



## GUIDELINES AND BOUNDARIES

We are greatly aware of the fact that it can be difficult and challenging to live with other women. We do, therefore, desire that you

- come with an attitude of **flexibility**, knowing that events may change last minute; and
- **respect** staff and all of the other women living in the home, including their personal belongings; and
- bring an attitude to **keep order** in the home

### Home Care

1. An orderly and clean home encourages a better attitude and outlook on life. Therefore, it is expected that you leave a room looking clean and orderly after your use of it. This includes the kitchen and outside area. You are expected to wash your own dishes when you dirty them so the kitchen is left clean.
2. In order to conserve energy, when you leave a room, please turn out lights, TV, music, fans, curling irons and/or coffee pots.
3. Personal items are not to be left in any areas of the house or center, including the bathroom(s), hallways and stairwells. All personal items are to be stored in your bedroom. Items found in common living areas may be removed by staff.
4. You are required to maintain a clean and orderly bedroom on a daily basis. Your bed must be made every day.
5. Staff has the right to enter any bedroom at any time if there is any question concerning activities happening in the room or questions concerning any contents in the room. If there is any question concerning contents of items in the room, staff has the right, only in the presence of the woman, however, to inspect the questionable item(s).
6. Any entrance into each other's bedroom is only by permission and knocking before entering is required.
7. Do not put nails, tacks, tape, etc. into or on any walls.
8. Do not paint or varnish the room or furnishings without specific permission from the staff.
9. Do not construct shelving or fixtures in your bedroom or in any bathroom.
10. Do not move any furniture out of the bedroom or into the bedroom.
11. You are expected to take care of and help in protecting all house property from loss, damage or misuse of anyone's personal items. If there is any type or level of damage and/or loss, tell staff immediately.
12. The doors to bedrooms may be closed, but not locked unless permission is granted.
13. The thermostat is only to be adjusted by staff and will be maintained to provide comfort while supporting principles of energy conservation.
14. No one can enter the office area without permission from the staff.
15. No one can enter the bedroom area of staff.

### Household Expectations

1. A house meeting will be scheduled regularly to discuss the organization of the home.
2. You are to share in the daily and weekly cleaning responsibilities of the general household area inside and outside the home. You are expected to work together with other women on chore

assignments and follow up. Any disputes or conflicts over chore assignments that cannot be worked out among the women will be referred to staff.

3. No weapons of any kind can come onto the property or into the home. Nor can any item, i.e., knife, nail file, be used as a weapon.
4. No pets of any kind can be brought into the home.
5. No food is allowed in the bedrooms.
6. Meal planning will be determined on an individual basis.
7. A bulletin board will be hung for the purpose of communication between everyone living in the house. It will be called the Message Center. This is to leave messages for each other and/or everyone. Make sure you check it regularly.
8. You will have your own "bin" as paperwork will be generated for you. Check your bin daily.
9. Work duties will be assigned to everyone living in the home.
10. Laundry will be done according to a schedule posted on the Message Center.
11. Put trash in the outside bin when the house trash can is full.
12. The piano is limited to those who know how to play the piano or those who are taking piano lessons. It can only be played when convenient to all those in the home.
13. In order to respect each other and our neighbors, the noise level both inside and outside the home is to quiet down by 10:00 p.m.
14. Each woman is to sleep in her bedroom not on a sofa in any other part of the home or center.
15. You are expected to complete the sign in/sign out sheet when leaving and returning.
16. Lock the house when you leave.
17. If you are the last one to go to bed, make sure that all doors are locked and all lights are out.

