maintain communication with the house manager regarding their expected return time. The women we serve are important to us and their safety is paramount. The House manager should be informed of where the resident is, when they are returning, and how they are being transported. Residents must notify the House manager if those plans change. Residents may schedule occasional overnights with family members for special occasions. These circumstances should be scheduled ahead of time with notification given to the house manager. House manager must be notified of the expected return time, a phone number where you can be reached, and a transportation plan. Residents are expected to return nightly to Refuge House except for rare, special, family occasions.

To schedule a weekly goal session with the House manager. This session is to plan schooling, debt reduction, job training, job opportunities, referrals to local community resources, and transitional housing. A file will be maintained for each resident noting her progress, her short and long term plans, contacts that need to be made, as well as a financial plan. Goal sessions are to be schedule one week ahead of time on the House calendar during the House manager office hours.

To attend Sunday worship services every week as a group with the other residents of Refuge House. The house manager will provide transportation to church and back.

To contribute \$50.00 a paycheck deposited in a separate savings account in my own name for the purposes of a security deposit. This money is to be returned to me upon transitioning into an apartment.

Residents are expected to leave their room in clean condition with the inventoried contents accounted for. If the room is left unclean a fee of \$50.00 will be charged to the resident. It is not our desire to keep any money from the women we serve, however any damages assessed to the resident will be taken from this account. The money in their account is to defray the cost of the first and last month's rent and act as the security deposit for their eventual apartment.

To treat my children with respect by not yelling at them. I will not use corporal punishment. To discipline means to guide and teach. I will be consistent in my approach to guide my children with love and patience. I will seek out parenting classes to help find creative, effective, alternative ways to discipline my child/children. Time outs are an effective disciplinary measure for very young children.

To not leave my children unattended at Refuge House. I will not expect the Houseparent to provide childcare for my child/children. I will actively parent my child to the best of my ability and will arrange for my own childcare services. I will monitor my child at all times and use appropriate safety devices.

To refrain from burning candles in Refuge House proper as well as in my room. Refuge House is a safe place for women and their children. Candles present a significant risk to people's safety. Candles are a fire hazard to all residing in the House as communicated by the fire department.

Note: Residents may purchase a car while at Refuge House if she has a valid driver's license. It is then her responsibility to maintain the vehicle with her own funds, research insurance, remove snow around the vehicle in the winter months, and park responsibly so as not to restrict the free movement of other vehicles at the House, Residents are expected to keep the vehicle in safe working condition for the safety of themselves and their children always using appropriate, safe, legal car seats. The use of seat belts is mandated by law. Residents are responsible for any tickets they incur while operating the vehicle or parking the vehicle.

If a resident cannot live within the above stated guidelines, we respect her choice to seek alternative housing elsewhere. Upon notification of dismissal, Refuge House will make every effort to help contact local shelters and housing facilities to assist women without a housing plan if they so desire that assistance.

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

Signed _____

Print your full name as signed above.

Current Address _____

City, State, Zip

Date _____

Witness _____

OTHER CHILDREN

Do you have other children? YES NO If the answer is "YES", please answer the following questions.

1. I have _____ children, age's ____, ____, ____.
 2. Do your children live with you? YES NO
 3. Who has formal custody of your children? _____
 4. Are you working towards reunification with your children? _____
- _____
- _____
- _____

EDUCATION

Are you presently in high school or college? YES NO If the answer is "YES", please answer the following:

Name of school _____ Telephone number (_____) _____

Address of school: Street _____ City _____ State _____ Zip _____

Grade level: _____ Grade Point average _____

If the answer is "NO," then please answer the following questions.

Do you have a high school diploma?

- YES, from _____ High School, I graduated in _____.
- NO, I dropped out of school at age _____. I completed the _____ grade. Grade Point Average _____.

Reason for dropping out of school _____

Did you earn your GED (Graduate Equivalent Degree)? YES NO

Have you earned college, university or technical school credits?

- YES NO If the answer is "YES", please answer the following questions.

What college, university or technical college do you or did you attend? _____

Where is the school located? _____

What is/was your area of study? _____

What is / was your goal? _____

Did you graduate? YES NO What is the degree you earned? _____

If you have not graduated, do you wish to continue to pursue your goal? YES NO

Please explain your answer. _____

WORK EXPERIENCE

Are you currently employed? YES NO

Please list your last three employers beginning with your latest employer.

