



A Place of Refuge Ministries of South Wisconsin, Inc.

P.O. Box 241524, Milwaukee, Wisconsin 53224

APOR Office: 414-438-2767

Fax: 414-797-4011

<http://www.aplaceofrefuge.org>

aplaceofrefuge@aol.com

PRE-ADMISSION AGREEMENT

Any woman wishing to reside at **Refuge House** needs to understand both what she needs to do as a resident and what she can expect from **Refuge House**. Keeping that in mind, please read this document to be sure that you can agree to and live by what is stated here.

A resident living at **Refuge House** has the opportunity to develop a loving relationship with the living Christ. Opportunities to grow in the Christian faith include attending church with the other residents and the House Manager on Sunday mornings and participating in Bible study at Refuge House when offered. Women of all faiths, races and national origins are respected and welcomed. Living in a faith-based home offers all women a safe, positive uplifting environment that supports a developing sense of spirituality and connection with God. The message that God loves you and has a purpose and a plan for your life is lovingly shared.

While living at Refuge House I agree to:

Treat others with respect, kindness, and equality. I agree to respect other women's confidentiality and to own their past decisions as well as their privilege to learn from them.

Respect the property of Refuge House and the property of the other residents of Refuge House. This includes the personal space of others and their physical being.

Give to the House Manager \$100 from my first W2 check as a security deposit which will be returned to me when it is time to transition to independent living. The return of the full \$100 is contingent upon my leaving my room clean upon inspection and complete with all room contents provided to me while residing at Refuge House.

When leaving the Refuge House it is my responsibility to provide the Refuge House Manager with my forwarding address so that my security deposit or a portion thereof can be sent to me.

Handle disagreements positively, respectfully, and with forgiveness. The House Manager is able to help residents learn conflict resolution skills.

Respect others by choosing positive language as my form of personal expression. In a Christ centered home, foul language is not good modeling for children, nor is it good character development for strong women developing their parenting skills.

Attend weekly goal sessions.

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))



Attend **Refuge House Programs** which have been arranged to help me grow to reach my full potential. These programs may include:

- parenting skills
- financial/budgeting classes
- Bible class
- birthing classes
- nutritional education

To follow the house guidelines outlined in this application to the best of my ability. These guidelines are the same for all residents. No preferential treatment is modeled.

If the information you have just read is something you can agree to and live by, we welcome you to complete the actual Application for Residency, which begins with instructions on page 3.

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INSTRUCTIONS TO THE APPLICANT

FOR COMPLETION OF THE APPLICATION

FOR RESIDENCY IN REFUGE HOUSE

After reading the **PRE-ADMISSION AGREEMENT**, if you feel you can agree to and live by what is stated, we welcome you to complete the actual application.

This application needs to be completed in full by all women applying for residency at Refuge House for the duration of their pregnancy and for up to 6-9 months after the birth of her child. Some of the applicant's portions of this document need to be faxed or sent to the House Manager of Refuge House. The fax # is **414-797-4011** and the address is: **Refuge House, P.O. Box 241524, Milwaukee, WI 53224.**

No admission interview will be scheduled until the Intake Committee has received the items specified below, along with the physician reports that he/she is asked to forward to Refuge House. Questions regarding the intake process can be directed to Nancy Francis at 262-844-4682.

The actual application, which begins on Page 5, includes two major parts: one for the applicant and the other for the physician. To gather all the necessary information as quickly as possible, so that your admission interview can take place as soon as possible, you need to do the following:

- 1) Make an appointment to see your physician and see him/her as soon as possible.
- 2) Before going to your doctor's appointment, print the entire Application for Residency – all 20 pages.
- 3) **Take pages 14, 15, 16, 17 and 18 with you to your doctor's appointment** and give them to your physician. This includes:
 - a. **INSTRUCTIONS TO THE PHYSICIAN.** Advises the physician about the paperwork you are giving to him/her.
 - b. **Part A: PHYSICIAN EXAMINATION REPORT.** Fill in your name, birth date and complete address before your doctor's appointment.
 - c. **Part B: PHYSICIAN PREGNANCY STATEMENT.** You will need to sign this document at your doctor's appointment.
 - d. **Part C: PHYSICIAN MEDICAL RELEASE.** You will need to sign this document at your doctor's appointment.

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))



- e. **Part D: RELEASE OF MEDICAL INFORMATION.** You will need to sign this document in the presence of the physician and/or his/her representative.

The physician will complete the paperwork listed above and fax it to Refuge House. No admission interview can be scheduled until the Intake Committee has this paperwork in hand.

