P.O. Box 940392 Maitland FL 32794- (407) 963-4575- Newbeginningmins.org
501c3 not for profit Organization- EIN 11-3331060

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New Beginnings Ministry Transitional Housing program serves women with children, to empower them with the necessary skills to conquer the dreadful pangs of abuse, hurts, homelessness, and human trafficking. Prospective residents are required to complete an assessment and clear a background screening. Individuals who do not meet eligibility requirements can be referred to appropriate community resources when available.

Procedures

- Prospective residents complete an intake assessment
- Required background screenings are completed
- Eligible applicants are admitted
- Upon admission, all mothers with children will receive a comprehensive orientation to NBMTH that includes a tour, overview of their rights and responsibilities, intake assessment, and preliminary plan of action.
- Ineligible applicants are referred to appropriate outside services or agencies

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Case Management, Care Plan, and Forms & Service delivery policies

Therapy strategies Intake Process Live on Zoom/or in person

Reviewing intake and deciding together what goals that should be established to guide the counseling journey.

Celebrating strengths and building resources for coping: self-care, thinking errors, anxiety/fears that are hindering growth, establishing safety techniques when overwhelmed and practicing them together.

Defining neuro-plasticity principles and identifying areas/beliefs that could be implemented to bring change.

Identifying family of origin issues that continue to impact the present functioning: reactions/coping/thinking/behaving/etc.

If ready, initiate EMDR processing to attempt to reduce these influences in the here and now.

Identify any self-efficacy issues and use the strengths to build a solid self-core.

Identify relationship issues that the client wants to address abuse, communication techniques/conflict resolution, and how to identify healthy relationships.

Dealing effectively with addiction tendencies, how they operate as well as how to deal with them effectively.

Learning coping skills so that problems can be dealt with more effectively without being overwhelmed and resulting in dysfunctional old ways of coping.

How to deal with grief and self-forgiveness as well as deal with forgiving others/amends.

Establishing hope and resilience for the future while learning how to live in the present.

ASSESSMENT FOR TRANSITION HOUSE

Name_____
Date_____

History of Presenting Problem:

Duration of Problem/Symptoms:

Current Triggers for dysregulation:

Severity of identified problem/symptom: Slight/Moderate/Severe? Please explain.

Personal Mental Health History:

- **Family Mental Health history**

- **Family Dynamics—past and present**

- **Abuse history: past or present**
- Type of abuse? Physical, emotional, sexual

Mental Health History:

- **Previous Diagnoses:** (Do you agree with this diagnosis?) Would you like to pursue additional information regarding this issue?

- **Past Treatments:**

- **Mental Health Medications:**

- **Psychiatric Hospitalizations:**

- **Previous Therapy:** (What did you find helpful/not helpful?)

- **History of Chemical Addiction/Abuse: List drugs used, time frame, recent use, as well as process addictions (eating, gambling, porn, spending, etc)**

Symptoms:

- **Mood:**

- **Anxiety:**

- **Sleep:**

- **Appetite:**

- **Concentration:**

Coping Mechanisms:

- **Coping Strategies:** How do you cope?

- **Maladaptive Coping:**

- **Support System:**

- **Personal Strengths you bring:**

- **Social and Environmental History:**

- **Stressors:** job, finances, relationship, social support?

Risk Assessment:

- **Suicidal Ideation/Attempts**

- **Self-Harm:**

- **Risk to Others**

Goals for Treatment:

- **Short-Term Goals: List 3**

- **Long-Term Goals:** List 3

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New Beginning Ministry Transitional House

New Beginning Ministry Transitional House. Mission: Is committed to empowering the lives of women with children with the necessary skills to conquer the dreadful pangs of abuse, hurts, homelessness, and human trafficking.

By providing a safe, sober, smoke free, faithbase loving transitional housing environment where we empower our residents to become self-reliant. Affording continued support for women and their children through life changing mentoring programs, including trauma informed care, spiritual growth, parenting classes, individual counseling, substance abuse prevention, anger management, vocational training, job readiness and placement, and community connections to end homelessness.