Employer/company _____ Telephone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ From _____ / _____ to _____ / _____
 Reason left _____

Employer/company _____ Telephone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ From _____ / _____ to _____ / _____
 Reason left _____

Employer/company _____ Telephone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ From _____ / _____ to _____ / _____
 Reason left _____

COMMUNITY PARTICIPATION

Please list all the school and community organizations, clubs, sports activities, volunteer activities in which you have participated in the last five years.

NAME / DESCRIPTION OF ACTIVITY	PARTICIPATED FROM ____ TO ____

CHURCH

Do you attend church services? YES NO If the answer is "YES", please answer the following questions.

Name of the church you attend _____ Denomination _____

Address _____ City _____ State _____ Zip _____

Pastor's Name _____ Phone: (_____) _____

Are you a member of this congregation? YES NO

Are you Baptized? YES NO Are you confirmed? YES NO

Do you or have you in the past participated in the following:

Sunday School Bible Class Youth Group Choir VBS Other

HEALTH CARE INFORMATION

Do you have medical insurance? YES NO

Name of provider _____ Group # _____

Policy Number _____ Telephone Number (____) _____

Billing Address _____ City _____ State _____ Zip _____

Primary Care Physician _____ Telephone Number (____) _____

Address _____ City _____ State _____ Zip _____

Other health care providers, if applicable:

Physician _____ Telephone Number (____) _____

Address _____ City _____ State _____ Zip _____

Do you have dental insurance? YES NO

Insurance Company _____ Group Number _____

Policy Number _____ Telephone (____) _____

Billing Address _____ City _____ State _____ Zip _____

Dentist's Name _____ Telephone Number (____) _____

Address _____ City _____ State _____ Zip _____

FINANCIAL

Do you receive W2? YES NO

If the answer is "YES", please check each box that applies to you.

- I am eligible for Title19 /Medicaid.
- I am participating in the W2 program.
- I receive SSI benefits.
- I am participating in the WIC program
- Are you eligible for food stamps?
- Do you receive child support?
- Are you children enrolled in Healthy Start?

The above information on these pages is true and accurate to the best of my knowledge.

Signed _____

_____/_____/_____
Today's Date

Print your full name as signed above.



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RESIDENT CONFIDENTIAL INFORMATION AGREEMENT

This form must be completed by all residents and turned into the House manager prior to, or upon intake. The client will be given photocopy of this agreement for her records.

Name: _____
 First Middle Last (Maiden)

Street _____ Telephone (_____) _____

City _____ State _____ Zip Code _____

I understand that all information that I might learn about clients and their children must be kept strictly confidential.

I will not reveal the location or address of this home to any person who has abused or threatened me, my child, or any member of my family, or to anyone that I believe has the potential to cause harm.

Failure to abide by the above confidentiality agreement may be grounds for dismissal from the program at Refuge House.

Signature: _____

Date: _____

Witness: _____



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RESIDENT PHYSICAL EXAM FORM

This form must be completed by all women wishing to live in Refuge House, and turned into the House manger prior to the prospective resident's admission interview with the Intake Committee. Admission to Refuge House is based on the ability of the ministry to meet the specific needs of a prospective client as determined by the Intake Committee.

- PLEASE PRINT NEATLY -

Name _____ Birth date ____ / ____ / ____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

Date on which this form is being filled out: ____ / ____ / ____

Physician's Name: _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

HEALTH HISTORY TO BE COMPLETED BY THE PATIENT

IMMUNIZATION RECORD	NONE	1 DATE	2 DATE	3 DATE	4 DATE	UNKNOWN
Oral Polio						
Diphtheria, Peruses, Tetanus (DPT)						
Red Measles (10 day or Rubella)						
Rubella (3 day or German Measles)						
Mumps						
Tetanus						
Chickenpox						

Hepatitis						
-----------	--	--	--	--	--	--

Indicate whether or not you have had, or currently have the following conditions or diseases.

