

ONE TOUCH MINISTRY
1717 Dallas Drive, Baton Rouge, LA. 70806
225-359-9911 Office | 225-359-9982 Fax
otm1111@yahoo.com email



_____, 201__

Dear _____,

Attached with this letter you will find a complete application packet to become a potential family member of the One Touch Ministry Re-entry Program. Please complete and include all required information. Everything requested is necessary for efficient processing of your application.

Completing the application is **NOT a guarantee** that you will be accepted into the OTM Re-Entry Program.

One Touch Ministry encourages you to do the right things in life and put God first in everything you do. We will keep you in our thoughts and prayers.

Sincerely,

Verna Bradley-Jackson

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How to Apply

Step 1

The One Touch Ministry Re-entry program requires prospective candidates to write an autobiography . Your life story should be composed of events and life changing experiences that contributed to you becoming the person you are today.

The Program Director(s) of One Touch Ministry should be able to read your autobiography, get insight into the understanding of the character of the candidate, and be able to recognize that the individual described in the *self-assessing* autobiography is in fact the same person encountered during any possible face-to-face interview.

Step 2

Fill out the attached application. Once **fully** completed, the application and autobiography must be returned to the office of the One Touch Ministry Re-entry program for consideration and processing. Make sure to read and sign the Rule and Agreement Contract (page 10).

Step 3

The screening process:

The self-assessing autobiography is an essential element in the screening process and information therein will be held and handled with the strictest of confidence. ***Submission of the autobiography and application DOES NOT GUARANTEE admission into the program.***

Upon receiving your application and autobiography, the candidate will be notified that their application has been received by the Program Director(s) of OTM. No further inquiry into the screening and acceptance process is required.

Typically, the screening process takes 60 to 90 days (depending on the volume of applications submitted during a *particular* period)

When a decision has been made, the Program Director(s) will inform you with a letter of acceptance or denial.

If the decision of the Program Director(s) prove to be unfavorable for participation with this re-entry program, an attempt will be made to provide possible alternative recommendations where the candidate may be able to secure an official residence plan.

If you have any questions or concerns, please do not hesitate to contact Mrs. Verna Bradley-Jackson at 225-359-9911.

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Candidate's Personal Information

Last First Middle

Social Security Number Date of Birth

Last Permanent Home Address:

City State Zip Code

Home Phone Number _____ Cellular Phone Number _____

Do you have a valid Louisiana State ID or Driver's License ID? ☐ Yes ☐ No

If yes, please provide the identification number(s):

State Identification Driver's License

Do you have a disability? ☐ Yes ☐ No

If, yes, please briefly describe the nature of the disability: _____

What is your ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hawaiian Native or other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Not specified |

If your last home address was with a parent/parents, immediate family member, or relative and that address is different from your last permanent home address, please provide the following:

Last First Middle

Last Home Address:

City State Zip Code

Home Phone Number _____ Cellular Phone Number _____

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Medical History

Do you have any medical conditions the Program Director(s) should to be aware of?

☐ Yes ☐ No

If yes, please explain the nature of the condition. _____

Are you currently taking any medication? ☐ Yes ☐ No

If yes, what medications are you currently taking? _____

Are you allergic to any medications? ☐ Yes ☐ No

If yes, list all medications. _____

Do you have any behavioral problems? ☐ Yes ☐ No

If yes, what are they and how are they managed? _____

Who shall the Program Director(s) of One Touch Ministry contact in case of an emergency?

Name _____ Relation to you _____

() - () - () -

Home Phone Number

Cellular Phone Number

Work Phone Number

Substance Abuse History

Have you ever used drugs and/or alcohol? ☐ Yes ☐ No

If yes, when was the last time you used? _____

If yes, what was your drug(s) of choice? _____

Have you ever sought treatment for drug and/or alcohol abuse? ☐ Yes ☐ No

How long was the program? _____ How long did you attend? _____

Did the program work for you? ☐ Yes ☐ No

What was your reason for leaving? _____

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Education History

What is the highest level of education you completed? _____

Do you have a high school diploma or GED (HiSet)? ☐ Yes ☐ No

Have you completed any Vocational/Technical School Programs ☐ Yes ☐ No

If yes, what skills have you been certified or received a diploma for? _____

Have you ever been placed in Special Education classes? ☐ Yes ☐ No

If yes, briefly explain: _____

Employment History

Other than the Department of Corrections, jail, or the detention facility you may or may not be confined within, are you currently employed? ☐ Yes ☐ No

If yes, by whom and for how long? _____

Name of previous employer _____

Position held _____

Salary/Wage _____

Reason for leaving _____

If you are currently incarcerated, what is your current work assignment or job title? _____

Skills/Experience

Please check ALL that apply as it relates to your skills/experience:

☐ Computer ☐ Filing ☐ Admin assistant

☐ General labor ☐ Welding ☐ Landscaping

☐ Other (trades, skills, or talents): _____

Are there any certifications and/or experiences that might be of assistance to One Touch Ministry? ☐ Yes ☐ No

If yes, list them: _____

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Criminal Information

Are you presently incarcerated? ☐ Yes ☐ No

If yes, answer the following:

For what offense are you incarcerated?

