



1224 Eppes Dr.  
Tallahassee, FL 32304  
(850) 320-0281  
[www.care-tallahassee.org](http://www.care-tallahassee.org)

Revised 07/06/2023

*A Christian Home For Men*

**PLEASE FILL OUT THIS APPLICATION COMPLETELY. FAILURE TO DO SO MAY NEGATIVELY AFFECT THE EVALUATION OF YOUR APPLICATION.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name You Go By: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Expected Arrival Date: \_\_\_\_\_  
DOC # \_\_\_\_\_ ( if applicable ) CRD or Probation after release?: YES / NO

**Identification**

State ID #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Arriving from: Institution/City/State: \_\_\_\_\_  
/ \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact Information**

1<sup>st</sup> Person Name: \_\_\_\_\_  
1<sup>st</sup> Person Phone: \_\_\_\_\_  
1<sup>st</sup> Person Address: \_\_\_\_\_  
1<sup>st</sup> Person Relationship: \_\_\_\_\_

Do you have a birth certificate? Yes \_\_\_ No \_\_\_  
Do you have a Social Security card? Yes \_\_\_ No \_\_\_  
Do you have a valid Florida driver's license/ID? Yes \_\_\_ No \_\_\_

**Prospective Resident Agreement Statement for Stay at CARE Tallahassee**

I understand that CARE will not be responsible for any of the following:

- The loss of any of my personal property or belongings.
- Damage to any of my personal property or belongings.
- Any accident or injury that may happen to my person while on CARE premises or at CARE functions.
- Any expenses incurred by me, regardless of the nature of said expenses, while at CARE.
- I understand that I may be photographed or filmed for the purpose of promoting CARE's program.
- Residents of CARE Tallahassee are participants in a Program, and therefore are not guaranteed the surety of a lease and must vacate CARE property immediately upon expulsion from the program.

I understand that if a doctor has diagnosed me with a mental disorder requiring me to take medication, that I will remain on that medication while in the CARE program unless excused by a doctor.

**I have read and fully understand the preceding statement:**

Participant's Signature: \_\_\_\_\_

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

# Program Agreement

**CARE Tallahassee** is a faith-based residential program designed to give men who are having trouble finding a place to live, a Christ-centered home for as long as they need it. Even though we are a Christian home for men, men of any faith (or no faith) are welcome. However, all who come into our program will be expected to attend all required meetings/services and chapels. These will be biblically based events and therefore a man who would not be able to respectfully and attentively attend would not be eligible for this program. Attendance at other churches will be prohibited while staying here at CARE Tallahassee. We attend Thomasville Road Baptist Church here in Tallahassee.

The following issues and agreements are designed to both give the best possible support for the individual men as well as all the men who have come here to take steps to bring order and stability to their lives. It is not our intention to push anything on anyone who is not ready to completely give their life to the Lord in all aspects. In keeping with this policy, anyone who does not agree to follow ALL of the following guidelines probably would not find this facility a comfortable place to live for long. **Please keep in mind that the Director of Care is the only person authorized to dismiss someone from the program.**

1. Since this ministry is made available by God's grace, and since church attendance is a vital part of spiritual growth, required church and chapel attendance on Sundays & weekday evenings is an essential and mandatory requirement. Our services are held at CARE or at Thomasville Rd. Baptist Church. **Employment which requires a resident to work on Sunday is not permitted.** A work schedule that requires you to miss church is not acceptable under this program. Head coverings and shorts are not permitted to be worn to church on Sunday mornings. Also, cell phones are not permitted except for management and/or designated CARE vehicle drivers.

**Please initial that you have read and understand:** \_\_\_\_\_

2. **No drugs, alcohol, weapons, fighting, threats, pornography, profanity, theft or insubordination toward staff will be tolerated.** Your room, backpack or any other storage area on our property is subject to inspection at any time, whether you are here or not\*. (\*This would be done only by authorized staff or agency representatives.) **Drug and/or alcohol testing may also be done at anytime.** You could be required to go off the site to obtain your own test, at your own expense, if necessary. **Failure to submit to drug/alcohol testing as required within 60 minutes is grounds for immediate dismissal from CARE Tallahassee.** Due to the nature of many of our resident's prior offense(s), no cable television, internet or other means of possible access to pornography will be allowed in any resident's room without permission. Any violation of the pornography rule may result in immediate expulsion, with all appropriate agencies being notified.