In the meantime, even before you see your doctor, you should **immediately** begin to fill out your portion of the application which needs to be completed and either faxed to **414-797-4011** or mailed to **Refuge House, P.O. Box 241524, Milwaukee, WI 53224**. Your application will be dated when it is received at Refuge House and will be given priority status while waiting for the arrival of your medicals from your physician.

The three documents which need be completed as soon as possible and returned to Refuge House by fax or mail are the following:

- 1) **APPLICATION FOR RESIDENCY – GENERAL INFORMATION** – pages 5, 6 and 7.
- 2) **APPLICANT MEDICAL QUESTIONNAIRE** – pages 8, 9, 10 and 11.
- 3) **REFUGE HOUSE SUMMARY AGREEMENT** – page 13. Read this document thoroughly and add your initials to each item, indicating your agreement and understanding of each statement. At your admission interview you will need to sign this document.

In addition, please read the **ADOPTION POLICY** on page 12.

Additional documents will be given to you at your admission interview. Those documents will include information on **GOAL SESSIONS**, a **FINANCIAL AGREEMENT** the **REFUGE HOUSE RULES** and **RESIDENT CONFIDENTIAL INFORMATION AGREEMENT**, along with a review of the **REFUGE HOUSE SUMMARY AGREEMENT**.

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APPLICATION FOR RESIDENCY

GENERAL INFORMATION

Today's Date: ____/____/____ Expected Due Date ____/____/____

Name: _____
First Middle Last (Maiden)

Other names used: _____

Baby's father - first, middle & last name: _____ Birth Date: ____/____/____

Your Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip code: _____

Birth Date: ____/____/____ Age: _____ Birth Place: _____
City State

Social Security Number: _____ - _____ - _____

How did you learn about Refuge House? _____

Case Worker, Social Worker or Agency's Name: _____

Contact Number: ____/____/____ Have you lived in other shelters? YES ____ NO ____

If "YES", which ones? _____

Why do you want to live in Refuge House? _____

What is your current living situation? _____

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))



OTHER CHILDREN

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

1. I have _____ children, ages _____, _____, _____, _____
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: _____

What is the last grade of school you have completed? _____

Do you have a high school diploma or GED? YES ____ NO ____

Have you earned college, university or technical school credits? YES ____ NO ____ If "YES":

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

What is/was your area of study? _____

What is/was your goal? _____

WORK EXPERIENCE

Are you currently employed? YES ____ NO ____

Please list your last three (3) employers, beginning with your latest employer.

Employer/company: _____ Telephone: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

Position held: _____ From: ____/____/____ To: ____/____/____

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))



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: _____

CHURCH

Do you attend church services? YES ____ NO ____ If "YES", please answer the following:

Name of church you attend: _____ Denomination: _____
Address: _____ City: _____ State: ____ Zip: ____
Pastor's Name: _____ Telephone: (____) _____

Are you a member of this congregation? YES ____ NO ____

Are you baptized? YES ____ NO ____ Are you confirmed? YES ____ NO ____

MEDICAL INSURANCE

Do you have medical insurance? YES ____ NO ____ If "YES" please answer the following:

Name of provider: _____ Group # _____
Policy Number: _____ Telephone: (____) _____
Billing Address: _____ City: _____ State: ____ ZIP: ____

FINANCIAL INFORMATION

Do you receive W2? YES ____ NO ____ Are you participating in the WIC program? YES ____ NO ____

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APPLICANT MEDICAL QUESTIONNAIRE

This form must be completed by all women wishing to live in Refuge House and submitted to the House Manager 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 resident as determined by the Intake Committee.

- PLEASE PRINT CLEARLY -

Name _____ Birthdate ____/____/____

Address _____

City _____

State _____ Zip _____ Telephone (____) _____

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

Physician's Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Indicate whether or not you have or have had in the past any of the following conditions:

CONDITION	YES	NO	CONDITION	YES	NO	CONDITION	YES	NO
Allergies			Ankles swelling			Blackout spells		
Anemia			Heart disease			Back pain		
Arthritis			Leg cramps			Blood in urine		
Asthma			Trouble sleeping			Urinary tract infections		
Shortness of breath			Sleeping too much			Anxiety		
Dizziness			Cancer			Depression		
High blood pressure			Migraine headaches			Excessive worry		
Low blood pressure			Severe abdominal pain					

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 (ESV))



List all **current prescription medications** you take: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

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 any **environmental or food allergies**: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