The New Beginning Ministry Transitional House aims to decrease the risk of re-traumatization and reduce the chances of clients returning to their abuser. NBMTH believes that recovery is possible, by utilizing a person- centered, strengths-based approach, promoting the promote participation of each resident and program participant in their individual recovery planning, participants are always encouraged to state preferences and make decisions that support recovery skills, foster independent living, promotes community integration, and increase the longevity of overall good health and recovery.

The New Beginning Ministry Transitional House fulfills its mission in a manner that encourages fair and impartial access to services. NBMTH will ensure that all segments of the population have equal access and benefits to their programs and services. NBMTH will take affirmative steps to reach members of all groups and in particular communities who because of their race, color, ethnicity, economic status, disability, and linguistic abilities may have not had the opportunity to fully participate in similar programs and services; it is the stated intent of NBMTH, that no individual from a vulnerable community should be adversely impacted from its services.

Rule of Personal conduct: It is the client's choice, cooperation, increased capacity, sustainability to partner with NBMTH to pursue a New Beginning in their own personal life.

New Beginning Ministry Transitional House, Policies and Procedures

Upon admission, all mothers with children will receive a comprehensive orientation to NBMTH that includes a tour, overview of their rights and responsibilities, intake assessment, and preliminary plan of action.

- **Safety**: The first stage (3 months) is safety for the client and the staff. This stage will be a time of building trust, transparency, aspiration, collaboration, in their own healthy plan. Residents agree to attend individual, group counseling, house meetings, self-help therapy meetings, spiritual gathering, parenting classes, wellness, and defense training. All electronic equipment will be in a safe place for six months.

- **Parents will be responsible for their own children**:

  Safety first always. No children allowed near the kitchen unattended. Parent oversees preparing meals for their children. No children allowed to cook, or near the stove. No cursing at or hitting your children allowed. Parents must always supervise their children or train staff. Safety locks must be on. Do not remove electrical socket covers. Do not let anyone take your child to the restroom.

Choice: Second stage (9 months) is the client's choice to continue their education, obtain a high school diploma (GED) Technical school certificate or a college degree. God did not bring you this far to leave you now. At this point, the client will have built a relationship with counselors and staff and will have graduated from parenting classes.

- **Perseverance**: Third stage (9-12 months) Steadfastness the quality of being resolutely or dutifully firm and unwavering. At this point, the client will be working on a degree, or a certificate. Job training and referral will be available.

- **Empowered:** Final stage (12-24 months) Perseverance in doing something despite difficulty or delay in achieving success. At this point, the client will have a certain goal of transitioning to their own home.

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New Beginning Transitional House

Rules & Regulations, Serving Families

1. All suitcases and bags will be searched for by house staff upon entering the facility.
2. Zero Tolerance: Absolutely No Smoking/Drugs, or Alcohol Allowed!
3. No Cell Phones Allowed.
4. Children must be under Mothers supervision all the time/ excepts when therapy, or counseling is taking place.
5. Safehouse Location may never be disclosed.
6. Parent must Clean after themselves, and their children. Make your beds
7. Parents and their children must keep their room clean.
8. Kitchen and bathrooms must be clean after using.
9. Absolutely No children allowed in the kitchen!
10. No Visitors
11. All staff is to be always respected. (No Cursing, No hitting, No arguing) (Express concerns on your Grievance Policy given at admittance)
12. Breakfast is at 8:00 am- Dinner is at 6:00 pm)
13. Please Keep the noise down
14. Do not take things that don't belong to you. Always Ask!
15. Parents are responsible for cooking and feeding their children.
16. Everyone must participate in their own recovery and spiritual process.

Interpreters, Translators, and Language options Policy

Residents are provided interpretation and translation services at absolutely zero cost.

Residents are actively informed of their right to a free interpreter. Residents are provided access to interpreters including spoken language, and for deaf and hard of hearing. Residents are encouraged to use professional, neutral interpreters, but they may choose to bring their own informal interpreter, such as a family member. Minor children as interpreters are strictly prohibited except in extreme emergencies.

Procedures

- Staff identify language assistance needs during intake
- Interpreter or translation services are arranged as needed
- Staff should use visual aids to determine a resident's native dialect
- Staff must be trained on language access policies within 60 days of hire
- Vital documentation is translated into primary language of the resident

Communicable Disease Prevention and Preparedness Policy

New Beginnings Ministry Transitional Housing program will maintain practices to reduce the spread of communicable diseases and protect the health and safety of residents and staff. Reasonable prevention measures will be followed.