CONDITION	YES	NO	CONDITION	YES	NO	CONDITION	YES	NO
Convulsions			Dizziness			Back pain		
Ankles swelling			High blood pressure			Low blood pressure		
Do you have frequent colds?			Are you frequently anxious?			Are you severely depressed?		
Migraine Headaches			Severe chest pain			Do you worry excessively?		
Irregular heartbeat			Shortness of breath			Do you sleep too much?		
Hearing aids			Epilepsy			Blackout spells		
Do you have trouble sleeping?			Severe abdominal pain			Burning when urinating		
Asthma			Leg cramps			Constipation		
Allergies			Anemia			Mumps		
Sinusitis			Heart Disease			Whooping cough		
Skin rashes			Diarrhea			Smallpox		
Blood in urine			Blurred vision			Typhoid Fever		
Hearing loss			Eye pain			Cancer		
Urinary tract infections			Do you cry easily?			Rheumatic Fever		
Red Measles			Glasses			Scarlet Fever		
Kidney stones			Contact lenses			Kidney infection		
Chickenpox			Arthritis			Rubella		
Stomach ulcer			Excessive fatigue			Vomiting blood		

Have you ever been or are you currently being treated for tuberculosis (TB)? YES NO

If your answer is "YES", please indicate the date you were diagnosed. _____ / _____ / _____.

List the things to which you are **allergic or sensitive**: 1. _____ 2. _____
 3. _____ 4. _____ 5. _____

List the **drugs/medications** to which you are allergic or sensitive: 1. _____ 2. _____
 3. _____ 4. _____ 5. _____

List any past **illnesses, accidents, or injuries**, which are not listed above: 1. _____

2. _____ 3. _____ 4. _____

Do you have epilepsy? YES NO

If the answer is "YES", please indicate the date you were diagnosed. ___/___/___.

What type of epilepsy do you have? _____

What medication(s) do you take for your condition? 1. _____ 2. _____

Are your seizures under control? YES NO If no, how often do you have seizures? _____

Have you ever been diagnosed with a personality or behavior disorder? YES NO

If "YES," what is/was the diagnosis? _____

Are you, or were you, taking medication(s) for your illness? YES NO

If the answer is "YES," please list the medications you are or were taking:

1. _____ 2. _____ 3. _____

Have you ever been in residential treatment in a psychiatric hospital? YES NO

If the answer is "YES," please answer the following questions.

A. Reason for hospitalization: _____

B. Name of hospital or treatment center: _____

C. Date admitted: ___/___/___ Date discharged: ___/___/___

D. Name of Psychiatrist: _____

E Have you ever been in a day treatment facility? _____ half day? _____ full day? _____

Have you had any surgical procedures? YES NO

If the answer is "YES," list type of surgery and date of occurrence:

1. _____ Date: ___/___/___;

2. _____ Date: ___/___/___;

3. _____ Date: ___/___/___;

Do you have diabetes? YES NO

If your answer is "YES," please indicate the date you were diagnosed. ___/___/___.

If the answer is "yes," how is it treated? Medication? YES NO Drug Name: _____

Diet? YES NO

Do you have challenges maintaining a healthy weight? YES NO

Do you have trouble with nausea during your pregnancy? YES NO

Do you have any dietary restrictions? YES NO

If your answer is "YES," please indicate what they are. _____

How old were you when you had your 1st period? _____ Number of days in your menstrual cycle: _____

Do you have bleeding in mid-cycle? YES NO Date of your last period: ___/___/___

How far along is your pregnancy? _____ weeks

Have you seen a physician about your pregnancy? YES NO

If your answer is "YES," please answer the following questions.

Name of Physician _____ Phone: (_____) _____

Estimated date your baby is due to be born: ____/____/____

Have you ever been pregnant in the past? YES NO

If your answer is "YES," please answer the following questions.

How many times have you been pregnant? _____

How many children have you had? _____ How old are they? _____, _____, _____, _____

Have you ever experienced an abortion? YES NO How many? _____

Dates: ____/____/____ Dates: ____/____/____ Dates: ____/____/____

Are you experiencing any depression or regret over a previous abortion decision? Yes _____ No _____

Have you ever had a sexually transmitted disease (STD)? YES NO

If your answer is "YES," please give diagnosis and date of treatment.

Diagnosis: _____ Date: ____/____/____

Diagnosis: _____ Date: ____/____/____

Have you ever been treated for substance abuse or drug dependency? YES NO From _____ TO _____

If your answer is "YES," please describe the situation, treatment and outcome.

