

WORKING
MEN *of*
CHRIST
MINISTRIES



House of Esther
2230 W 2nd Street
Wichita, KS
(316)-925-2365
wmocshannahikenberry@gmail.com

RUTH 2:12 reads:

“MAY THE LORD REWARD YOU FOR YOUR WORK? MAY FULL PAY BE GIVEN TO YOU FROM THE LORD, THE GOD OF ISRAEL. IT IS UNDER HIS WINGS THAT YOU HAVE COME TO BE SAFE.”

General Information

“House of Ruth/Esther” is a discipleship home that believes that true recovery and deliverance from our old life of self is only possible by the work of Jesus Christ in our lives and His transforming power. The only Way from abstaining from our old life is by the renewing of the heart and mind by the Word of God and His fullness, which is required in our home. Our house is a place of healing and that is our main focus. Our requirements are that the women have a desire to live a life of progress rather than perfection by always abounding for the prize of the upward call. The women coming to “House of Ruth/Esther” will learn skills to help them live productively in society.

Transition Plan:

In order to make the transition from “House of Ruth/Esther” to the next season of life, a number of issues must be considered and arrangements need to be made (e.g. determining what church to attend in order to find appropriate pastoral guidance and secure Godly fellowship, seeking employment, getting a driver's license, seeking housing, paying off debts, etc.). Therefore, at the beginning of the resident's stay, additional phone time will be provided for the purpose of making important contacts and necessary arrangements. The programs directors and overseers will assist the resident whenever possible in making all necessary contacts.

Features of the Programs:

Bible Study and Church attendance: Romans 12:1-2 reads, "Therefore I urge you, brethren, by the mercies of God, to present your bodies a living and holy sacrifice, acceptable to God, which is your spiritual service of worship. And do not be conformed to this world, but be transformed by the renewing of your mind, so that you may prove what the will of God is, that which is good and acceptable and perfect." Bible studies and regular attendance at church services are paramount to this renewal process.

Church: Residents are required to attend a Christ-centered Church service each week.

Bible Studies: Residents will participate in Bible studies that will bring growth in their walk with Christ.

Weekly House Meetings: Residents will meet weekly to discuss house matters and report on their adherence to program standards as a part of our peer accountability program.

Mentors: Residents will have the opportunity to acquire mentors who can help guide them and disciple them in their walk with Christ and their recovery.

**** TOBACCO FREE PROGRAM ****

Application for Admission to "House of Esther"; Print legibly; all information must be filled out

Have you made a commitment to serve Jesus Christ? _____

Personal Information;

Last Name/ First Name/ Middle Name

Alias/Nick Names _____

DOC Number/Out Date _____

Home Town Information: ^[I]_{SEP}City _____ County _____ State _____

*Zip _____ Date of Birth _____ Social

Security _____ Driver's License # _____

Married? _____ Divorced? _____ Children? _____

Names and ages _____

Child Support Owed _____ To Whom _____ How Much _____

Work History

Type of employment _____ Number of years there _____

Write a short paragraph about your abuse of drugs, alcohol, or life controlling problems. **Attach separate**

paper if needed

ATTENTION: If you are to be evicted from "House of Esther", for any reason, to what address will you want to be taken? This is not an option.

Legal Information:

Are you currently on probation or parole? _____ If yes, please give name of probation or parole officer
_____ Phone # _____

Address _____

How often do you report? _____ Do you physically report, or email in report? _____ Do
you owe court fines? _____ Amount _____ Date due _____

Church/Religion/Spirituality

Do you attend Church or Bible study? _____ If so, what classes?

Please share what you're experience was like when you made the decision to follow Christ?

Medical Information:

Are you currently under a doctor's care? If yes, for what?

Dr.'s Name _____ Dr.'s Phone # _____

Medications: Life sustaining medications only, for example: Heart and Blood Pressure Medications.
Psychotropic medications are NOT life sustaining medications. "House of Esther" does not allow any
psychotropic medications in the program. Any person requesting entry into the program and currently taking
psychotropic medication must have a Step-down Schedule prescribed by their doctor to be submitted with this
application. **Case by case determination.**

Please list all life sustaining medications:

Medication Mg
Dosage _____

Do you have any allergies? _____ If so, please list _____

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 stationary, stating the specific physical limitation(s) is REQUIRED before admission to the program and should be submitted with this application.

All residents are responsible for all medical or dental costs including medications and transportation. Therefore, 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.