Procedures

- Staff will encourage proper hygiene, respiratory etiquette, handwashing, and sanitation practices
- Common areas and shared surfaces will be cleaned regularly
- Staff will respond promptly to signs of communicable illness
- Residents and staff will be referred for medical care when necessary, including accommodations for visitations
- Individuals with symptoms of a communicable illness may be temporarily separated from group activities to protect others
- Emergency staffing plans may be activated, including the recruitment of qualified volunteers to maintain safe operations and staffing ratios

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Emergency Management and Evacuation Route Policy

- Emergencies that may be reasonably expected in the adult safe house
- Procedures for reporting emergencies or incidents
- Procedures to implement the plan and personnel notification, delegation of authority and lines of succession
- Identification of alternative facilities, procedures for evacuation, including type of evacuation and exit route assignments
- Procedures to account for all staff members and participants; and identification and protection of records and databases.

Fees and Services Policy

- Description of the relationships between fees and services provided and the conditions under which fees are charged and waived. The policy must outline the agency's requirement to provide referrals for individuals when fees for service are not waived.

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Incident Reporting Policy

New Beginnings Ministry Transitional Housing program will document and report all incidents involving the health, safety, or welfare of residents, staff, volunteers, or visitors. The program will submit the "Incident Reporting" form CF 1959 to the Department as soon as practical, and in no event more than 24 hours after an incident outlined in the form has occurred.

Procedures

- Staff will immediately report incidents to program leadership
- Staff will complete all required incident documentation promptly and accurately
- The CF 1959 Incident Reporting form shall be submitted to the Department within 24 hours of the incident
- Emergency services or law enforcement shall be contacted when necessary

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Personnel Policy

Newly hired staff members will work under the supervision of trained staff and may not work independently until all required pre-service training requirements have been completed. All staff and volunteers will complete a required background screening prior to their start date. New Beginnings Ministry Transitional Housing program will maintain appropriate staffing ratios and may utilize qualified volunteers to support operations and resident services under staff supervision. Each staff member will receive an annual performance evaluation that includes employee participating in the evaluation process.

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Aftercare plan and form & Discharge and form

New Beginnings Ministry Transitional Housing program assists residents in transitioning to safe and stable living arrangements. Transition planning begins at admission and continues through residency. Residents may be discharged upon completion of program goals, voluntary withdrawal, rule violations, safety concerns, or when the program can no longer meet their needs. There is no requirement for residents to participate.

Procedures

- Staff develop transition goals with residents
- Referrals and resource information are provided as needed
- Staff document reason for discharge
- Immediate discharge may occur for safety concerns or serious rule violations
- Records are maintained in confidentiality

ADD A DISCHARGE FORM

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Quality Control Policy

New Beginnings Ministry Transitional Housing program will complete quarterly reviews to collect data on resident stability, program completion rates, and discharge destinations to be analyzed to identify operational gaps and develop and implement plans for changes as needed. Resident feedback forms will be collected at 30-day intervals and upon program exit to measure service quality.

Confidentiality and Consent Forms for Residents, Employees/Volunteers, and Tours

Residents may not participate in fundraising and sharing their stories if they are residing at the safe house or actively receiving services from the program. Former residents will be required to sign a consent form to allow for the sharing of images, personal stories, and participation in fundraising efforts. Data and information shared will be accurate, validated, and align with confidentiality laws and procedures.

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CONSENT TO DISCLOSURE AND RE-DISCLOSURE OF CONFIDENTIAL INFORMATION AND RECORDS

RELEASE OF INFORMATION

I, _____ DOB: _____.
(Name of Participant) (Date of Birth)

Lic# State_____ SSN: _____.

As a New Beginning Transitional House participant, I understand my client support services will be coordinated through NBMTH and HTTF. I authorize the following individuals and organizations to release and exchange information with each other for the purpose of processing my benefits request and everything that pertains to my continuum of care.

1. _____
2. _____

This information may include: my name, address, age, gender, social security number, clinical assessment, progress in care, the type and outcome of mental health and trauma care services I have received/ am receiving, NBMTH support history and such other information as is necessary to provide effective coordination of the treatment and services I receive.