**Please initial that you have read and understand:** \_\_\_\_\_

3. Morning devotions are at 7:00 am Monday through Friday in the CARE community room. Evening Devotions are at 5:00 pm Sunday, 5:45 pm Monday, and 6:00 pm Tuesday through Thursday most weeks and will be held in the CARE community room or another designated location. You are expected to be in devotions at the appointed time, with your personal Bible, and ready to participate and be attentive. Head coverings are not permitted in devotional services. Cell phones are not permitted in devotional services EXCEPT for CARE management. If you cannot be in the devotionals due to work or any other legitimate reasons, you need to get clearance from the manager or director. While work deferrals may be obtained for evening services, Sunday services are mandatory (more than one absence without prior Director approval could eliminate you from this program).

**Please initial that you have read and understand:** \_\_\_\_\_

4. Meals are not a part of the program and are your own responsibility. However, as we receive donations or as the Lord provides, CARE will share any food made available. Cooking and cleaning up is the responsibility of those participating in the meal(s). When a man first gets to CARE, meals will be provided for a short time while he gets an income coming in and/or gets on food stamps.

**Please initial that you have read and understand:** \_\_\_\_\_

5. Bed/room assignments, as well as other privileges, shall be based in part on how you are doing in all areas of the program. This means that we will give the men with a good testimony, manners, consistent Christian walk, compliance with regular Bible study, willingness to volunteer, honor in paying bills, family obligations and legal debts, etc. first choice. Seniority will be considered when all other factors are considered equal. **No bed changes will be made without prior approval by the Manager or Director.**

**Please initial that you have read and understand:** \_\_\_\_\_

6. Keeping the facility clean and orderly is a high priority. If everyone commits to keeping his area as well as the common areas clean, we will have a place that is comfortable for us and impressive to those who come to visit. **NO SMOKING IS ALLOWED IN ANY UNIT!!** Cigarette butts should be put in an ash can, not on the ground! No exceptions, please! **NO smoking outside of your porch. NOTE that Unit 3 is an Orientation unit, and no smoking is permitted on that porch.**

**Please initial that you have read and understand: \_\_\_\_\_**

7. Based on Matthew 18 If you have a disagreement with someone, you should first pray that the Lord will reveal to you where YOU may be at fault. Then go to the one with whom you have the issue and, with a humble heart, see if you might be able to work out your differences. If not, agree on a time for meeting TOGETHER with the manager or director to help make a decision. Accept whatever decision is made, pray for healing, let it go, learn something positive from the experience, and ask God to show you what HE is trying to teach you through the situation.

**Please initial that you have read and understand: \_\_\_\_\_**

8. Based on 2 Thessalonians 3:10, you will be required to work and do your share in paying for the program services being provided for you. Please read each phase carefully as it will help you understand the program when you first arrive.

○ **Phase One-A (coming from DOC and non-DOC related):** Florida Leon County residents; \$450.00 Prepaid for the first thirty days. Florida out of county residents; \$550.00; Out of state residents: \$650.00 Prepaid for the first thirty days. If a new resident is unable to pay the initial entry fee, the fee may, at the discretion of the Director, be amortized over a period of time once the resident has obtained employment. The initial fee required to enter our program is a non-refundable fee. Once you arrive and begin participation, a refund of any amount during the first 30 days will only be considered if circumstances of an unforeseen nature arises. Should an event of this nature happen it is the sole decision of the Director to make. IF you wish to stay after the first 30 days and IF there is availability, the fee will be charged at a rate of \$450.00 per month (due before the 10<sup>th</sup> of each moth) or \$115.00 per week.

**Residents are required to proactively seek for and obtain gainful employment as soon as possible.**

○ **Phase One-B:** Your first thirty days is somewhat restrictive to help you transition successfully. We will help, if needed, to apply for a free government phone. You will be able to leave the property in your first thirty days, but we will require you to have someone with you that has been here over thirty days, except for the purposes of job hunting. These first thirty days will help you to get to know the program, its rules, and what is expected of you, as well as us getting to know you!

○ **Phase Two:** When you are able to pay full fees, you will still be required to participate in program services. You will still have to abide by all other program requirements such as curfew, church, etc. and do your share of the chores in your unit. The cottage options are as follows:

Unit Fees: Are \$450.00 per month or \$115.00 per week, (utilities included) for 6-man units. These units have a bedroom with 2 bunk bed sets, a bedroom with one bunk bed set, a kitchenette, and a bathroom for the use of the men living in that unit. You do have the option of paying the entire month's program fees in advance at the rate of \$450.00 per month (utilities included), saving you \$580.00 over the course of 12 months.

Transportation fees: Residents are required to find their own transportation to and from work using city buses and/or other means if at all possible. If you **need** CARE to provide transportation to and from work, a weekly fee of \$20.00 will be due when you pay your unit fees.