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. _____

If you have epilepsy, on what date were you diagnosed? ____ / ____ / ____

What type of epilepsy do you have? _____

What medications do you take for your condition? _____

Are your seizures under control? YES ____ NO ____

If not, how often do you have seizures? _____

Do you have diabetes? YES ____ NO ____ Is it gestational diabetes (occurring only when

pregnant) YES ____ NO ____

How is your diabetes treated? Medication? YES ____ NO ____ Name of Medication:

Diet? YES ____ NO ____

Do you have challenges maintaining a healthy weight? YES ____ NO ____

Have you had trouble with nausea during your pregnancy? YES ____ NO ____

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Do you have any dietary restrictions? YES ____ NO ____

If the answer is “YES”, please indicate what they are:

How far along is your pregnancy? ____ weeks

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 of these pregnancies were considered to be “high risk”? ____

How many miscarriages have you had? ____

How many children do you have? ____ Ages: ____, ____, ____, ____

Have you ever experienced an abortion? YES ____ NO ____

If “YES”, are you experiencing any depression or regret over a previous abortion decision?

YES ____ NO ____

If “YES”, Are you interested in a referral for post-abortive help? YES ____ NO ____

Have you ever had a sexually transmitted illness? YES ____ NO ____

If your answer is “YES”, please give your diagnosis and date(s) of treatment.

Diagnosis _____ Date ____ / ____ / ____

Diagnosis _____ Date ____ / ____ / ____

Have you ever been treated for substance abuse or drug dependency? YES ____ NO ____

From (dates) ____ / ____ / ____ to ____ / ____ / ____

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

If "YES", what was the diagnosis? _____

Are you now 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. _____

Are you now or have you ever received on-going therapy or counselling for emotional health?

YES _____ NO _____ Years of treatment: _____, _____, _____, _____

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

If "YES", Please complete the following:

Reason for hospitalization _____

Name of hospital or treatment center _____

Most recent dates: From: ____/____/____ to ____/____/____

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ADOPTION POLICY

Women who have made a life-affirming decision 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 decisions 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 through 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, including input on the selection of an adoptive family of her choosing, scheduled visitation, updated periodic information, or no contact with total anonymity. After the birth the 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, depending on the court's availability.

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REFUGE HOUSE SUMMARY AGREEMENT

I have read the Refuge House application and I agree to the following statements in an effort to move forward with the application process:

_____ I will see my physician and have a medical exam and validation of pregnancy. The results of the required testing will be faxed to Refuge House. An interview will be scheduled with me when my medical results are received. My application will be given priority based on the date these papers are received.

_____ I agree to abide by the rules and guidelines described in the application

_____ I agree to work on becoming financially independent in the future by making payments on my debt.

_____ I agree to treat others respectfully while sharing living space at Refuge House and can expect the same courtesy and respect.

_____ I understand that all residents, along with the House Manager, worship together on Sunday mornings, attend a Bible class at Refuge House and pray at meal times. I do not have to be of a particular faith to reside at Refuge House. All are welcome.

_____ I agree to keep the location of Refuge House confidential.

_____ I agree to participate in all aspects of the Refuge House program that support my development as an independent adult, an expectant mother and a responsible parent.

_____ I fully understand the Refuge House program and wish to be accepted as a resident, should my application be approved.

_____ I agree to unannounced periodic drug testing at the discretion of the House Manager.

_____ I understand that failure to comply with the obligations in this agreement may result in immediate termination of the right to stay on the premises.

Signature _____ Date _____ Rev. 04/17

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

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INSTRUCTIONS TO THE PHYSICIAN

FOR COMPLETION OF THE DOCUMENTS

GIVEN TO YOU BY YOUR PATIENT

Your patient, _____, has applied for residency in Refuge House, a group home for pregnant women and their pre-born children.

In order for her application to be considered, the following four documents need to be completed by you, her physician.

- **Part A: PHYSICIAN EXAMINATION REPORT**
- **Part B: PREGNANCY STATEMENT**
- **Part C: PHYSICIAN MEDICAL RELEASE** – required to reside in Refuge House
- **Part D: RELEASE OF MEDICAL INFORMATION**

Some of the above is required by law and the other information is necessary to insure that the Refuge House is the best place for your patient to live.

The Intake Committee will not interview the applicant until they receive these four reports from you. Therefore, please fax the completed reports to Refuge House at **414-797-4011** at your earliest convenience. Any questions you have may be addressed to:

Ronne Murray, House Manager, at 414-438-2767

Thank you for assisting your patient find safe housing that is supportive and nurturing of pregnant women and their preborn children.

