



Aftercare & Mentoring Agreement - Introduction

Hope Prison Ministries currently operates many entry-level and graduate, Christ-centered transitional houses in Fort Worth, Texas. Most are listed on the [Texas Department of Criminal Justice](#) approved alternate housing list as HOPE's Houses and provide full-service aftercare. We are approved to accept registered sex offenders, including those with child victims, as well as those who will be on an ankle monitor under the Super-Intensive, Supervision Program (SISP). For the initial cost of \$5,300, we provide up to 3 months of housing in a dual-occupancy room, food, smart phone on an unlimited service plan, local, unlimited bus pass and/or limited transportation from a ministry vehicle and driver, a faith-based curriculum, and Christian fellowship and accountability through *More Than Redemption Church* (www.MTRchurch.org); clothing is NOT included. Individual counseling, educational and employment training and opportunities are available through our partners but may incur additional costs. The initial \$5,300 includes:

\$300 application fee for sex offenders, \$150 for all others
\$2,000, non-refundable, Administrative fee, varies depending on location and availability
\$2,250 90-days of "Program Fees" (which includes the cost of their living space)
\$300 non-refundable room setup (sheets, linens, etc.)
\$900 for 90-days of groceries (\$75/week)
\$280 cell phone and unlimited plan
\$240 local, unlimited bus pass and/or transportation provided by the ministry until employed

The full amount is required in advance to ensure we have the funds on hand to assist the person under our care. The application and administrative fees (\$2,300) are non-refundable. Should we use less than the remaining in hard costs (\$3,000), for whatever reason, we will offer to refund the difference. You may choose to donate it as well. After the initial 90 days, the program fees of \$750/mo. include their room, utilities and cell phone. If interested and funding is available, here are your next steps:

- 1.) Call Chandler, the ministry's founder, at (817) 323-7686 to confirm availability and the required funding.
- 2.) Complete this application with your loved one over the phone; enter their initials indicating their agreement with all the rules, sign their name, and complete the rest of the application (including their date of birth, social security number and, if known, state identification or license number).
- 3.) Scan and email the application back to ea@hopeprisonministries.org
- 4.) Pay the required fees online at: <https://hopeafterprison.com/get-help/aftercare-costs/> OR Zelle the fees to Hope Prison Ministries at (817) 323-7686.
- 5.) Hope Prison Ministries will send your loved one's letter of acceptance to them and parole.

Physical: 5524 Midway Road • Suite 1 • Haltom City, TX 76117

All Mail/Packages: 3515 Sycamore School Road • Suite 125 – PMB 172 • Fort Worth, TX 76133

Registered/Corporate Address: 1137 Burton Hill Road • Suite D • Fort Worth, TX 76114

(419) 777-HOPE (4673) • www.HopeGivesBack.com



Rules, Terms and Conditions

The following rules, terms and conditions apply to any Participant desiring to receive services from Hope Prison Ministries or its partners. If completing this application for yourself, please enter your initials on each blank line indicating you have read, understood and agree to abide by these rules, terms and conditions. If you are completing this application for a loved one, please enter your loved one's initials in the blank line next to each rule signifying that they understand and agree to the rules, terms and conditions.

1. If applicable, in consideration of receiving room and board from the ministry or one of its partners, Participant agrees and understands that they are considered Participants, not residents, and that violation of any of the rules and conditions will result in termination of the host/Participant relationship between the Ministry and the Participant (regardless of and without a refund of any money paid). Upon request by the MINISTRY STAFF of the Ministry, the Participant will immediately vacate the premises of the Ministry. The refusal of the Participant to vacate the premises may subject them to arrest. _____
2. With the understanding that Participant will never be asked to do anything Scripture or the legal system would forbid, and that all instructions are given with the eternal good of the Participant in mind and to the glory of God, even when they disagree, Participant agrees to do what is they are told to do, when they are told to do it, how they are told to do it. _____
3. For as long as the Participant is under the care of Hope Prison Ministries, living in one of its properties or receiving financial assistance from it, the Participant agrees to the release of their confidential information by and between the MINISTRY STAFF, probation/parole officer, therapist, medical doctors, etc. _____
4. The Participant understands that their personal information, including their name, address, phone number and email, will be available in its secure, password protected, ministry software. _____
5. The Participant understands and agrees that many of the offices, homes, and the location where we worship have audio and video cameras installed. The cameras record and store both audio and video. In most cases, the cameras are deliberately positioned to capture as wide of area as possible where there are doorways, inside and out. Cameras are never placed in bedrooms or bathrooms. The Participant understands and agrees these cameras are for the protection of you and Hope Prison Ministries, and that what is recorded may be used for marketing purposes by the ministry or for or against you as a means of determining your continued participation in our program and/or in a court of law. _____