The purpose of the disclosure authorized herein is to facilitate the provision of TIC and CCT restoration support. I understand that my records are protected under the Florida State HIPPA Law and cannot be disclosed without my written consent unless otherwise provided for in the regulations or statutes. I have received a summary of the federal law protecting the information and statement of the intended use of information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any H.T client, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhere to. I also understand that I may revoke this release at any time except to the extent that action has been taken in reliance on it. Unless revoked by me, this consent shall expire upon completion of this application, or:

Twenty-four months. Or _____

Date: _____/_____/_____ Signature of Client _____

Witness _____ Date _____

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Client Grievance Policy

The purpose of this Client Grievance Policy is to assure those clients and former clients who are still engaged with the agency as survivor leaders ("Clients") who experience problems in the course of their interaction with New Beginnings can seek a resolution for such problems in an equitable manner without retribution.

Policy

Clients shall have the opportunity to express themselves regarding problems or concerns they may be experiencing. Clients may also wish to report unethical behavior, harassment, or discrimination. This policy is intended to provide multiple reporting methods, without fear of retaliation or discrimination. This policy also provides an escalation and appeal process.

If You Have a Complaint

Sometimes a problem or a concern may arise in the course of your experience with New Beginnings Ministry. This may include unethical behavior, harassment, or discrimination. To resolve your issue most quickly, we encourage you to first share your concerns with a New Beginnings staff member most directly involved, or a supervisor in the program. If you are not comfortable doing so or not satisfied with the response, you can talk to the Director of your Program. You may also direct your complaint to the New Beginnings Ethics Mailbox at [insert email]. Details about how to make a complaint are provided below.

You have a right to make a complaint using one of the methods outlined above. New Beginnings expects that staff members do not discriminate or retaliate in any way against you because you have expressed a complaint.

What We Will Do

We take all complaints seriously and we look into any complaint that we receive. We cannot, however, report our findings back to you if you choose not to tell us your name and provide your contact particulars.

How to Make a Verbal Complaint

● Talk with a staff member most directly involved, or a supervisor in the program.

● If you are not comfortable doing so or not satisfied with the response, you can talk to the Director of the program. Our Response:

● Our staff will listen to your concerns and how you would like them to be addressed.

● In order to find the best way to help, our staff may speak to their supervisor and/or the Director of the program.

● Our staff will talk with you again regarding resolving your concern. How to Make a Written Complaint How to Find a Form

● A blank complaint form can be found in your welcome packet if you are a current client.

● You can request a complaint form at [Newbm93@gmail.com].

● Ask any staff member. What to Do

● Fill out the form and sign it. If you would like help completing the form, ask any staff member.

● You may give the form to any staff member, who will deliver it to the Director of the program.

● You can also email the form to the Director at [rmartinewbeginning@gmail.com].

Our Response:

● The Director of the program (or the administrative staff monitoring the Ethics Mailbox) will investigate the matter, talk to the staff members involved and respond to you within 10 business days of receipt.

● The Director of the program (or the administrative staff monitoring the Ethics Mailbox) will also provide you with a written response to your grievance.

IMPORTANT: We cannot respond to you if you choose not to share your name and contact details.

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Client Grievance Form

CONFIDENTIAL AND PRIVILEGED INFORMATION

NAME:

CONTACT TELEPHONE NUMBER:

EMAIL ADDRESS:

What is the preferred method of contact?

DESCRIPTION OF YOUR COMPLAINT:

HAVE YOU DISCUSSED THIS MATTER WITH A STAFF MEMBER, SUPERVISOR, OR THE DIRECTOR OF YOUR PROGRAM? If yes, please specify which staff person you consulted regarding this matter. What was the resolution or outcome of that conversation?

RECOMMENDED RESOLUTION OR DESIRED OUTCOME OF THIS COMPLAINT:

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

SIGNATURE:

DATE:

*If you need more space, please utilize additional sheets.

Staff Grievance Policy

Staff members are encouraged to discuss concerns with their supervisor first. If the issue is not resolved or involves the supervisor, the grievance may be submitted to program leadership or the designated authority for review. All grievances shall be handled respectfully, confidentially when possible, and in a timely manner.