### **Life and Growth Plan**

1. The first five days of your stay at Life Awakening may be considered a Shielded Period which means there is the possibility that you may not be able to have contact via telephone, letters or visits, with your family and friends upon your arrival. This period of time will be decided between the staff and you before your arrival.
2. You will be expected to follow the day plan designed for you during your orientation week as it is that day plan which will be your own life-giving structure.
3. Regular participation in a church fellowship is essential to your healing and required. If needed, staff will help you find a church.
4. No illegal alcohol or drugs can be brought onto the premises of Life Awakening. For those with illegal drug issues, random testing must be permitted and should be expected.
5. Smoking can only occur in the designated place outside, and all cigarette butts must be placed in the container outside. A smoking cessation plan will be suggested for anyone who smokes.
6. Any form of illicit sexual activity is forbidden. Words, actions and gestures related to such activities are not permitted.
7. You are expected to dress modestly while both inside and outside the home. Clothing that contains logos, pictures and/or captions of a suggestive nature or associated with past lifestyles are not permitted. All clothing should be kept clean and neat in the closet and drawers provided in each room.
8. You are coming to Life Awakening to heal, cleanse and restore your spirit, soul and body. In that process of healing, cleansing and restoring, it is very important to only let your eargate and eyegate receive honorable and pure information. Life Awakening asks that you bring no secular music or books with you as plenty of uplifting music and books will be offered to you. The watching of television will be minimal and guarded. Bringing and use of an MP3 player, or something of that nature, will be discussed and a decision made, before your arrival.
9. Unless you are from the "plain" community, discussion will occur concerning Life Awakening's use of your picture. We may also ask you to write a testimony to be used in a newsletter or brochure.

10. If needed, you will be expected to carry out other and/or different personal *Guidelines and Boundaries* from the other women.
11. You are expected to be on time for all activities and classes.
12. All appointments need to be discussed and coordinated with staff, including transportation.
13. You will be expected to learn about, understand and live according to the *Life Values*, which will be introduced to you during your first week.
14. If your heart shuts down and you do not want to investigate why it is shutting down, an evaluation will be taken by staff as to whether or not Life Awakening is for you. There may be another place for you that would meet your needs in a more effective way.

### **Hygiene**

To comply with health regulations, all women must

- Bathe daily, including the cleanliness of hair
- Wear deodorant
- Wear shoes and/or socks in the home and center (any children visiting must also comply with this Boundary)

### **Social/Relationships**

1. Daily telephone calls with your children and spouse will be encouraged unless it would be detrimental to your healing. However, if it would be long distance, you would have to provide a calling card.
2. You may have visitors as long as it fits within your schedule and house staff is informed of their visit. Visitation with your children is encouraged, but visits need to be at an appointed time.
3. An important part of our ministry is developing a sense of community and learning from one another. However, conflicts will come. Conflicts should be resolved between residents according to the principles of Matthew 18. (You will learn about this the first week, also.) When this is not possible, women should request counsel and possible intervention from a staff member.
4. Driving privileges will be discussed and a decision made, before your arrival, concerning use of a car.
5. Bringing and use of a cell phone will be discussed and a decision made, before your arrival.
6. Gossip and slandering are very destructive to people and is not acceptable.
7. If you come from a lifestyle and background that taught you and allowed you to speak bad language, staff will expect you to work on cleaning up your language as profanity not only wounds your own spirit, but it brings a wrong/bad spirit into the home. Off-color or ethnic jokes are not permitted.

### **Legalities**

1. Life Awakening will not be held responsible for any and all financial and legal responsibilities in case of accident, injury, illness or other unexpected event while living at the Life Awakening home.
2. Life Awakening is not held responsible for any personal property left, lost or stolen while you are living at the Life Awakening home.
3. The staff will welcome any ideas, concerns and/or questions you may have concerning the ministry of Life Awakening.

### **Departure**

1. Your stay is voluntary and you can leave at any time if you determine that Life Awakening is not for you.
2. You will have twenty-four hours to remove your belongings from the Life Awakening property unless other arrangements are made with the staff. If you do not remove them, Life Awakening has the right to donate whatever is left to either Life Awakening or another ministry and/or service agency.

3. A change of address card must be completed before leaving or all mail received will be returned to the sender. We will not forward or hold mail.

**Behaviors which may cause discussion about your leaving or discussion about some consequences**

1. Lying in any or all of its varied forms.
2. Stealing
3. Being under the influence of any illegal drug and/or alcohol
4. Verbal and/or physical threats or intimidation to staff or other ladies living in the home
5. Intentional and/or premeditated disobedience and/or rebellion

I, \_\_\_\_\_, have read the above-stated *Guidelines and Boundaries* and I respectfully agree to abide by them while living in the Life Awakening home.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Life Awakening  
P.O. Box 54  
Witmer, PA 17585-0054  
717-295-LIFE (5433)  
Email: [life@life-awakening.org](mailto:life@life-awakening.org)  
Website: [www.life-awakening.org](http://www.life-awakening.org)

Office Use Only: Date received: \_\_\_\_\_



## Application for Admission

P.O. Box 54  
Witmer, Pennsylvania 17585-0054  
717-295-LIFE (5433)

**Mission Statement:** To minister the Word of God and the healing presence of the Holy Spirit to women who want freedom from their burdens of pain and sin.