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6. The Participant understands and agrees that photography, audio and video may be captured, recorded and published for use in the promotion of our ministry and other ventures. If identified at all, it is our practice to use only your first name and the first letter of your last name. We will never disclose identifiable information concerning you or your specific history outside the ministry or in any marketing materials. _____
7. The Participant is hereby informed no Apple/Mac devices are permitted to be accessed, held or owned by the Participant; all electronic devices are to be approved and, typically, only Android and Windows devices will be allowed. _____
8. Participant agrees to the installation of software on all electronic devices on the property which allows for the tracking of all messages, phone calls, usage, applications, their location, etc. Participant agrees to use electronic devices and the Internet for allowable purposes only. Participant MUST NOT use electronic devices or the Internet for inappropriate activities such as viewing pornography, “hooking up,” gambling, unbiblical, illegal activity, etc.. _____
9. Participant understands that HOPE PRISON MINISTRIES does NOT prorate program fees. The day the Participant moves in through the end of that month is considered the first full month. The reason for this is that the ministry holds bed space for most of those being released for months without charging for that time. _____
10. Unless purchased by the Participant, the mobile phone is the property of the ministry until such time as the Participant pays for the phone and/or the Participant is authorized to keep it by the Ministry. Unless an exception is granted, the Participant understands he/she must return the phone to the Ministry. _____
11. Participant agrees to comply with the law, the court, probation and/or parole. _____
12. The Scripture states that if a man doesn’t work, he shouldn’t eat (2 Thessalonians 3:10), and the Participant agrees they are here for the purposes of being 1) transformed by the renewing of their minds, 2) that they may better know God’s will for their life (Romans 12:1-3). Toward that end, Participant agrees to complete the ministry’s curriculum covering topics such as theology, the Christian worldview, communication, anger management, marriage, family, parenting, budgeting, life skills, addictions, etc.. Unemployed Participants are required to commit to and document (with dates, times, notes and/or lesson information) a minimum of 50 hours a week of the ministry’s curriculum and employment search related activities. After obtaining gainful employment, 15 hours of curriculum study is required until it is completed. For purposes of this Agreement, “gainful employment” is defined as employment that enables the Participant to provide for their necessities AND to save for the time when they will leave. Any Participant failing to follow these guidelines will be asked to leave the ministry. _____
13. Participant agrees not to use the Lord’s name in vain, to avoid profanity and other inappropriate language, and will avoid working on Sunday except in the event of an emergency. Participant will honor their parents, will not injure or kill anyone, will wait until married to have sex (or until