FAMILY HEALTH HISTORY

RELATIVE'S NAME	AGE	CONDITION OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Mother -				
Father -				
Sisters(s) -				
Brother(s) -				
Children -				



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P.O. Box 241525, Milwaukee, WI 53224 (414) 760-2483
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This section is to be completed by the physician.

TUBERCULIN TEST

Name of Test Administered: _____

Date test given: ____/____/____ Date Read: ____/____/____ Results: Negative / Positive

Is a chest X-ray required? YES NO

Chest X-ray (If needed): Date given: ____/____/____ Results: _____

Physician's Signature _____ Date: Date given: ____/____/____

Height: _____ Weight: _____ Blood type: _____

Dental status: _____ Nutritional status: _____

Hearing: _____ Vision: _____

Blood serology _____

Blood pressure _____

Urinalysis _____

STD testing, including Syphilis, Gonorrhea, Herpes, HIV: _____

HIV TESTING

I, _____, hereby authorize Dr. _____, to reveal the results of the tests for HIV. Date: ____/____/____. I understand that I am not required to allow this information to be shared. However, I understand that due to the nature of group living situations, this information will be helpful in ensuring that my baby and I receive appropriate treatment. This information will be kept confidential.

Are there any recommendations for level of activity, diet, or vision, or dental care? YES NO

If you have checked "YES," please explain. _____

Is this patient currently on one, or more medications? YES NO

If you have checked "YES," please list medications, dosages, and any instructions for taking.

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

Do you have recommendations for future care, additional tests or examinations, treatments, and/or immunizations? YES NO If you have checked "YES," please explain.

Additional remarks or recommendations _____

Drug and Alcohol Use / Abuse Test Results: _____

I, _____, hereby certify that my patient, _____, appears to be free of communicable disease YES NO

If you have checked "NO," please explain: _____

_____, **Signature of the Physician**

_____, Address of the Physician

_____, City, State, Zip

_____, Telephone Number of the Physician

_____, Date



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Medical Release to Reside in Refuge House

P l e a s e P r i n t

Name of Guest _____ Social Security # _____ - _____ - _____

Date of Birth _____ / _____ / _____ Estimated Date of Birth of your Child _____ / _____ / _____

Address _____

We require the following medical release to be signed by the guest's obstetrician, gynecologist or family-care physician for the following reasons:

- ⇒ We have a two story home with all the resident's bedrooms and bathrooms located on the second floor,
- ⇒ The stairs are steeper than in a typical home,
- ⇒ We are unable to serve meals on the second floor.
- ⇒ We do not charge a fee for any services. Rent, utilities, food, linens, personal care products, soap, baby supplies and clothes, laundry services, maternity clothing, and transportation are provided without charge. However, residents are required to share household chores, including cooking and cleaning.
- ⇒ Most transportation is via Medical Transport Van, Refuge House van or city bus.

Physician Instruction:

Please initial, make additional notes in the area provided, sign and date the form and fax it to: A Place of Refuge at (414)760-3586 If you have questions, please call (414) 760-2483 and ask for the House manager. Thank you.

- This client may climb stairs and dine on the first floor with the other house residents.
- This client may ride in the Refuge House van when requiring transportation.
- This client may perform all house keeping tasks as agreed upon
- This client may work at least part-time or 25 hours per week.
- This client may go to school.
- This client may participate in a moderate exercise program.

Please list all restrictions: _____

Print Physician's Name: _____ Office Phone (____) _____

Physician's Signature _____ Date: _____ / _____



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A Place of Refuge Ministries of South Wisconsin, Inc., has been designated as a tax-exempt organization under Section 501(c)(3) of the United States Internal Revenue Code. A Place of Refuge Ministries of South Wisconsin, Inc., serves pregnant women and their pre-born children without regard to religion, race, or national origin.

The ministry will consider for placement pregnant women who want to live in the Refuge House. The mother must be willing to live cooperatively in the home, accept House staff as the authorities in the home. The mother must be willing to go to school and or work, unless she has a medical release. No one will be allowed to place a birthmother in the Refuge House without her consent. The Intake Committee, in consultation with the staff, will make the final intake decision. Board of Director approval may be necessary for some admissions.

ADMISSIONS FINANCIAL AGREEMENT

I, _____, on this _____ day of _____, _____ freely enter as a resident client A Place of Refuge House, located in Milwaukee, Wisconsin, and agree to accept the following terms for participation in this program.

