

Stephen's House Prison Aftercare Covenant Agreement

NAME: _____

This document is intended to provide general information regarding guidelines and expectations of Stephen's House Prison Aftercare (SH) and the housing portion known as *Stephen's House*, (415 Linn St, Yankton, SD 57078). Please read each numbered paragraph and initial only after having a clear understanding of its content. If you have any questions or concerns, please ask prior to signing. The purpose of this document is to provide clarification for every resident, as well as the staff and volunteers affiliated with *Stephen's House*.

1. **I understand that SH owes me nothing.** SH will walk beside me and give advice about decisions but will not do the work for me. SH will provide guidance with both my spiritual and physical needs. My choices will define my future. **I understand that it is NOT SH's responsibility to bail me out of situations that my choices put me in. There are consequences for my choices.** _____
2. I understand that making the transition into society will not be easy and will take some time. I agree to spending a minimum of **ten weeks** at *Stephen's House* to make this a reality. _____
3. I agree to remain chemical/alcohol free, I will participate in drug testing while I am a resident, I will permit my room to be searched for such contraband and further agree not to attend or visit any event or location where alcohol or illegal drugs are present. SH has a Zero tolerance policy on this issue and failure to comply will result in my PO being contacted and is grounds for termination. I understand that if drugs are found on my person or in my possessions I will be released from the SH program. _____
4. I agree to not use tobacco products (cigarettes, chew, etc.) and/or E-cigarettes inside the facility and not to have weapons or pets anywhere on the property. _____
E-cigarettes and smoking inside the Stephen's House will result in being discharged from the program.
Designated smoking area is in the rear of the building only!
No smoking is allowed in the front of the building.
5. I agree to diligently seek to obtain a job within 30 days of coming to Stephen's House. I understand that if my job search is unsuccessful during that time, SH staff will contact my PO to determine my status at SH. _____
6. I agree to enroll in employer's electronic deposit program OR submit my uncashed check to SH Coordinator for deposit in the SH resident account. I understand that if I violate these requirements, I will be released from SH.

7. I agree to provide SH with my work schedule – updating it as necessary and to provide my supervisor’s name and phone number in the event that SH needs to contact my employer. _____
8. I agree to pay rent in accordance with the lease agreement and understand that **rent must be paid in full prior to transitioning to another address**. I understand that I will need my P.O.’s permission before moving. I also understand if detained, violated, re-incarcerated or dismissed from the program I will still be responsible for all unpaid rent and rent already paid will not be refunded. _____
9. I agree to: to keep my sleeping quarters clean per SH staff standards, to do the daily and weekly chores assigned by SH staff, to keep the common areas clean and clutter free. I will assist with snow removal, lawn care and general maintenance of the facility without reimbursement. This is not an option. _____
10. I agree to maintain good grooming and personal hygiene habits. _____
11. Telephone Privileges: Stephen’s House provides a landline for residents. Calls – including long distance – can be made and received. Except in the case of emergencies, telephone calls are not to be made or received after 9:00 p.m. At any time, if a telephone conversation is deemed to be lewd, contain strong sexual overtones or be offensive to other residents or staff in the room, the conversation will be ended and telephone privileges may be suspended. _____
12. Girlfriends: I understand that while at Stephen’s House I need to focus on becoming grounded spiritually, emotionally and to securing a job and establishing a healthy lifestyle. For that reason, I agree I will not seek one-on-one friendships with any women or have non-relative women visitors while at Stephen’s House. If I have an established girlfriend at the time I enter the Stephen’s House program, I understand that she **may not visit** me while I reside at Stephen’s House and I may not visit her during that time. _____
13. I understand SH offers only limited transportation and **is not always available**. SH will assist in obtaining a bicycle. **I understand that I need to plan ahead**. _____
14. I understand that there will be many worldly attractions for me to spend my time and money. Getting a job will be a high priority. I agree to turn in **all** income – earned or gifted - to SH. SH will deposit this money in a Resident Account and my personal fund balance will be available upon request. All funds will need SH’s authorization and signature to be drawn out. I will work on a budget, with this budget a plan will be made to pay for my needs first, (rent, fines, restitution, P.O., programing obligations, food, clothing, etc.) Second I will formulate a plan to save for living independently. Thirdly when these obligations are met, money will be given

me for extras. I understand I need to distinguish my wants from my needs. If violated, detained, re-incarcerated or dismissed from SH, my personal account balance will be used first to cover any unpaid rent or expenses before balance is refunded or forwarded to a person/entity of my choice. When I have proven to SH that I have a healthy understanding of a budget and show that I am financially responsible I will be able take control on my own account. _____