- they have left the program). If dating or married, the Participant will not be unfaithful to their partner, will not lie, steal or desire what belongs to someone else. _____
14. If you have a problem with this ministry or anyone in it, you agree to follow the process outlined in Matthew 5:23-26, 18:15-20 and Galatians 6:1. BUT, at no time, will you gossip or speak negatively about individuals or the ministry inside or outside of the ministry. _____
 15. Participant is required to introduce any friends, relatives and associates to THE MINISTRY STAFF for orientation and approval as an “Approved, Positive Influence” of the Participant. Participant agrees NOT to continue association with anyone THE MINISTRY STAFF deems unacceptable, and further understands that continued association with such may be grounds for immediate dismissal from THE MINISTRY STAFF. _____
 16. Representatives of the ministry will enter and inspect the residence of the Participant unit with or without notice. **Participants are required to keep a clean area, to clean up after themselves immediately, and to work with others in the house to do the same.** _____
 17. Alcohol, drugs, firearms or weapons of any kind are strictly prohibited. These may not be consumed on or off site. **Participant also agrees, at their own expense, to random drug and alcohol testing at the discretion of the ministry. Any visitor will be expected to abide by the same rules.** Refusal by a Participant or visitor of the Participant to drug/alcohol testing will result in immediate eviction of the Participant. _____
 18. Smoking is NEVER permitted indoors. **The ministry will NOT purchase tobacco for the Participant. DO NOT ASK.** _____
 19. If instructed, the Participant agrees to log in and log out of the housing so that the MINISTRY STAFF will know where you are and what you are doing, and to update any changes. _____
 20. Unless an exception is granted, a 10 pm curfew is enforced every day. Quiet hours exist between 10:00pm and 7:00am. During these hours, keep noise levels to a minimum. Except for employment, no outside activities after 10:00pm. _____
 21. Participant agrees to seek and maintain employment, and to communicate to their employer that they must comply with their probation, parole and HOPE’s House mandatory programming. When you are not working you will be expected, when necessary, to volunteer your services when asked to help the ministry. _____
 22. Unless an exception is granted, the Participant is required to report income (regardless of the source, this includes friends, family, state or federal public assistance/welfare/food stamps) and expenses, to deposit said funds in a bank account in their name (preferably with Chase, Wells Fargo or Bank of America), to NOT use prepaid cards, online banks, PayPal, The Cash App, Venmo, etc., to submit weekly financial statements from their bank account, to discuss any financial plans or planned expenses greater than \$50, and to heed instruction regarding how they should spend and save their money for as long as they are in the program. **Spending**



money without permission is a direct violation of THIS AGREEMENT and could lead to termination from the program. _____

23. After employment is obtained, Participant agrees to tithe 10% to *More Than Redemption Church* and to give a regular offering to Hope Prison Ministries, Inc., toward the end that the ministry may continue to help others. _____
24. Participant agrees to save at least \$1,000 plus the cost of the item to be purchased **before** making any purchases other than providing for their food, essential clothing and shelter. Participant also understands he or she must seek approval of THE MINISTRY before making any non-essential purchase exceeding \$50. _____
25. The Participant understands that THE MINISTRY does not offer health insurance. Participants may enroll in the JPS Health Network and receive discounted rates while in our program. If the Participant is experiencing a medical emergency, the Participant should call 911 from their cell phone. _____
26. In consideration of the services provided by HOPE PRISON MINISTRIES, the Participant promises and agrees, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against the Ministry, its Board of Directors, MINISTRY STAFF, volunteers, businesses, churches or organizations with which THE MINISTRY is affiliated, for negligence or any other reason, and hereby releases, by signing this application, the Ministry, its Board of Directors, MINISTRY STAFF, volunteers, businesses, churches or organizations with which THE MINISTRY is affiliated from any such claim, complaint, or suit. _____

Rules, Terms & Conditions Signature Page

I authorize HOPE PRISON MINISTRIES to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background. I understand this is required to receive assistance from the ministry or its partners. In consideration of this assistance, I authorize any individual, business or organization to furnish HOPE PRISON MINISTRIES any information concerning me (including their own opinion), and I hereby release all, individually and collectively, from all liability for claims or damages arising from the release of said information. WITH MY SIGNATURE BELOW, I HEREBY ATTEST THAT I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE RULES, TERMS AND CONDITIONS OF THIS AFTERCARE AND MENTORING AGREEMENT.