I agree to apply for the WIC program to receive formula and nutritional foods for my family

I agree to apply for W2 funding if I am eligible. I will use these funds for education, child care, and to provide for my family. I agree to make use of the free job training W2 provides.

I agree to find quality child care for my baby/children while I am working. I will also find trustworthy child care providers for the occasions that I am away from them. I will use W2 child care vouchers responsibly.

Refuge House frequently receives diapers and formula by donation. In the event that the donated products do not fit my child's needs, I agree to purchase appropriate products that fit my child

The evening meal is provided by Refuge House. Breakfast, lunch and snacks are provided by the residents with the funds they receive or by food stamps.

I agree to participate in Refuge House programs and accept the associated event fees.

I agree to save 75% of the money I receive unless it is used to reduce my debt. I will establish my own savings account and provide a monthly bank statement at my goal planning sessions for my file.

I agree not to keep more than \$25.00 cash in my room. Additional monies are to be deposited in my savings account. I agree to keep my door locked at all times when I am away from my room

I agree to apply for Title 19, Badger Care, or alternative health insurance programs for my children and myself and for my newborn baby within six days after the birth of my child.

Personal care products are provided by donation. If I require specific brands of products, I will supply the funds to purchase my own.

I agree to have a valid driver's license, make all car payments, registration, insurance premiums, car repairs, gas costs, as well as any tickets I incur if I choose to purchase a vehicle while at Refuge House.

I can choose to volunteer at Blessed Again Resale to earn merchandise vouchers to redeem for furnishings for my apartment when I am ready to transition into independent living. This is also an opportunity for valuable work experience and employment recommendations.

I agree to attend Financial Counseling provided by Refuge House to help me consolidate and reduce my debt. This financial education will help me live within my budget so I can best provide for my family.

Residents may use the office phone with permission during office hours for local business related calls.

If I need to place a long distance call I will ask the house manager and document the call on the long distance log.

Women may stay at Refuge House for the entire duration of their pregnancy and up to six months after the birth. During this time, A Place of Refuge tries to supply residents with as many needs as possible to allow them to save as much money as they possibly can for independent living. Linens, towels, blankets, quilts, donated personal care items, baby clothing, donated food, donated diapers and formula allow women to build a reserve to help them reach their future goals. There are also many opportunities for you to earn desired items for your self your child and your new residence.

I have read, understand and agree to the above stated financial agreement. I believe it is in my best interest to be financially responsible as I work towards independence.

Signed _____

Printed name _____

Today's date _____

List ALL debt(s):

Whom do you owe money to?	Date owed	Amount of money owed	Reason you owe the money	In Collections? (Circle one)
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO
	/ /	\$.		YES / NO

If more space is needed, please list other debts on a separate sheet of paper and send in with your application.

NOTE: Having debt is NOT a deciding factor for admission to Refuge House. If there is debt, the House manager will help you understand your responsibilities to your creditors. This is a necessary step when looking for apartments, low income housing eligibility, and needed utility hookups. It is also a vital step to help you become independent!

I attest that the above shared information is true.

Signed, _____

Print your full name as signed above.

Current Address

City, State, Zip

Date _____

Witness _____



A Place of Refuge Ministries of South Wisconsin, Inc.

Celebrating 14 years, 1,400+ babies, 1 mother at a time!

REFUGE HOUSE RULES

Welcome to Refuge House, a ministry of A Place of Refuge Ministries of South Wisconsin, Inc. The purpose of this home is to assist you in your journey to grow spiritually, physically, mentally and emotionally, so that you may give your pre-born child the opportunity to be born and raised in a loving, nurturing environment. It is our intent to provide a Christ-centered home that is safe and healthy. To do this we need a cooperative spirit on the part of all the residents and staff. Many guidelines have already been described in other pages of this application. Below are some helpful guidelines for cooperative living.

