

#### Dear Applicant,

Thank you for your interest in joining Dismas House of Indiana. We are a residential reentry program dedicated to providing a supportive, family-centered environment for individuals transitioning from incarceration. While we do often support individuals who are facing housing insecurity, we are not a homeless shelter. At Dismas House, we are a community—a place where individuals who have experienced incarceration come together to rebuild their lives, support one another, and work toward a shared vision of growth and healing. Our goal is to create a space where each resident can build a life they are proud of, while we learn and grow together as a community.

At Dismas House, we believe that inclusive housing is fundamental to successful reentry. We are committed to fair and equitable access to our program and do not discriminate based on race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, or any other characteristic protected by law. We welcome residents from all backgrounds and provide reasonable accommodations for individuals with disabilities to ensure an environment that is accessible, supportive, and empowering for all.

#### Who is Successful at Dismas House

We believe that successful reentry requires collaboration, accountability, and a commitment to growth. Residents who thrive in our program are those who are ready for transformation, seek community connection, and have specific goals or a clear vision for a life they are proud of. Whether your goals include finding stable employment, rebuilding relationships with family, pursuing education, or addressing recovery needs, we are here to help you take ownership of your future.

At Dismas House, we welcome residents from diverse backgrounds, ethnicities, races, religions, and life experiences. While each individual's journey is unique, successful residents tend to share some key characteristics. They come to us ready for change, with a strong commitment to taking responsibility for their actions and rebuilding their lives. These individuals are motivated to grow and are open to learning from both their successes and setbacks. They understand the importance of community and connection, actively seeking out positive relationships with fellow residents, staff, and volunteers. They have specific goals in mind—whether it's securing employment, reconnecting with family, continuing education, or addressing recovery—and are actively working toward them.

#### "Where hope finds a home."

521 S. Saint Joseph Street South Bend, IN 46601 www.dismashouseofindiana.org ◆ (574) 233-8522 ◆ info@dismasin.org Successful residents recognize that reentry is a process, and they are willing to invest in themselves, participate in programming, and embrace accountability as part of their personal growth. If you are ready to make lasting changes, contribute to a positive and supportive community, and work toward a future you can be proud of, Dismas House could be the right fit for you.

## **House Guidelines**

To ensure that Dismas House remains a safe, respectful, and supportive place for everyone, we have seven key guidelines that residents must follow. These guidelines are designed to create an atmosphere of recovery, personal growth, and mutual respect.

### 1. Respect for Everyone

We treat everyone with kindness and respect. This includes fellow residents, staff, and visitors. Physical violence, verbal threats, harassment, or any form of disrespect will not be tolerated.

### 2. Commitment to Sobriety

Dismas House is a substance-free environment. Alcohol and drug use are not allowed on the premises. Regular testing is part of our program to help maintain a safe and sober living space. If you're struggling with sobriety, please reach out—support is available.

### 3. Maintain Healthy Boundaries

Romantic or intimate relationships between residents, staff, or volunteers are not allowed. This rule helps maintain focus on personal growth and avoids complications that could disrupt recovery. We also ask that residents avoid inappropriate physical contact with others.

### 4. Appropriate Use of Materials

Residents are not allowed to possess or access pornographic materials on-site. This ensures the comfort and safety of everyone in the house.

### 5. Community Engagement

Participation in the house community is key to your success here. All residents are required to attend family dinners Monday to Thursday at 6:30 PM. This is a chance to build connections, share experiences, and support one another.

### 6. Guests and Visitors

Visitors are welcome but must stay in common areas. Overnight guests are not allowed to maintain privacy and safety for everyone in the house.

## 7. Keep the Environment Safe

Smoking is allowed only in designated outdoor areas. Residents are expected to help keep the living space clean and safe for everyone. Any damage to property should be reported to staff immediately.

### **Application Process**

Once we receive your application, we will review it for completeness. If all sections are filled out properly, we will request supplementary documentation, such as your Department of Correction (DOC) progress report or Presentence Investigation (PSI), if applicable. These documents will

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521 S. Saint Joseph Street South Bend, IN 46601 www.dismashouseofindiana.org ◆ (574) 233-8522 ◆ info@dismasin.org help us better understand your situation and support your reentry planning.