**Vision Statement:** To see women touched, freed and restored, awakening them to righteousness and new life.

Please answer every question as thoroughly and honestly as you can. We understand that some of the following questions are very personal. We assure each Applicant that information shared on this Application will be kept strictly confidential, and will be read only by the Life Awakening admissions team. It is our desire to serve each woman to the best of our ability. Your honesty on this Application will help us to know you better, and in turn, will help equip us to serve you and your individual needs.

**Please Note:** Life Awakening is a ministry to women from different backgrounds and cultures. Read each question, and only answer questions that are appropriate for you and your culture. Please fill out the questions as best as you can, knowing that, if accepted, the intake counselor will talk with you in more detail about the questions asked below.

### Personal Information:

Name \_\_\_\_\_ A/K/A \_\_\_\_\_

Social Security number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Current mailing address \_\_\_\_\_

Current living address if different than above \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Are you an American citizen? \_\_\_Yes \_\_\_No

If No, of what country are you a citizen? \_\_\_\_\_

Are you: \_\_\_ African American \_\_\_ Old Order Amish \_\_\_ Old Order Mennonite \_\_\_ Hispanic  
\_\_\_ White \_\_\_ Other

List any language(s) you speak other than English. \_\_\_\_\_

Do you currently have a driver's license? \_\_\_Yes \_\_\_No License # \_\_\_\_\_

Have you applied to Life Awakening in the past? \_\_\_Yes \_\_\_No If Yes, when? \_\_\_\_\_

If you are presently incarcerated in prison, what is your expected release date? \_\_\_\_\_

### Family Information:

Were you adopted? \_\_\_Yes \_\_\_No

If No, who raised you (biological parents, grandparents or aunt)? \_\_\_\_\_

Marital status:  Single  Engaged  Married  Separated  Divorced  Widowed

Can you be free from all family responsibilities so you can focus on your healing?  Yes  No

If you have children, list their names and birthdates.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any of your children ever been taken from you by Children & Youth Services?  Yes  No

If Yes, how many? \_\_\_\_\_

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Use five words to describe your childhood. \_\_\_\_\_

Use five words to describe your relationship with the man who raised you (father, stepfather, uncle, or grandfather).

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Use five words to describe your relationship with the woman who raised you (mother, stepmom, aunt, or grandmother).

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### **Issues of the Heart:**

Why do you want to come to the Life Awakening home?

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What do you want to happen in your life while you are living at the Life Awakening home?

Why are you ready to make lasting changes in your life now and not before today?

What are the areas of your life that need healing, i.e., anger, relationships, eating?

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

What are three things you would like to change about yourself?

- 1.
- 2.

3.

What are three things you love about your personality (who you are as a person)?

- 1.
- 2.
- 3.

What do you want to be like when you leave the Life Awakening home?

Do you believe God is the source of help for you to change? \_\_\_ Yes \_\_\_ No Why?

After reading and carefully thinking about the *Is Our Home for You?* and *Guidelines and Boundaries* literature, what struggles do you think you might have living in a home with other women?

What blessings and abilities will you bring to Life Awakening's home?

List your five favorite pastimes.

- 1.
- 2.
- 3.
- 4.
- 5.

Do you have a "life dream"? \_\_\_ Yes \_\_\_ No

If Yes, describe it. \_\_\_\_\_  
\_\_\_\_\_

If No, would you like to discover it? \_\_\_ Yes \_\_\_ No

**Spiritual Life:**

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_ Yes \_\_\_ No

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Use three words to describe "who" God is to you? \_\_\_\_\_

Use three words to describe "who" Jesus is to you? \_\_\_\_\_

Use three words to describe "who" the Holy Spirit is to you? \_\_\_\_\_

What type of relationship do you want to have with God? \_\_\_\_\_

State the name of the church you most recently attended \_\_\_\_\_

Do you have a denominational/cultural preference? \_\_\_ Yes \_\_\_ No

If Yes, which one? \_\_\_\_\_

**Psychological:**

Regarding any counselors you have seen within the past five years, fill out the following information:

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

How long? \_\_\_\_\_ Reason: \_\_\_\_\_

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

How long? \_\_\_\_\_ Reason: \_\_\_\_\_

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

How long? \_\_\_\_\_ Reason: \_\_\_\_\_

Describe any mental/emotional problems/concerns you presently have:

\_\_\_\_\_

Date(s) of any psychological exam you have had. \_\_\_\_\_

Have you ever wanted to commit suicide? \_\_\_ Yes \_\_\_ No If Yes, how many times? \_\_\_\_\_

If Yes, when was the last time you were suicidal? \_\_\_\_\_

**Occult Involvement:**

Check any of the following with which you have been involved:

\_\_\_ ouiji board \_\_\_ palm reading \_\_\_ seances \_\_\_ horoscopes \_\_\_ satan worship

\_\_\_ divining \_\_\_ fortune telling \_\_\_ witchcraft \_\_\_ spell casting \_\_\_ voodoo

other \_\_\_\_\_

Have/are you willing to renounce all involvement with the occult in any form? \_\_\_Yes \_\_\_No

**Education/Employment/Life Skills:**

What is the highest grade you have completed? \_\_\_\_\_

Do you have any learning disabilities? \_\_\_ Yes \_\_\_ No If Yes, please explain. \_\_\_\_\_

List any training you have had. \_\_\_\_\_

List the last three jobs you have held, stating the most recent first.

Employer	Position Held	Start Date	End Date	Reason for leaving

Of the above listed jobs, which was your favorite? \_\_\_\_\_

Why? \_\_\_\_\_

What job skills do you have? \_\_\_\_\_

List any other skills you want to learn. \_\_\_\_\_

**Substance Use (Illegal drugs/alcohol):**

List your substance(s) of choice, length of time you used that substance, and your ages at times of use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Circle the most appropriate answer:

I misused drugs/alcohol for the following reason(s):

- A. to cope
- B. for pleasure
- C. to escape reality
- D. peer pressure
- E. other: \_\_\_\_\_

List any drug/alcohol rehabs you have been in, stating the most recent first.

Name of rehab:	City/State:	Date	Date	If not completed,	If not completed, why

		entered:	completed:	length of stay:	not ?

**Program/Mental Health Facility History:**

List any other programs and/or mental health facilities which you have participated in, stating the most recent first.

Program Name	City/ State	Program Type	Start Date	End Date	Reason for Leaving

**Medical History:**

We prefer that you get a physical from a doctor before you come. Would that be a problem?

Yes  No If No, why? \_\_\_\_\_

List any serious illnesses you have had in the past or presently have. \_\_\_\_\_

Date of the last time you had the following exams:

Teeth: \_\_\_\_\_ Eyes: \_\_\_\_\_ Gynecologist: \_\_\_\_\_ Mammogram: \_\_\_\_\_

Physical: \_\_\_\_\_ HIV with result: \_\_\_\_\_ Hepatitis A, B, or C with result: \_\_\_\_\_

Have you ever had any sexually transmitted diseases (STD)?  Yes  No

If Yes, what? \_\_\_\_\_ Were you treated?  Yes  No

If you are presently being treated for an STD, what is it? \_\_\_\_\_

Are you pregnant?  Yes  No  Maybe

Have you ever had an abortion?  Yes  No If Yes, how many? \_\_\_\_\_

Is physical abuse a part of your background?  Yes  No

Have you or do you have an eating disorder?  Yes  No If Yes, explain: \_\_\_\_\_

Do you wear prescription eye glasses or contacts?  Yes  No If Yes, which? \_\_\_\_\_

Do you smoke cigarettes or cigars?  Yes  No If Yes, how many per day? \_\_\_\_\_

List any allergies (food, medicine, environmental) \_\_\_\_\_

Are you physically handicapped or disabled in any way?  Yes  No If Yes, explain. \_\_\_\_\_

Do you have any medical problems that would prevent you from carrying out the daily activities of life?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any special dietary needs?  Yes  No If Yes, explain. \_\_\_\_\_

List any medications you are presently taking.

Name:	Dosage:	Refills:	Reason:

If you need medical attention, how will the bills be covered?  Insurance  Private Payment

If insurance, what type? \_\_\_\_\_

If private payment, who will be responsible? \_\_\_\_\_

**Sexuality:**

Which of the following best describes you?  Heterosexual (sex with men only)  Bisexual (sex with men and women)  Homosexual (sex with women only)

Is sexual abuse (rape, incest, molestation) a part of your background?  Yes  No

Were you ever involved in prostitution?  Yes  No

If Yes, how long? \_\_\_\_\_

**Financial Status/Public Assistance:**

Check any of the following that you may currently be receiving from the welfare system.