Purpose:

My reason for making this application to attend the program is:

What are your goals? _____

Attach separate paper if needed Personal References: (such as Unit team, Counselors, Chaplain, Employer, or Sisters in Christ ETC.) (1)

Name _____ Phone # _____

Address _____ City _____ State _____

Relationship _____ Known for _____ years (2)

Name _____ Phone # _____

Address _____ City _____ State _____

Relationship _____ Known for _____ years (3)

Name _____ Phone # _____

Address _____ City _____ State _____

Relationship _____ Known for _____ years

Ministry Relationship:

I, _____ understand that the “House of Esther” is a Christ Centered program, a Biblically based organization, and a ministry of the Church. The purpose of the “House of Esther”, by the word of God, is to present new creatures in Christ and people of honor, prepared to take their place, first of all, in the fellowship of believers (regular church attendance) and secondly, return to live and work, brush shoulders with the rest of the world while remaining clean. Clean, means no alcohol, no use of drugs, and no smoking. Our mission is to grow women in their relationship with Christ Jesus so in turn these women may share the saving knowledge of Jesus Christ with those people in this community and abroad and make disciples of all nations.

Signature _____ Date _____

Drug Treatment; I understand that “House of Esther” is not licensed by the State of Kansas as a drug treatment program.

Signature _____ Date _____

Note: After completely filling out this application and mailing it to WMOC, PO BOX 47491 Wichita KS 67201.

ATTN: You must be approved before coming into the program!

During the interview prior to entry you will be asked if you have taken drugs or alcohol in the past 24 hours. Please note that circumstances may require you to go through a detox center before coming into the program.

IMPORTANT NOTICE: All residents will abide by all rules and living agreements. They must also 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 _____

ATTENTION: SEE RULES AND LIVING AGREEMENT ATTACHMENT RULES AND LIVING AGREEMENT “House of Esther”

Our Christ-centered woman’s discipleship home provides spiritual growth, emotional stability, and direction on your journey with Christ to prepare you for a purposeful life in the community.

House Rules and Living Agreement

- Use of any Alcohol or Drugs will be grounds for immediate eviction. No narcotic medications are allowed in the house. Undersigned agrees that one hour will be given to vacate premises of “House of Esther” Wichita, KS (hereinafter referred to as premises or house.) Party will be given seven (7) days following eviction to pick up any and all personal belongings. Anything left on premises after seven (7) days will be considered abandoned and will be donated to an appropriate charity. “House of Esther” is not responsible for said properties of party. INT_____

- 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_____

- Assigned house chores will be done daily before 10:00P.M... You must sign off Chore List daily. Failure to sign off on Chore List will be considered a failure to do chore. Chores will be checked and signed off by the House Manger. House chores must be deep-cleaned twice a week by 6:00P.M. On Tuesdays and Saturdays. Failure to do your chores or failure to sign off on chore will result in fines and/or restrictions. It is the resident's responsibility to read the chore list before starting assigned chore. Please try to schedule a two hour block to do deep clean. INT_____

- Mandatory house meetings will be attended every Sunday at 5:00P.M. You must be in the house by 5:00 P.M... Do not make plans following house meeting. This time should be spent with house family members. Also, all women’s meetings are mandatory. As a member of this house, you need to be in the house by 5:00P.M on Tuesday to ensure that your chores are completed and checked. Repeated tardiness and failure to attend mandatory meetings will be grounds for removal from “House of Esther”. Being late to the mandatory meetings will result in a \$10.00 (ten dollar) fine, not showing for a mandatory meeting will result in a \$25.00 (twenty five dollar) fine and you will be on disciplinary contract for being absent the second time. Sunday worship is required at a Christ Centered Church. INT_____

- All family members must maintain a minimum of 20 hours per week outside employment. All new family members must be actively seeking employment, and while unemployed, you must complete twenty (20) hours of documented in house community service or actual community service, unless arrangements have been made by house Manager or Director. INT_____

- You are required to clean up after yourself. No personal items are to be left in the common areas. No dirty dishes left in your rooms or common areas. You are responsible to maintain your bedroom, make bed daily, no dirty dishes or laundry, etc. Failure to comply will result in a \$10.00 (ten) dollar fine per each item left in these areas. Room checks will be done by House Manager on a daily basis by 10:00P.M. Residents are to be up and dressed by 8:00A.M. And beds made unless other arrangements have been made with House Manager or Director. Televisions are not allowed to be on during the hours of 12:00A.M. To 5:00P.M., unless you have received approval from your House Manager or the Director. INT_____

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

• Laundry is not to be started before 6:00A.M. Clothes need to be out by 10 P.M. Keep filters in dryers cleaned out for the next person. INT _____

• Undersigned agrees that for the first thirty (30) days at the house, there will be no overnight visits. If you are not married you will not be able to stay overnight with a man, he has to be your husband and is up to the discretion of House manager. There will be no dating while living at "House of Esther". It is also agreed that all family members will use sign in/sign out board, posting information as to the whereabouts and appropriate phone numbers. This is as much for their safety as for accountability. This is MANDATORY. It is also agreed that a curfew of 10:00 (ten) P.M. will be enforced. The only personal phone calls to be accepted are to be from family members or your mentor, sponsor. Telephone calls are to be limited to ten minutes. Please limit the number of phone calls daily. No telephone calls before 7:00A.M. Or after 10:00P.M., unless it is an emergency, will be allowed. No telephones are allowed in bedrooms or bathrooms. For the first 30 days you cannot have your cell phone. Cell phones must be given to your house leader upon admission. You are responsible for ALL long distance calls and can only be made with phone cards. INT _____

