



List any current prescribed medication(s) and the purpose for it/them:

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Your present state of health \_\_\_\_\_

4. Are you employed? \_\_\_\_\_ *If no, why not?* \_\_\_\_\_

Employer's name & type of business \_\_\_\_\_

Your job title/description \_\_\_\_\_

List other jobs you have held \_\_\_\_\_

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5. Education (please check the ones that apply to you)

High school graduate \_\_\_\_\_ GED completed \_\_\_\_\_ Last grade completed \_\_\_\_\_

Some college \_\_\_\_\_ College graduate \_\_\_\_\_ Where? \_\_\_\_\_

Currently in school \_\_\_\_\_ Course of study \_\_\_\_\_

6. Who referred you to Killingsworth? agency or group \_\_\_\_\_

Contact person \_\_\_\_\_



12. Are you currently on probation or parole? Yes \_\_\_\_ No \_\_\_\_ Length of time \_\_\_\_\_

Officer/Agent contact \_\_\_\_\_  
name phone

13. What is your source of financial support while living at Killingsworth? Self \_\_\_\_\_

Other \_\_\_\_\_

Vocational Rehabilitation \_\_\_\_\_ Counselor's name \_\_\_\_\_

14. List the goals you will work on while living at Killingsworth:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

I, \_\_\_\_\_, agree that the above information is complete and true to  
printed name

the best of my knowledge, and that I promise, if accepted into Killingsworth, I will abide by the Killingsworth rules and policies.

\_\_\_\_\_  
applicant's signature date signed

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staff notes: see reverse side for detailed notes:

Accepted \_\_\_\_\_ Admission date \_\_\_\_\_

Declined \_\_\_\_\_ Reason (s) \_\_\_\_\_

\_\_\_\_\_  
Interviewer's signature

\_\_\_\_\_

**ACKNOWLEDGEMENT OF KILLINGSWORTH PROGRAM  
REQUIREMENTS AND CONSENT TO THE PAYMENT OF FEES**

I, \_\_\_\_\_, acknowledge by my signature below that the Killingsworth program has been explained to me, and that I have received my personal copy of the rules and written guidelines. I have also had any questions about the Killingsworth program answered to my satisfaction.

If accepted, I further agree to pay all fees required for my stay here, and I will pay these fees on time and in accordance with Killingsworth policy. I understand that the fees include a \$25 non-refundable rent deposit when I move in, and a weekly charge of \$105.00 for rent, which is \$15.00 per night.

*I understand that I am required to have a source of regular, reliable income to fund my room and board fees. I understand I am responsible for payment for any prescription medicines I am issued by a doctor/health provide and also for services provided by such.*

Resident's signature \_\_\_\_\_

Witness for Killingsworth \_\_\_\_\_

Date \_\_\_\_\_

## RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize the employees of Killingsworth to exchange and release any or all of the contents of information in my file or about conversations with me to medical providers, including pharmacies, and educational facilities, social agencies, counselors, mental health agencies, or prospective employers for the purpose of assisting in all phases of programming and planning. This consent will remain in effect until my departure from Killingsworth. I also authorize medical providers, including pharmacies, and educational facilities, social agencies, counselors, mental health agencies, or prospective employers to release and/ or exchange contents of my case files and conversations to Killingsworth.

Resident's signature \_\_\_\_\_

Witness for Killingsworth \_\_\_\_\_

Date \_\_\_\_\_

# Killingsworth Drug Testing Policy

It is our highest priority to assure a safe and peaceful environment for all the residents of Killingsworth. Therefore, it is the policy of Killingsworth to test randomly for drug and alcohol use. This policy applies to every resident, not just to those who have been referred from alcohol and drug treatment facilities. When you are asked for a urine specimen for drug testing the following collection procedures will apply, with **NO** exceptions.

