



A Christian Home For Men

Bob and May Rumbley
Founders / Directors

1224 Eppes Dr.
Tallahassee, FL 32304
(850) 320-0281

Updated: 5/4/2022

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

1st Person Name: _____ 2nd Person Name: _____
1st Person Phone: _____ 2nd Person Phone: _____
1st Person Address: _____ 2nd Person Address: _____
1st Person Relationship: _____ 2nd Person Relationship: _____

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. A work schedule that regularly requires you to miss church is not acceptable under this program.

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. 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. Evening Devotions is at 6:00 pm Sunday through Thursday most weeks and will be held in the CARE community room or another designated location. You are expected to be in Chapel by 6:00 pm and ready to participate or at least be attentive. If you cannot be in the devotionals due to work or any other legitimate reason, 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 being approved 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 area 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.**

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, and 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; \$425.00 Prepaid for the first thirty days. Florida out of county residents; \$525.00 Prepaid for the first thirty days. Out of state residents; \$625.00 Prepaid for the first thirty days. 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 \$110.00 per week.
 - ***If you need to live at CARE but cannot pay fees you are required to enter our Transformation Work Program which allows you to work with or through CARE in-lieu of paying program fees. You will be able to live at CARE and receive other NEEDED necessities by working in one of our program areas I.E. security, lawn services, grounds care, etc. The Transformation Work Program is a program to help build work ethics and to help pay for your room and therefore is **not** a paying job
 - **Phase one (B):** Your first thirty days is somewhat restrictive to help you transition successfully. **No cell phones are allowed in your first thirty days.** There is a resident phone provided so you may keep in touch with family, doctors, etc. Close to the end of your thirty days, 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. 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 \$110.00 per week, (utilities included) 6 man units. These units have a bedroom with 2 bunk bed sets, a living room with one bunk bed set, a kitchenette, and a bathroom just 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 \$425.00 per month (utilities included), saving you \$460.00 over the course of 12 months.

Please initial that you have read and understand _____

(B)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 get with the manager about working through temporary day labor companies or make arrangements with CARE for the purpose of providing for your living.

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 television, 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.

Please initial that you have read and understand: _____

10. You have the privilege of checking in and out at anytime until 9:00pm. If you will need to come or go outside of that time range, please get it cleared with the manager (and your PO if relevant). Checking in and out is mandatory. Residents may NOT leave the property without authorization of management and approved companion within your first 30 days. After 30 days, leaving the property on your own is considered on a case-by-case basis. Being gone overnight without obtaining a pass or leaving the property without permission after lights out or without authorization could result in your losing your spot (and VOP). 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. You may give the Manager your valuables for safekeeping only and be sure to get a receipt! 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 VOP, you may ask for a meeting with the Director, Bob Rumbley and your PO. Once requested, a meeting will be set up ASAP. Your staying until the meeting can be arranged and will depend on your attitude and actions. 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: _____

<p>For Office Use Only:</p> <p>Program Official: _____ Title/Position: _____</p> <p>Note: _____</p> <p>_____</p>
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Information About Yourself

Full Name: _____

Age: _____

Current Date: _____

Home Town: _____

Marital Status: _____

Children (How Many/ages):

Spiritual Status: _____

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:

- Fax: (850) 536-6886
- Mailing Address:
CARE Tallahassee
1224 Eppes Drive
Tallahassee, Florida 32304
- E-mail it to us: manager@care-tallahassee.org or
bobrumbley@care-tallahassee.org

CARE Tallahassee:

Office Number: (850) 320-0281