From what Parish is your conviction?

At what facility are you presently incarcerated? _____

How much time have you served at your present facility? _____

On what date are you scheduled to be released? _____

Prior to this instance, do you have any other convictions? ☐ Yes ☐ No

If yes, list ALL convictions and what offenses within ten years prior to the present conviction.

Were you incarcerated for any of these offenses? ☐ Yes ☐ No

What is the total amount of time you have spent incarcerated during the course of your LIFE?

Have you ever been convicted of a felony? ☐ Yes ☐ No

Do you have DOC number? ☐ Yes ☐ No

If yes, what is the number? _____

Are you currently under supervision, expect to be released under supervision, or were previously under any type of supervision with the Office of Probation and Parole?

☐ Yes ☐ No

If yes, write the name, address, phone number and parish of jurisdiction of your agent.

What type of supervision, for how long, and did you successfully complete that supervision period? _____

If you failed to successfully complete any previous period of supervision, please, briefly explain why: _____

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Family History

Marital Status: Married ☐

Divorced ☐

Single ☐

If your spouse's address is different from your last permanent home address, please provide the following:

Last First Middle

Spouse's Home Address:

City State Zip Code

Home Phone Number _____ Cellular Phone Number _____

Do you have any children? ☐ Yes ☐ No

If yes, do you pay child support? ☐ Yes ☐ No

List Children

Name	DOB	Father's/Mother's Name	Phone Number	Visitation Rights

Previous Housing

List all previous addresses where you have resided including shelters:

Name the organization or Person overseeing the house: _____

Contact number: _____

Address: _____

City State Zip Code

Name the organization or Person overseeing the house: _____

Contact number: _____

Address: _____

City State Zip Code

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Veteran Information

Have you ever served in any branch of the United States Military? ☐ Yes ☐ No

If yes, please indicate the branch in which you served. _____

What type of discharge did you receive? _____

Are you currently receiving military benefits or expect to receive benefits from any military related disability? ☐ Yes ☐ No

Do you currently possess your DD-214? ☐ Yes ☐ No

Questionnaire

Where are you in your life now? _____

Do you have a potential job? ☐ Yes ☐ No

If yes, please give the name and address of any potential employer(s):

Name: _____

Address: _____

What are your goals for this year? _____

Where do you see yourself in 3 months? _____

Where do you see yourself in 6 months? _____

What obstacles, if any, do you feel are in your way that may keep or are keeping you from achieving these goals? _____

Upon release do you expect to receive any family assistance? ☐ Yes ☐ No

If yes, please name the type of assistance you expect to be able to receive (i.e., financial, clothes, etc.): _____

With reference to the above question, what family member is your point of contact?

Name: _____

Telephone Number: _____

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If anything was to happen to you, who would you like to receive your belongings?

Last First Middle

Last Home Address:

City State Zip Code

Home Phone Number _____ Cellular Phone Number _____

If you choose to donate your items to One Touch Ministry, then please state so.

Other than housing assistance, what other needs do you have that require immediate help or assistance that One Touch Ministry may be able to provide? Be specific. _____

Do you have any questions for One Touch Ministry? _____

I certify that the above information is true and correct.

Candidate's Signature

Date



Rules & Agreement Contract 2017

RULES

1. Neither alcohol, nor drugs (in this context meaning Controlled Dangerous Substances), nor any non-prescribed pharmaceuticals other than over-the-counter medications (only in its natural, unsynthesized or unaltered states) shall be consumed or possessed at any time on the premises and/or residential grounds. This mandate also includes tenants who are not under supervision by Probation and Parole.
2. Tenants must not engage in any unlawful behavior or any activity that will cause harm to themselves, others or the OTM Program. This includes the refraining from the viewing of pornographic material of any kind.
3. Tenants must not engage in any physical confrontations, the use of "fighting words," "hate language," or any interpersonal activity that would provoke or incite the other to respond in a manner not consistent with what constitutes acceptable behavior.

Violations of any of rule 1 through 3 will result in immediate removal from the premises and the program.