Employee Handbook Policy & Procedures

1. Employment classification

a) Full-time Employee
    a. Staff member who works 35 hours or more per week
b) Part-time Employee
    a. Staff member who works fewer than 35 hours per week.

2. Equal Employment Opportunity

Policy is established to ensure the right of all people to be hired, to work, to volunteer, and to advance based on skills and performance. These policies have been developed to achieve the equitable treatment of and opportunity for people of color, women, people who have a disability, minorities, and members of groups traditionally underrepresented in New Beginnings Ministry's workforce. We will not discriminate or otherwise treat people differently in making decisions concerning the recruitment, hiring, treatment, or advancement of employees and staff members on the basis of ethnicity, race, religion, color, creed, sex, gender, age, marital status, national origin, ancestry, sexual orientation, disability, handicap, citizenship, military status, veteran status, gender identity, gender expression, genetic information, HIV or AIDS status, political affiliation, union activity, or any basis prohibited by law.

3. Drug & Alcohol-Free Workplace Policy

We comply with the Drug-Free Workplace Act of 1988, 41 U.S.C. 8101 et seq. and maintains a drug- and alcohol-free workplace. This policy applies to all employees and staff members.

4. Weapons Policy

All individuals including visitors, employees, interns, law clerks, volunteers, and other staff members - whether paid, unpaid, part-time, or full-time - are prohibited from possessing, carrying, or using any and all firearms or other dangerous weapons or ammunition of any type, concealed or otherwise, while on the premises or while engaged in business. This prohibition applies whenever such individuals are engaged in business or otherwise acting within the course and scope of their employment, whether on-site or off-site. This policy applies to all weapons, including concealed weapons. It also applies to all covered individuals, regardless of whether such individual has obtained a license to carry the weapon.

5. **Reporting Procedures for Abuse and Neglect**

Our greatest responsibility is to ensure the physical and mental well-being of our residents. This requires that staff comply with the mandated identification and reporting of cases of child abuse or neglect in accordance with law.

A. Any person, staff and other personnel, who knows, or has reasonable cause to suspect that a child or a student has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report such knowledge or suspicion to the Department of Children and Families in a manner prescribed by law. A person who is required to report known or suspected child abuse, abandonment, or neglect and who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so is guilty of a misdemeanor of the first degree.

B. The proper procedure for reporting known or suspected cases of child abuse, abandonment, and neglect is to be reported immediately by telephone to the Department of Children and Families central abuse hotline, using the single Statewide toll-free telephone number: 1-800-96-ABUSE (1-800-962-2873). The names of reporters shall be entered into the record of the report but shall be held confidential as provided by law. As soon as practicable after making the report, the staff members shall inform the supervisor of the knowledge or suspicions that led to the reports and advise that a report has been made.

C. School personnel and volunteers are advised that reporting their knowledge or suspicions of suspected abuse to a principal, or supervisor, or other school or IDEA personnel does not comply with the mandatory reporting requirements of the law.

D. No employee nor volunteer shall be subject to reprisal or discharge because of his/her actions in reporting abuse or neglect pursuant to the requirements of F.S. 39.203.

E. No employee nor volunteer may agree, as a condition of receiving information about child abuse, neglect, or abandonment from a victim, a perpetrator, witness, or other person, that the employees will not report this information as required by law and this policy.

F. If the person accused of abuse or neglect is an employee and acting in their official capacity then the above policy remains the same and the staff member should be suspended pending the investigation.

G. Reports on the central abuse hotline (1-800-96-ABUSE) alleging that the employee acting in official capacity has abused a child or student may also be referred to the sheriff's department or local law enforcement by the Department of Children and Families. The sheriff's department or local law enforcement agency may contact the staff to initiate a criminal investigation.

6. Florida Final Paycheck Policy

Employers are required to provide the employee with their final paycheck in accordance with the timeline of when they would receive it had they remained employed.

7. Florida Workplace Privacy Policy

As a result of our work, the home has several recording devices to ensure the safety of our residents and therefore, business communications and business activities may be monitored by the company. Every employee, or volunteer, will have to go through background checks and fingerprints, and training before start date.