Cash assistance  WIC  Food stamps  Medical Assistance

How long have you been receiving welfare? \_\_\_\_\_ From which state? \_\_\_\_\_

Do you have a case worker?  Yes  No

If Yes, please give their name. \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

List sources of income:

\_\_\_\_\_  
\_\_\_\_\_

Can you be responsible to pay any financial debt incurred?  Yes  No

If Yes, how: \_\_\_\_\_

**Legal History:**

Have you ever been arrested?  Yes  No

If Yes, please supply the information below.

Date	Charges	Convicted?		Sentence	Time served
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

Have you ever been on Probation \_\_\_\_\_ Parole \_\_\_\_\_ (check as appropriate)

If so, when? \_\_\_\_\_ For what? \_\_\_\_\_

Are you on probation/parole now?  Yes  No

If Yes, since when? \_\_\_\_\_ For what? \_\_\_\_\_

End date, if known \_\_\_\_\_

How often do you report to your P.O.? \_\_\_\_\_

Name of probation/parole officer? \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Are you presently involved in any type of litigation/legal matters of any kind?  Yes  No

If Yes, describe the pending action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Significant Relationships:**

Are you in any type of dating/romantic relationship now? \_\_\_ Yes \_\_\_ No

Do you think it is a healthy relationship? \_\_\_ Yes \_\_\_ No

Why is it healthy or not healthy? \_\_\_\_\_

Are you willing to put your relationship on hold while you live at the Life Awakening home?

\_\_\_ Yes \_\_\_ No If No, why not? \_\_\_\_\_

List the people who you want to stay in contact with over the coming months. This list will most likely include relatives and close friends. If there are more than ten, include the most significant ten. Be sure to use first and last names, and state your relationship to them. (Example: Kimberly Johnson, best friend; Sally Doe, mother)

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If there are people with whom you wish to sever all ties, list their names below and your relationship to them. (Example: John Doe, boyfriend; Harry Doe, abuser)

**Release Form:**

Are you willing to sign a Release form for Life Awakening to release and/or retrieve your legal, psychological, medical and educational records, if needed? \_\_\_ Yes \_\_\_ No If Yes, please sign the attached form.

**References:**

List three people who know you well and could testify to the fact that you want to come and are ready to come to the Life Awakening home.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**In case of an emergency, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

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**Second emergency contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Please tell us anything else that you think we should know about you and/or your situation.

How willing are you to respect others that are willing to help you throughout your healing journey even if you disagree with them?

The information I have provided is true and accurate and I release it confidentially to the leadership of Life Awakening for assistance in considering me to live in the Life Awakening home and as a resource to support a growing experience while living at the Life Awakening home.

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Name

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Date

Life Awakening  
PO Box 54  
Witmer, PA 17585-0054  
(717) 295-LIFE (5433)  
Email: [life@life-awakening.org](mailto:life@life-awakening.org)  
Website: [www.life-awakening.org](http://www.life-awakening.org)

**AUTHORIZATION FOR RELEASE AND RETRIEVAL OF INFORMATION**

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I, \_\_\_\_\_, give consent to Life Awakening to release information, via electronically, written or verbally, from my resident record to any agency, physician, person, church, ministry and/or program deemed necessary by Life Awakening and myself. The information released will be limited to the following areas: medical, education, employment, legal and psychological

I, \_\_\_\_\_, also give permission for Life Awakening to contact and retrieve information, via electronically, written or verbally, about me from any agency, physician, person, church, ministry, and/or program. The information retrieved will better assist the staff to help me in my healing journey.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Life Awakening  
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Witmer, PA 17585-0054  
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Email: [life@life-awakening.org](mailto:life@life-awakening.org)  
Website: [www.life-awakening.org](http://www.life-awakening.org)



## STATEMENT OF VERIFICATION

I, \_\_\_\_\_, verify that all the information I have stated in the Application Packet and Acceptance Packet are true and correct to the best of my knowledge, information and belief. I understand that any falsification of information may be detrimental to my stay at the Life Awakening home.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Life Awakening  
PO Box 54  
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