This is a team effort, but all teams have a leader in charge. That leader is the House manager. The House manager makes final decisions and has ultimate authority in the House. The House manager is working on your behalf as your advocate. The House manager maintains a safe, respectful environment where the rights and dignity of all residents are honored and protected. Therefore, we have adopted the following guidelines to which all residents must ascribe

Smoking is forbidden in the House. **Drinking alcohol and the use or possession of recreational drugs is strictly forbidden, and may result in immediate dismissal from the home.**

GENERAL

- ✓ Residents will dress modestly at all times.
- ✓ Residents will wear street clothes when on the first floor.
- ✓ Residents will follow all infection control rules.
- ✓ Residents agree to eat the evening meal as a family, unless they are ill, at work, or at school.
- ✓ Residents agree to cook the evening meal one or two nights a week dependant on the number of residents
- ✓ Residents are responsible to make their own breakfast and lunch and clean up after themselves
- ✓ Residents will not eat in their rooms so as not to attract bugs or rodents
- ✓ Residents will keep the door to their rooms locked when they are not in them
- ✓ Residents who lose their key will be charged a \$10.00 replacement fee
- ✓ Women agree to not keep more than \$25.00 of cash in their room at any given time. Additional monies must be kept in their savings account. Stealing is grounds for dismissal.
- ✓ Residents agree to put \$50.00 a pay period in a separate account in their own name for a security deposit
- ✓ Residents agree to schedule weekly goal setting sessions with the House manger/ advocate during office hours
- ✓ Residents may shower daily attempting to conserve water for other residents
- ✓ Residents will participate in keeping bedrooms, and bathrooms an upstairs lounge neat and clean
- ✓ Residents will keep the family room, dining room and kitchen neat, clean and free from clutter
- ✓ Residents may use the laundry facility free of charge according to the schedule before 10 pm
- ✓ Residents will not be allowed to drive the APOR vehicle.
- ✓ Residents will be in charge of the snow removal for their own vehicles
- ✓ Residents are expected to be courteous and respectful of other residents' rights.
- ✓ Residents should be respectful of other resident's histories and not use information in a hurtful, unkind way. Confidentiality should be maintained at all times. Words should be uplifting and supportive and are not used as a tool to demean, but rather, to communicate effectively.
- ✓ Residents cannot curse, swear, or yell.
- ✓ Residents may not use corporal punishment when disciplining their children.
- ✓ Residents may not discipline other women's children
- ✓ Residents are encouraged to use "time out." as a disciplinary measure for the very young child.
- ✓ Residents need to learn to trust Lying will not be tolerated.
- ✓ Residents must learn to respect the property of others. Stealing is grounds for dismissal.
- ✓ Residents need to learn how to handle their anger. The House manager can help settle disagreements.
- ✓ Residents should be considerate of the needs of others for peace, quiet, and solitude. Upstairs is personal

space where privacy and quiet time is respected. Downstairs, share space, is conducive to socializing, sharing and relationship building.

- ✓ Quiet time begins at 10 p.m. and ends at 6 a.m.
- ✓ TV is a shared appliance and should not be monopolized by any one individual
- ✓ The computer should be used for the purposes of research, communication with family and friends, and school work. It should be used appropriately. Computer sites are monitored and should not be used for inappropriate activity.
- ✓ When there are several residents in the House, computer usage should be limited to one hour at a time.
- ✓ Residents should respect the privacy of the House manager. The House manager will retire to the House manager apartment at 8:00 pm and is available after that time only for emergency purposes only. Residents should respect the need for alone time and not enter the House manager apartment unless invited.
- ✓ Residents may be invited into the office area especially for weekly goal sessions or to use the office phone for business calls
- ✓ Residents are expected to be in Refuge House by 10 pm., unless they are at work or school. On Friday night only curfew is extended to midnight. If a resident is going to be late, communication with the House manager needs to take place by phone with an intended arrival time and travel plan.
- ✓ Residents take care of their own child/ren, and should not ask another resident or House manager to care for their child/ren. Children may not be left unattended at Refuge House.
- ✓ Residents will arrange for off-site childcare when needed.
- ✓ Residents are expected to follow all posted rules.
- ✓ Refuge House is an undisclosed location to protect the safety of all who reside here. Residents will not share the address of Refuge House with anyone who may pose a threat to our resident's safety. Residents should get permission from staff to share the house address. The PO Box can be used for receiving mail
- ✓ Utmost care must be given to maintaining the security in the House. No one should answer the front door without asking for verbal identification. If at all possible, the House manager should answer the door. The doors should remain locked at all times. All arrivals and departures from the House take place through the front security door. Violation of this rule may be cause for dismissal.
- ✓ Visitors need to be approved by the House manager and must remain on the first floor. No one is allowed on the second floor except House personnel and residents to maintain privacy.
- ✓ Refuge House is a safe place for all who reside here. **No one may breach the security of our occupants by allowing unauthorized people into the House. Using fire exits to allow unauthorized entry is grounds for dismissal.** Allowing males onto the premises is not permitted without previous approval during appropriate visiting hours. **Rule violation may be cause for dismissal.** Male visitors can make residents uncomfortable in their own home especially with young children present. Off site visits can be scheduled with notice.
- ✓ Residents will encourage their friends and family not to call after 10 p.m, unless it is an emergency.
- ✓ Residents agree to participate in the practices associated with a Christian home such as prayer before and after meals, reflection or sharing time after dinner, and weekly church attendance.