4. Visitors are NOT permitted to enter the residences. This includes family members or "companions" of either sex. **The above means nobody can visit or stay overnight with you.** You must get approved to stay **overnight away from your room.** Fill out the *Request for Overnight Absence from the Facility* (you must have been in the program at least 90 days to request overnight stay).
5. The sign-out sheet must be filled out each and every time when leaving the grounds for any reason. If time and place is the same, such as going daily to work, a weekly sheet is acceptable, but all other times you must sign out. (Within the first 72 hours in the program, participants are not authorized to leave the grounds except for legal business or going to the OTM office.)
6. Tenants must obey a curfew from 10 p.m. until 6 a.m. unless at work or reporting to work. This means that you must be in your room nightly by 10 p.m. **You must show proof of working late/early** and submit a schedule in advance.
7. Tenants must keep the residence(s) and outside areas clean; trash must be emptied. All trash must be tied up in bags before placing into the dumpster.
8. NO PETS OF ANY KIND ARE ALLOWED. This means fish, birds, cats, dogs, rocks, etc. (As of 1/01/17).
9. The washer and dryer must be maintained by all tenants.
10. Tenants must keep the grounds and buildings clean and neat at all times. Everyone plays apart. **Tenants must volunteer 16 hours of service to One Touch Ministry Program monthly.**
11. Tenants must keep lights for the walkway on at night. The tenant is responsible for buying the bulbs.
12. Fee schedule \$125 processing fee and \$575 per month Program Fee is due on the 1st or the 3rd. Based upon your arrival date - you pay on that date. A 30-day notice is required for approval for extended stay. **RELEASE FROM YOUR 6-MONTH OBLIGATION WILL NOT BE SENT TO PROBATION & PAROLE UNLESS ALL DEBTS ARE PAID IN FULL.**

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13. Tenants must obtain and keep a job so that all program/rent fees are paid on time. Also, Probation & Parole supervision fees must be paid monthly. Proof of employment must be provided upon request of the Directors.
14. TENANTS MUST HAVE ALTERNATIVE HOUSING BY THE END OF SIX MONTHS. AT 90 DAYS TENANTS WILL BE REQUIRED TO SHOW PROOF OF WORKING TOWARDS THIS GOAL. Every tenant must save money to eventually have an apartment and a new life.
15. One Touch Ministry reserves the right to assign you a roommate at any time without notice. NO EXCEPTIONS.
16. Tenant under the *old fee schedule* must pay their share of the Entergy bill. This is divided equally by all roommates. If you happen have no roommate, you are responsible for the whole bill. If you leave before the end of the billing period, you are still responsible for paying your share -- pro-rated day-by-day. If your roommate leaves unexpectedly (jail), you are responsible for the whole bill. If the power gets cut off, tenant(s) will be responsible for any reconnect fees and additional deposits.
17. **THERE ARE NO REFUNDS ON ANY FEES PAID, REGARDLESS OF ANY CIRCUMSTANCES.**
18. If the tenant is not working, they must call or report to the office at 1717 Dallas Drive no later than 9 a.m. Monday through Friday.
19. Tenants must agree to attend either church services or bible study at least once per week at the church of their choice.
20. Tenants agree to be randomly tested for drugs and alcohol and rooms may be searched at any time by OTM, Probation & Parole, and/or the East Baton Rouge Sheriff's Office.
21. Computers are allowed, but no internet is permitted in tenant's rooms.
22. Grooming standards: Hair must be cut in a neat fashion, no braids are allowed, and mustache and beards must be kept trimmed and neat. NO PLAIN WHITE T-SHIRTS, NO BAGGY PANTS AND NO OVERSIZED SHIRTS OR T-SHIRTS.
23. **DO NOT LIE AND DO NOT STEAL.**
24. All tenants must attend every bimonthly Over Comers Meeting (see your calendar), and all other mandatory meetings. THREE STRIKES -- UNEXCUSED ABSENCES -- YOU ARE OUT OF THE PROGRAM. *Only work, Emergency Room, or Morgue are excused. You must notify the Director in advance, or it will count as a strike.*
25. In an emergency situation, if the tenant is not on the grounds, they must contact Ms. Verna (225-205-0057), Mr. Tommy (225-810-7335), or Ms. Dana (225-359-9911 (office)) immediately.
26. The above rules do not and cannot address all situations, when in doubt, contact Ms. Verna or Mr. Tommy.

CONTRACT

I, _____, on ____ / ____ / ____, agree to follow the above listed rules of One Touch Ministry. I am aware that if I break a rule or rules, the Program Directors retain the discretion to determine the status of my continued participation within the program.

Tenant

Witness