8. Florida Military Leave Policy

Staff are entitled to military leave protections who are deployed for service.

9. Florida Emergency Response Leave Policy

Employees who need leave for Civil Air Patrol duties are required to submit a formal request to their supervisor.

10. Florida Record-Keeping Policy

We will maintain payroll and employment records for at least five years to align with the Florida statute of limitations for wage claims.

11. Employment-at-will statement

Employment at will means that either the employer or the employee can terminate the employment relationship at any time, for any reason or no reason at all, with or without notice.

This means that an employer can terminate an employee's employment for any reason that is not prohibited by law, such as discrimination based on protected characteristics like race, gender, or religion. Similarly, an employee can leave their job for any reason or no reason at all, by providing a two weeks' notice to the employer.

AUTHORIZATION TO DISCLOSE

CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

P.O. Box 940392 Maitland FL 32794- (407) 963-4575- Newbeginningmins.org
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Person/Facility:

_____ Phone #:

_____

Address:

_____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility:

_____ Phone #:

_____

METHOD OF DISCLOSURE:

_____ Pick up at Clinic/Facility

_____ Address:

_____

_____ Fax #: _____

_____ Email Address: (please note that emailing may not be a secured method of communication)

_____

_____

INFORMATION TO BE DISCLOSED: (Initial Selection)

_____ General Medical Record(s), including STD and TB _____ Progress Notes _____ History and Physical Results

_____ Immunizations _____ Family Planning _____ Prenatal Records _____ Consultations

_____ Diagnostic Test Reports (Specify Type of test(s)

_____

_____ Other: (specify)

_____

_____

I specifically authorize release of information relating to: (initial selection)

_____HIV test results for non-treatment purposes _____Substance Abuse Service Provider Client Records

_____Psychiatric, Psychological or Psychotherapeutic notes _____Early Intervention _____WIC

PURPOSE OF DISCLOSURE:

_____ Continuity of Care _____ Personal Use _____ Other (specify)_____

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration

date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLOSURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not

be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign

this form.

REVOCATION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do

so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information

that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid

and Medicare.

_____

_____

Client/Legal Representative Signature Date

_____

_____

Printed Name Legal Representative's Relationship to Client

DH3203-SSG-09/2017

_____

_____

Witness (optional) Date

If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to

the request this information (for example, power of attorney, healthcare surrogate form, order, appointment of a guardianship, order appointing

personal representative, letters of administration).

Client Name: _____

ID#: _____DOB: _____

Original: To File Copy: To Client Copy: To Accompany Disclosure

NOTICE:
Please Note: Service Of Any Papers Is Never Accepted Via Facsimile Transmission, Electronic Mail, Or Other Digital or Electronic Delivery Method Unless Expressly Agreed, In Writing, Before Such Service. Any such service shall be

immediately rejected and shall be deemed immediately rejected, notwithstanding any acknowledgment of its receipt or of its delivery, without requiring any further warning or other affirmative notice that such communication has been rejected.

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We are required by IRS Circular 230 to inform you, that any statements contained herein are not intended or written to be used, and cannot be used, by you or any other taxpayer, to avoid any penalties that may be imposed by Federal Tax Law.

Welcome To New Beginning Transitional House.

We are so glad that you decided to let us be part of your healing process. Here at NBMTH, we are committed to doing what we can to help you heal.

Our commitment to you and your child is to provide a safe and secure place to live, a clean bed, three meals a day, therapy, counseling, and spiritual welfare.

We also provide clothes when available.

We provide:

- Living Life Clean and Sober (individuals and groups counseling)
- Trauma-informed care counseling
- Music Therapy
- Weekly Devotion/Bible study
- Community Missions
- Completing a General Educational Development (GED)/Training class online
- Application to vocational school and/or community college and how to succeed in higher education/Online school.
- Parenting classes
- Nutrition Classes (including cooking instruction) and Exercise
- Financial Instruction and budgeting
- Children's activity program
- Suicide/bullying prevention classes.
- Job training and job placement
- Breakfast, Lunch and Dinner (Unti EBT benefits are approve)
- Smoking Free Home
- Prayer Garden.
- House staff around the clock.
- Referral to other agencies, based on care needs.
- Drug testing.
- Self Defense.