After we receive the necessary documentation, we will contact you to schedule a 30-45 minute interview. This interview may take place by phone or in person. The goal of this interview is to learn more about you, your goals, and how Dismas House can best support your journey. All applications are reviewed on an individualized basis, considering each applicant's unique circumstances. We strive to make decisions in a timely and equitable manner. Applicants may request feedback or reconsideration of a decision. Once the committee has made its decision, we will contact you regarding the outcome and the next steps in the process.

We understand that this is a significant decision, and we are committed to supporting you through each step. If you have any questions, please don't hesitate to reach out. We look forward to reviewing your application and learning more about how we can support you in your transition.

Together in hope,

Andee Huxhold Executive Director (574) 309-7154

Applicant Name: \_\_\_\_\_



# **Application Part I: Application Questions**

## Welcome to Dismas House of Indiana

At Dismas House, we are committed to fostering healing, belonging, and self-determination for individuals transitioning from incarceration. Our program emphasizes accountability, connection, and growth, providing residents with case management, educational resources, recovery support, and leadership development to help them rebuild their lives and achieve personal goals.

As a community, we work together to create a supportive, growth-oriented environment, preparing residents for success beyond Dismas House.

This portion of the application consists of three sections:

- 1. Personal Information
- 2. Goals and Vision
- 3. Commitment to the Dismas House Community

Please answer each question thoughtfully. Your responses will help us determine how we can work together to create a successful reentry plan.

# **Section 1: Personal Information**

Full Name:
Preferred Name (if any):
Date of Birth:
Last 4 Digits of Social Security Number:
Phone Number (if applicable):
Email Address (if applicable):
DOC/Jail ID Numbers:
Anticipated Release Date:
Current Facility (if applicable):
Address Prior to Incarceration:
Emergency Contact Information:

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_\_
- Phone Number: \_\_\_\_\_\_

# Do you have any medical, mental health, or accessibility needs we should be aware of?

(This information helps us provide appropriate support and will not affect your application.)

**Do you have any pending legal obligations or court requirements?** (*Please list probation, parole, or other legal requirements.*)

Please provide the full details of your current charges, as well as a list and explanation of any write ups/violations in the past two years. You may attach an additional page or write on the back of this one if needed.

Please list any programming, recreational clubs, or groups that you have been a part of while incarcerated or since exiting incarceration.

## Section 2: Goals and Vision

1. Why are you interested in Dismas House? What about our program feels like a good fit for you?

2. The minimum commitment to the Dismas program is six months, and the maximum length of stay is two years. While this time frame may change as your needs and goals evolve, we would like to understand your initial intentions. How long do you plan to stay with us, and what are your top three goals for your first six months? (*Examples: finding a job, reconnecting with family, continuing education, addressing recovery needs, etc.*)

3. What does "community" mean to you? How do you see yourself contributing to the Dismas House community?

4. What support do you feel you need most to succeed in reentry?

(*Examples: employment assistance, mental health resources, substance recovery support, education, etc.*)

5. What does "family" mean to you, and how would you like to rebuild or strengthen these relationships?

6. What strengths or skills do you bring to the Dismas House community? (*Examples: work experience, hobbies, personal qualities, or other abilities.*)

7. What challenges do you think you might face in reentry, and how do you plan to overcome them?

8. **How do you define success for yourself?** (What does success look like to you, both during and after your time at Dismas House?)

## Section 3: Commitment to the Dismas House Community

At Dismas House, we value dignity, respect, and accountability. Residents agree to actively participate in the program, follow house rules, and contribute to a supportive living environment.

Please review the following statements and check each box to indicate your agreement:

 $\Box$  I understand that Dismas House is a sober living environment, and I will comply with drug and alcohol testing requirements.

 $\Box$  I will actively participate in programming, including family dinners, structured workshops, and community activities.

□ I agree to follow the house rules, including curfew policies and chore assignments.