• Within the first 30 (thirty) days, the only time you should be away from the house is for meetings or job search, with a senior member of the house or the House Manager or the Director. Mentor will also be allowed to assist if approved by Director. All over nights and pass requests will be at the discretion of the House Director and/or Parole Officer. Also, to receive overnights, your shared daily expenses (living cost's) must be up to date and you must be employed. Overnights are a privilege, not a necessity. They can be denied if the House Director feels or believes that your sobriety is in jeopardy or you are not meeting your responsibilities and not spiritually fit. If you are in arrears in your rent for more than two (2) weeks you will be asked to leave. INT _____

• **SMOKING IS NOT ALLOWED. THIS INCLUDES E-CIGARETTES.** INT _____

• Shared living expense is \$110.00 (one hundred dollars) per week. If your shared living expenses are two weeks behind, you will be asked to vacate the premises. You are responsible for your own personal items once you are employed. These items include laundry soap, toothpaste, bath soap, shampoo, and snacks. You are to maintain your personal hygiene. Two weeks must be given when resident is to be moving from house. INT _____

• House meals are included in shared living expenses. Breakfast cereals will be available and you will be responsible for serving your own breakfast. Sack lunches can be made by each woman in the house. You are responsible for this meal and lunch meats will be made available. The dinner meal you will also be responsible to sign up for and it will be available. If you need a dinner meal saved back please note this on marker board in kitchen. 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 any and all property damage that may occur as a result of disorderly actions or carelessness of the "House of Esther" and/or any residents of the house. It is also agreed that any and all monies paid to the "House of Esther" for the purpose of shared living expenses become the sole property of the "House of Esther". 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 the "House of Esther".

INT _____

• Undersigned agrees that they will adhere to a modest dress code and not wear clothing inappropriate while at "House of Esther". I will do this without complaining. INT _____

• God has provided this home as a stepping stone in your new walk. This home will not enable you to continue to act out in character defects or your old way of living. **NO FOUL LANGUAGE OR CURSING ALLOWED.** 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. 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 students. Welcome home. John 15:12-16 INT _____

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

• If your living expenses are not paid to date and you are not employed, then you shall stay on restrictions until your obligations are met to the satisfaction of the Director. INT _____

• In the event of decision of client leaving "House of Esther", client will not take belongings until living expenses are paid in full or any other obligations to "House of Esther" that need to be fulfilled, unless other arrangements have been made with Shannah Ikenberry. Once again, clients' belongings will only be kept for seven (7) days from the time the client leaves "House of Esther". INT _____

Residents Signature: _____ Date: _____

Director's Signature: _____ Date: _____

House Manager's Signature: _____ Date: _____

Women & Children

- The House of Esther will work with the WAC Coordinator to ensure that the house director is aware of the visitation conditions that are in place at the time of release. This may include temporary custody or custody, or other arrangements.
- Visitation must be set up with social worker and women will be permitted to have visitation with their children according to what has been determined by the courts.
- The house director or the house mentor will provide transportation to allowed visits even if a case manager is involved in a visitation.
- Overnight visits to be with children will be permitted on a case-by-case basis, only as approved by the house director.
- Women may have visits with their children at the House of Esther provided this is in line with their release plan, but there has to be a house director or senior member of the house onsite. All visits must be scheduled at least 3 days in advance through the house director. Generally, visits will be from 1 p.m. to 5 p.m. on Saturdays and Sundays. Special visits can be arranged by the house director.
- Children with prior permission may be included in special outings, (such as bowling or a movie) but the House of Esther will not provide transportation for the children unless an emergency situation occurs during the outing.
- All guardian information must be on file with the house director before any visits to the house can be scheduled and the guardian must sign a medical release form.
- Children are permitted in the common living rooms and the kitchen areas and in the yard, within the fenced area. Children who are outside must be supervised at all times by the person they are visiting.
- If a child is injured while visiting their parent at the House of Esther, the house director must be notified immediately and the house director will contact the child's guardian who will determine the necessary action. An ambulance must be called by the house director if there is any question about the severity of the emergency.
- The House of Esther is not responsible for any injuries or accidents that may occur to children who are visiting their mothers at the home.
- If a resident gains custody of their children the House of Esther will assist her to find alternative living arrangements. No children will be allowed to reside or stay overnight at House of Esther.
- Residents must sign release forms for all agencies that they are working with so that the House of Esther can have access to necessary information. This includes a medical release form.

Signature: _____ Date: _____

RELEASE AUTHORIZATION FORM

To: _____.

I, the undersigned, authorize Spencer Lindsay, Shannah Ikenberry, and Zachery Tague 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. I further authorize release of any information regarding my parole or probation, to include evaluation of my adherence to the requirements of my parole or probation term. 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 Spencer Lindsay, Shannah Ikenberry, and Zachery Tague

Signature: _____

Dated: _____