**Transportation to any other appointments may, at the discretion of the Director, be provided at additional cost to the resident.**

**Please initial that you have read and understand \_\_\_\_\_**

Your fees are to be paid the day you get paid. If you get paid daily, you pay daily; weekly, you pay weekly: etc. Those who receive monthly checks **MUST** pay for the entire month when they receive their check and not weekly. Be responsible to advise us if your payday changes or if you are having any problems making your payments. This responsibility not only helps you establish good habits in paying your bills, it also is used in part to help keep the facility operating. Many more people are willing to help us, if we will act responsibly in this and other areas. You will need to advise staff of where you are working or what you are doing. If you are not able to obtain work, please see the manager about working through temporary day labor companies.

**Please initial that you have read and understand \_\_\_\_\_**

9. All rules of the rooms you use are to be followed. If you disagree with any of them, please comply and then ask for the issue to be considered by staff, leadership and/or brought up in group discussions. These rules will include issues such as temperature, storage, laundry room, cleanliness, moving, etc. These rules may be posted and will be subject to change or suspension, as needs and situations dictate. If you have any questions or concerns, speak to your house leader first.

**Please initial that you have read and understand: \_\_\_\_\_**

10. You have the privilege of checking in and out at any time until **9:00 pm**. If you will need to come or go after 9:00 pm, you **MUST** get it approved by a manager (and your PO if relevant). **Checking in and out on the sign out sheet is mandatory for ALL residents**, unless being driven by a CARE driver. Residents may **NOT** leave the property without authorization of management and approved companion within your first 30 days. Being gone overnight without obtaining a pass or leaving the property without permission after lights out or without authorization could result in your dismissal from the program and/or Violation Of Probation.

**Curfew for all residents is 10:00 pm unless approved by management for work purposes, etc. You should be on property by 9:45 pm ready for bed check between 9:45 pm and 10:00 pm.**

**Please initial that you have read and understand: \_\_\_\_\_**

11. You are responsible for the safekeeping of your monies and valuables. Don't give your money or valuables to other residents or staff for safekeeping. **Lending or borrowing money and/or food stamps from other residents is strictly forbidden!** If you violate any of these guidelines, you may be subject to expulsion. The periods you are expelled for will be relative to the severity of the violation and is up to the discretion of the Director. If you feel there was an error made in the decision regarding you, and if expulsion from the program would cause you to violate your probation, you **MAY** ask for a meeting with the Director, Bob Rumbley and your probation officer. Once requested, a meeting will be set up as soon as possible. Depending on your attitude and actions, you **MAY**, at the discretion of the Director, be permitted to stay at CARE until the meeting takes place. Again, all of the above is with the idea of making this place as conducive to your growth and well being as possible. We pray that the Lord **will** richly bless your time here and that we will be of service to Him, while serving you in the process.

**Please initial that you have read and understand: \_\_\_\_\_**

**Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Information About Yourself

**PLEASE FILL OUT THIS APPLICATION COMPLETELY. FAILURE TO DO SO MAY NEGATIVELY AFFECT THE EVALUATION OF YOUR APPLICATION.**

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

Age: \_\_\_\_\_

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

Home Town: \_\_\_\_\_

Marital Status: \_\_\_\_\_

<b>Children (How Many / Ages):</b> _____ _____ _____ _____	<b>Spiritual Status:</b> _____ _____ _____ _____
--	---

**Highest Level of School Completed:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please List All Past and Current Medications:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Status:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accomplishments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Talents and Abilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you like about yourself?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How Has God Blessed You So Far In Life?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Do You Want To Improve Or Eliminate In Your Life?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Addictions Or Habits (past or present):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please explain briefly the situation and charge you were convicted of:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was any of the addictions listed above the cause of your conviction?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Goals

Primary Overall Goals And Desires For Life: \_\_\_\_\_

---

---

---

---

---

---

---

---

Short-term Goals (where you see yourself in 6 months): \_\_\_\_\_

---

---

---

---

---

---

---

---

Mid-Term Goals (where you see yourself in 1 – 3 years): \_\_\_\_\_

---

---

---

---

---

---

---

---

Long – term Goals (where you see yourself in 5 – 10 years): \_\_\_\_\_

---

---

---

---

---

---

---

---

Please submit the completed form by one of the following means:

- Mailing Address:

CARE Tallahassee  
1224 Eppes Drive  
Tallahassee, Florida 32304

- E-mail it to us: [manager@care-tallahassee.org](mailto:manager@care-tallahassee.org) or [bobrumbley@care-tallahassee.org](mailto:bobrumbley@care-tallahassee.org)

- Fax: (850) 536-6886

Our Office Number is: (850) 320-0281