 $\Box$  I understand the importance of maintaining respectful relationships with other residents, staff, and volunteers.

 $\Box$  I commit to working toward my personal goals and participating in regular case management meetings.

 $\Box$  I understand that the program fees are \$125 per week, and I am committed to ensuring these fees are kept up to date.

## Acknowledgment

By signing below, I confirm that all information in this application is accurate to the best of my knowledge. I agree to the expectations of the Dismas House program and commit to actively participating in my journey of growth and reintegration.

Signature: \_\_\_\_\_

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

## **Next Steps**

Once your application is reviewed, a staff member will contact you to discuss the next steps, including an interview to explore how Dismas House can support your goals.

If you have questions, please contact us:

Phone: 574-233-8522 Email: info@dismasin.org Address: P.O. Box 4571, South Bend, IN 46634

We look forward to learning more about you and welcoming you into a supportive community at Dismas House.



# **Application Part II: Release of Information**

The applicant below has applied to Dismas House of Indiana, a residential re-entry program. The information listed below needs to be submitted and reviewed by Dismas House staff before the applicant can move forward with the application process.

Applicant's Name:	Address and/or Current Facility:
Date of Birth:	
DOC/Inmate ID Number:	
Last 4 of Social Security No.:	

This form authorizes the release of confidential information regarding the above-named applicant to Dismas House of Indiana for the purpose of reviewing their application and ensuring appropriate coordination of care and services:

- Pre-Sentence Investigation Report
- DOC Conduct, Programing, Progress & Job Performance Reports
- Mental Health Report Substance Abuse, Anger Management, or other Counseling Service Reports

### Persons Authorized to Release Information

Dismas House of Indiana is permitted to receive and exchange information with:

Current Facility:	Main Contact Number:
Court(s):	Judge:
Case Manager:	_Phone/Email:
Probation/Parole:	Phone/Email:
Attorney(s):	_Phone/Email:

### Authorization for Disclosure of Confidential Information:

This form authorizes the release of confidential information regarding the above-named applicant to Dismas House of Indiana. The information will be used for:

- Reviewing the applicant's residency application for enrollment.
- Coordinating care, meeting supervision requirements, and supporting transitional services.

#### Signatures:

I understand that this authorization may be revoked at any time by providing written notice to the staff at Dismas House of Indiana, except for information that has already been disclosed. This consent will expire 365 days from the date of signing.

Applicant's Signature	Printed Name	Date
Dismas Staff Signature	Title	Date

#### **Confidentiality Statement:**

All information obtained through this release will remain confidential and used only for the purposes outlined in this document. Information will be shared solely with authorized individuals or agencies involved in the application review and program coordination. This authorization may be revoked at any time by providing written notice to Dismas House of Indiana, except for information already disclosed.

Applicant Name: \_\_\_\_\_



# **Application Part III: Modification Addendum (Optional)**

If you are applying to Dismas House of Indiana as part of a modification process, please review and complete this section in addition to your main application.

#### **Modification Process & Fee**

Applying to Dismas House as part of a modification process requires additional administrative and logistical support. A **\$250 fee** applies to cover the following:

- Obtaining duplicate reports at the time of acceptance as well as during the week prior to move-in, if necessary.
- Potential travel to court hearings or meetings to advocate on your behalf.
- Coordination with legal professionals and case managers.

#### **Payment Options & Financial Assistance**

We do not want cost to be a barrier for those who cannot afford this fee. A limited number of scholarships are available. If you wish to be considered for financial assistance, please complete the section below.

#### Will you be paying the \$250 modification fee?

□ Yes, I will submit payment as required.

 $\Box$  No, I am requesting financial assistance.

If requesting financial assistance, briefly explain your circumstances:

#### Acknowledgment

By signing below, I confirm that I understand the modification process and the associated fee. If I am granted financial assistance, I acknowledge that scholarships are limited and are awarded based on need.

Applicant Signature:	Date:
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\*\*\* STOP HERE \*\*\*

**Staff Use Only** 

Modification Fee:  $\Box$  Paid  $\Box$  Scholarship Awarded  $\Box$  Pending

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_