PRINT NAME

SIGN NAME

DATE



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All questions must be fully completed before the application will be considered. If something does not apply, simply write NA for “not applicable.” Date of Application: _____

Name of Applicant: _____ Prison ID#: _____ Sex Offender? Y N

Identification - Please indicate the status of each form of identification:

IDENTIFICATION	NUMBER (write it in)	HAVE	APPLY/REPLACE
Birth Certificate	DOB:	Y N	Y N
Social Security Card		Y N	Y N
State Identification		Y N	Y N
Drivers License		Y N	Y N

Expected Released Date: _____ Type of Release: Probation Parole Discharge

If probation or parole, has it been granted YES OR is a decision pending? NO

If applicable, how much longer does the applicant have on probation or parole? _____

Current Address/Facility: _____

Current Phone: _____ Current Email: _____

Emergency Contact: Name: _____ Relationship: _____

Contact's Phone: _____ Contact's Email: _____

Transportation Information

Do you expect to have a car given to you by your friends or family immediately upon release? Y N

Year/Make/Model: _____ (NOTE: All vehicles must be tagged, inspected and insured to be on the ministry property and driven by you.)



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Financial Support – Please provide contact information for anyone you know who may be willing to contribute toward the cost of your aftercare.

NAME	RELATION	COMPANY	CONTACT INFO (PHONE, EMAIL OR TDCJ ID)

Does the Applicant have any known physical, mental health or intellectual disabilities? YES NO

If YES, explain: _____

Will any known physical, mental health or intellectual disabilities prevent the Applicant from seeking employment?

YES NO If YES, explain: _____

Please list any prescribed medications you are currently taking:

PRESCRIPTION	DOSAGE	REASON

If you need additional space, please check this box and write the information on the back of this page using the format given here: prescription name, dosage and the reason.



Education History

LEVEL	SUBJECT / DEGREE	COMPLETED
HIGH SCHOOL / GED	DIPLOMA	Y N
COLLEGE		Y N
TRADE / VO-TECH		Y N

Employment History

COMPANY	POSITION	ESTIMATED DATES	ELIGIBLE FOR REHIRE
			Y N
			Y N
			Y N
			Y N
			Y N

Sin History

Present alcohol use? Yes No Do you smoke? Yes No Present drug use? Yes No
 Pornography? Yes No Sexual Sin (Acted upon)? Yes No

Drug History

SUBSTANCE	QUANTITY	LENGTH OF USE (YEARS)



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Have you ever been in a drug rehabilitation center? Yes No (Include programs while incarcerated)

Is yes, when: _____ Where? _____

Have you ever completed a sex offender treatment program (SOTP)? Yes No (Include programs while incarcerated)

Is yes, when: _____ Where? _____

Criminal History (Please provide as complete of history as possible. If additional space is required, check this box and please continue on the other side of this page.)

Charge(s)/Conviction(s): _____ Prosecuting County: _____

Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____

Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____

Details: _____

Charge(s)/Conviction(s): _____ Prosecuting County: _____

Details: _____

Other Family Information

Marital Status: Married Single Divorced/Separated Spouse/Ex's Name: _____

Spouse's Phone: _____ Spouse's Email: _____

If any, please provide the names and ages of your children (If more, please continue on separate piece of paper):

Name	Age	Where are they now?

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If married or separated, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation: _____

If a parent, please explain how your stay with us fits into your plan of being a parent: _____

Mother Living: Y N Father Living: Y N Grandparent's Living: Y N

Who Raised You? _____

Friend or Family Contact Information You Expect Will Be Involved in Your Aftercare

NAME	RELATION	PHONE	EMAIL

Christian Experience

Please tell us more about your faith. When and how did you become a Christian? What does it mean to be a Christian? _____

Briefly explain why you desire to stay with us: _____

Are you currently or have you ever been a church member? Yes No When/Where/Pastor's Name and Info? _____
 If YES, what denomination? _____



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How does your faith show in the life you lead? _____

What religious activities/programs have you participated in while incarcerated?

Goals - Please list short- and long-term goals following your release from prison:

1. _____
2. _____
3. _____

Please list any perceived/expected obstacles to living the Christian life or achieving your goals (past or current pet sins, other obstacles such as financial stress, etc.) _____

References

NAME	RELATION	COMPANY	CONTACT INFO (PHONE, EMAIL OR TDCJ ID)