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Part A: PHYSICIAN EXAMINATION REPORT

Patient (Applicant): _____ Birthdate ____/____/____

Address _____ City, State, Zip _____

General Information:

Height _____ Weight _____ Blood Type _____

Dental Status _____ Nutritional Status _____

Hearing _____ Vision _____

Is the patient currently taking any medications? Yes _____ No _____

If YES, please list medications with dosage:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any recommendations for future care, additional tests or examinations and/or immunizations? Yes _____ No _____

If YES, please explain: _____

Physician Signature _____

Date ____/____/____

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Part B: PHYSICIAN PREGNANCY STATEMENT

I, _____, confirm that my patient, _____
(physician – please print) (patient – please print)

_____ is pregnant. Her estimated due date is _____. She is
expected to deliver at _____ Hospital.

The following tests are required of all women seeking to live at Refuge House.

TB Skin Test: Name of test given: _____

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

Is a chest x-ray required? Yes / No

Date done (if needed) ____/____/____

Results: _____

Blood Pressure _____

Urinalysis _____

HIV Screening _____ Drug Screen _____

STI Testing (including Syphilis, Gonorrhea, Herpes) _____

My patient appears to be free of any communicable diseases. Yes ____ No ____

Physician Signature: _____

Date ____/____/____

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Part C: PHYSICIAN MEDICAL RELEASE

REQUIRED BY REFUGE HOUSE

This document is to be completed by the physician and signed by both the physician and the applicant for the following reasons:

- Refuge House is a two story home with all of the resident's bedrooms and bathrooms located on the second floor.
- The stairs are steeper than in a typical house.
- 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 clothing, maternity clothing and transportation are provided without charge. However, residents are required to do their own laundry and share household chores, including cooking and cleaning.

Physician: If you are in agreement, please initial each of the items below, adding additional notes in the area provided:

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

Physician – Please comment and list all restrictions: _____

Physician's Name _____ Office Phone (_____) _____
(please print)

Physician's Signature _____ Date ____/____/____

Address _____ City, State, Zip _____

Applicant Signature _____

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Part D: PHYSICIAN RELEASE OF MEDICAL INFORMATION

I, _____, hereby authorize my physician, _____
(patient – please print) (please print)

and/or his representatives to release all test results including HIV, etc. to A Place of Refuge. I understand that I am not required to allow this information to be shared. However, I understand that due to the nature of the group living situation, this information will be helpful in ensuring that my baby and I receive appropriate treatment. This information will be kept confidential.

Patient Signature: _____

Physician Signature: _____

Date ____/____/____

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REFUGE HOUSE VISITOR POLICY

Refuge House is committed to providing a safe, healthy environment for all women and children in our care. When a woman applies to the Refuge House Program, she participates in an Intake Interview with the House Manager and Intake Director at which time the rules of Refuge House are explained. The applicant is given a list of basic guidelines to initial indicating her intention to honor the House rules. In order to be considered for residency, the applicant must disclose the name and date of birth of the baby's father on the application, whether she is currently involved in a relationship with him or not. A criminal background check is performed on both the applicant and the baby's father as part of the application process.

Refuge House is at an undisclosed location. Residents must agree to not share the location of Refuge House with anyone other than her immediate family, who also need to pass the criminal background check if they intend on visiting Refuge House. When scheduling a family member to visit, prior notification for the purposes of conducting that criminal background check must be given to the House Manager with the visitor's name, date of birth and date of the requested visit.

Any person with a criminal history such as those identified below may not be on the premises, nor may they be informed of the precise location of Refuge House.

Examples of those charges that would preclude visitation privileges include:

- Domestic violence, assault/ battery, threats to personal safety
- Possession of an illegal firearm, robbery, theft, identity theft
- Drug charges, drug usage, drug trafficking, addiction challenges
- Rape, sexual assault, or those identified to be sexual predators
- Violent crime or incarceration for any violent behavior

Women who cannot accept this visitation policy can choose to decline their acceptance to the Refuge House Program. We will offer a referral to another housing program to possibly meet her needs.

Resident's Signature

Date

House Manager's Signature

Date

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RESIDENT CONFIDENTIAL INFORMATION AGREEMENT

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

Name: _____
First Middle Last (Maiden)

Street: _____ Telephone: (____) _____

City: _____ State: _____ Zip Code: _____

I understand that all information 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 anyone that I believe has the potential to cause harm.

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

Signature: _____

Date: _____

Rev. 04/17

"For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me." (Matthew 25:35-36 ESV)