WORK/SCHOOL

- ✓ Residents will either attend school, job training, or work outside the Home or be doing volunteer work.
- ✓ Residents will arrange for childcare after their child/children is born, so they can return to work and/or school.
- ✓ Residents will take local transportation (bus pass) to work or school
- ✓ Residents are expected to attend all House programs listed on the House calendar.

HOUSEKEEPING

- ✓ Residents participate in the daily tasks of cleaning, cooking, shopping, and laundry.
- ✓ Residents keep their rooms, bathrooms, halls and upstairs lounge clean and free of clutter.
- ✓ Residents will keep the kitchen, family room, and dining room clean and free of clutter.
- ✓ All personal possessions will be clearly labeled, secured, and kept in an orderly fashion.

MATERNITY CLOSET

- ✓ Maternity clothes may be borrowed from the Refuge House maternity clothes closet.
- ✓ Clothes must be checked out through the House manager.
- ✓ Cleaned clothes should be returned to the Maternity Closet after they are no longer needed.
- ✓ Blessed Again Resale is another resource which can be used for maternity clothes, professional clothes for interview purposes, as well as children's seasonal clothes and baby clothes.

REFUGE HOUSE PROGRAMS

- ✓ Prayers will be said before and after meals.
- ✓ A reflection time for sharing the Word takes place after the shared evening meal
- ✓ Residents attend weekly worship services with the House manager and other residents.
- ✓ Residents participate in all House programs for education. All opportunities to learn benefit everyone
- ✓ Financial seminars are regularly planned and are mandatory.
- ✓ Parenting classes can be scheduled at the House.
- ✓ Guest speakers share life experiences
- ✓ A nurse makes monthly visits to the House.
- ✓ Concordia students make regular visits to the House for respite purposes as well as education
- ✓ Service groups donate their time and resources to keep the facility in good working order. The House should be available to them at scheduled times for painting, decorating, repairs, gardening, etc.
- ✓ Social outings will be planned and participated in by all the residents.
- ✓ Residents will cooperate with staff to plan and implement individual development plans and discharge plans
- ✓ Work experience can be gained by volunteering at Blessed Again Resale where merchandise vouchers can be earned for later redemption.

DISCHARGE PLAN

- ✓ Residents will work toward moving into their own residence by the time their babies are six (6) months old
- ✓ Under special circumstances, and with staff approval, residents may request an extension.

VISITS TO REFUGE HOUSE BY FAMILY AND FRIENDS

Visits by family and friends must be scheduled with the House manager to ensure the tranquility/safety of the home. Visitors are not permitted on the second floor.

Agreement

I, _____, have read the Refuge House Rules and agree to abide by them. I understand that I may not be allowed to continue my residency in Refuge House, if I am unwilling or unable to abide by the rules listed above. Refuge House respects your right to seek alternative housing and will assist you as you research and locate available options.

Signature

Print your full name

Witness

Date

The women we serve are important to us. You have intrinsic value as a precious, blood bought, forgiven, heaven-bound, gifted, child of God. We are committed to earning your trust and working together to explore the limitless possibilities this "New Beginning" at Refuge house has to offer you.

Please direct any questions regarding Refuge House to House manager, Ruth Zeuschner at 414-760-2483.

The application to Refuge House may be faxed to us at 414-760-3586 All medicals must be filled out by a physician and faxed by that physician to Refuge House using the same fax number. After receiving your medicals and completed application, we can schedule an interview with you! **God's blessings to you!**