1. You will not be allowed to leave the office once you have been asked for a specimen. If you need water, coffee, etc. we will bring it to you. You will not be allowed contact with any other resident until the specimen has been obtained.
2. You will not be allowed to run any water in the staff bathroom (flushing toilet, washing hands etc.) until the specimen has been handed to the staff person.
3. A staff member will stand in the bathroom or in the doorway of the bathroom during collection. This allows us to prove the validity of the specimen should it become necessary.
4. You will be asked to initial a form verifying that it is your specimen and that it has not been altered.

If you refuse to cooperate, or if you are unable to provide a specimen within a reasonable amount of time (around one hour) we will assume that you are unwilling. Failure to submit a specimen or tampering with a specimen in any way may result in immediate termination.

If the screen is found positive you may be asked to move immediately.

Specimens that test positive are repeated for confirmation, and kept on file for at least one year.

I have read and understand the drug testing policy.

---

signature

date

# EMERGENCY INFORMATION

The following information is requested of each resident along with a photograph taken upon admission to Killingsworth. It's sole purpose is emergency use for your safety and protection.

Name \_\_\_\_\_ Any alias \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Height \_\_\_\_\_

Color of hair \_\_\_\_\_

Weight \_\_\_\_\_

Color of eyes \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (include state)

Auto year, make and model \_\_\_\_\_ Tag # \_\_\_\_\_

Friend or relative in Columbia (or living closest to Columbia):

1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Attach photos here (one face, and one full body) *This will be completed by Killingsworth Staff.*



AGREEMENT TO MAINTAIN ENVIRONMENT

I, \_\_\_\_\_, understand that living in a cooperative household such as Killingsworth requires that I help maintain and when required improve the living area. The living area includes the house and grounds. Maintenance is keeping my bedroom area clean, neat and uncluttered; and completing any assigned task referred to as a “detail.” My signature is my agreement to do this.

I understand that I will be assigned a regular detail. I understand it is my responsibility to notify staff when I have completed my detail or any other assigned task. It is my responsibility to notify staff if and why I am unable to perform maintenance details or keep my bedroom area in order.

I understand if I ignore my assigned detail or leave it incomplete, I will be issued a “W” which means “warning,” and my curfew will be curtailed to 9 p.m.

I understand that repeated inattention to my detail is interpreted as disinterest in living in this cooperative residence called Killingsworth.

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*resident signature*

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*date*

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*staff signature as witness*

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*date*

## Promissory Note

To: Reverend Diane A Moseley, Executive Director  
Killingsworth Home

From: \_\_\_\_\_

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

Subject: Promise to Pay Killingsworth Funds owed  
Rent\_\_\_\_\_ Deposit\_\_\_\_\_ Damage\_\_\_\_\_

I promise to pay Killingsworth all monies owed for deposit, room and board (rent) and any other charges incurred. I understand my account must be cleared within 90 days of my leaving or discharge.

I owe Killingsworth \$\_\_\_\_\_.

Reason for indebtedness:\_\_\_\_\_

I plan to pay in this manner:\_\_\_\_\_

I understand that I must pay these monies in order to be in good standing. I understand that my credit history will be reported to the Credit Bureau(s) when my account is in arrears over 90 days. I also understand that legal action will be taken if I fail to repay this debt.

If Killingsworth agrees to arrange a payment plan with me and I fail to make a payment as agreed for 90 days, my account will be placed with a Magistrate's Office for legal action.

This promissory note is a valid contract and by my signature I confirm that I understand this procedure.

*Resident* \_\_\_\_\_

*Witness* \_\_\_\_\_, *Staff*

AGREEMENT TO REMOVE PERSONAL BELONGINGS

I, \_\_\_\_\_, understand that when I am discharged\* from Killingsworth or decide to move from Killingsworth I must remove my belongings.

I understand that if my belongings are left on the Killingsworth premises for over a week (seven days) after I leave that on the eighth day they will be considered “abandoned” and will be discarded.

*\*discharged also may refer to begin AWOL (away with out official leave) for over 24 hours without contacting fulltime staff.*

\_\_\_\_\_  
*resident signature*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*staff signature as witness*

\_\_\_\_\_  
*date*