15. I agree to the following hours (curfew):

- **7:00 am – 7:00 pm** ----- Not working and looking for employment.
- **6:00 am - 8:00 pm** ----- After verification of employment, and personal space is maintained per the house cleaning document.
- **6:00 am - 9:00 pm** ----- After a financial work sheet is completed and approved by SH staff and income starts to be deposited in the resident account.
- **6:00 am – 10:00 pm** -----After financial obligations are being fulfilled.
- Curfew can and will be adjusted to coincide with individual needs either for discipline or exceptional behavior.
- Sleep is important and a minimum of 8 hours/day must be spent at Stephen’s House for personal devotions, relaxation, and rest.
- Hours are subject to PO’s approval.
- Time off of Stephen’s House property can and will be adjusted on a personal basis to coincide with various work schedules and must be approved by SH staff.
- Weekend passes will only be granted when employed. I understand no work equals no weekend pass. _____

16. I agree there will be no on-site visits by friends or family unless first approval has been granted by SH staff 24 hours in advance. Visits will be limited to common area. _____

17. I agree there will be absolutely no overnight guests at any time. _____

18. I agree that only individuals living at SH and SH staff will be allowed in my room. _____

19. I understand all employment, education, and out of town travel schedules will be communicated 24 hours in advance and are subject to SH and PO approval. _____

20. I agree that staying connected to the Body of Christ and becoming involved in a Christian community is extremely important. I will seek a church family where I will feel welcome and can get involved. I also agree to attend the SH weekly Bible study that is available to all residents. _____

21. I understand all mail from the US Post Office will be delivered to a single secure mail box and distributed to each resident by SH staff. _____
22. I understand that personal cell phones are permitted only when permission has been given by my P.O. A land line phone is available free of charge for local and long distance calls. _____
23. I understand that motor vehicle use and ownership will be allowed only with P.O. and SH's permission and only after a good financial plan is put into effect. I understand a copy of my driver's license and insurance must be on file before permission will be given to drive. _____
24. I understand that I am entitled to eat the food provided by SH. SH will advise in the process of obtaining food stamps, but every attempt must be made in securing a job. Food stamps are to be used temporarily and for food items only. SH will not let anyone go hungry and will make every attempt to help make good food choices. It is up to residents to work together on food preparation and food sharing. _____
25. I agree to use ear buds at appropriate times (for radios, stereos, video games, and televisions) Personal video games will be tolerated if connected to your personal **(SH approved)** device. SH provides 1 TV. _____
26. I agree to handle all conflicts: such as physical violence, threats, emotional abuse, stealing, or foul language with the Matthew 18:15-17 resolution plan and I understand that disruptive behavior that disturbs the harmony of the home could lead to being dismissed from the program. _____
27. I understand that any attempt to interfere with SH door security will result in immediate communication with P.O. and will lead to immediate dismissal from the program. _____
28. I understand that there is limited room in the house and personal property will be kept to a minimum. All personal property will need to be approved by SH staff and recorded on a personal inventory worksheet. I understand that I will likely share a room with another resident. _____
29. I agree SH will not be responsible for personal property that is lost, broken, or stolen. _____
30. I understand in the event of detainment, violation, re-incarceration or removal from the program, personal property will be collected and given to a prearranged entity. After one-week personal property not claimed will be considered a "donation" to the ministry. Once donated, SH has the right to use said items to cover any financial obligations. _____

31. I understand important paper work (birth certificates, SS cards, legal paper work. etc.) can be stored in my personal file in the SH office in a secured area. SH will not be responsible for such paper work if not in SH possession. _____
32. I agree to adhere by all guidelines and expectations of SH whether on parole or not on parole. _____
33. I agree that if dismissed from SH for ignoring and/or violating any portion of this covenant agreement, or detained, violated, or re-incarcerated, my person property and the balance of my funds in the resident account belonging to me will be held and used for unpaid rent, food, and other expenses acquired while living at SH before my bank balance is refunded. _____
34. I understand that this “Covenant Agreement” is a fluid document and is not all inclusive, but is specific in spirit, as well as guiding points to the basic expectation of SH. I understand that this document can be revised any time a situation warrants it. I agree to thoroughly review the copy of this agreement provided to me prior to my release. I also understand that violations of this “Covenant Agreement”, or other conflicting behavior may be cause for discharge from SH, and further understand that I have the right to appeal a discharge with a written appeal postmarked within 72 hours of the notice of discharge to the governing board of Stephen’s House Prison Aftercare, 415 Linn St, Yankton SD 57078. _____
35. Most importantly I understand that my residence at Stephen’s House is a blessing provided our Lord and Savior Jesus Christ. This house has been made possible by God (Jesus) Himself. It is by God’s grace that the staff, board, and supporters of SH has been able to make this program available. This building is not just an ordinary structure but it has been dedicated to be used by men that have accepted Jesus as their Lord and Savior and realize that it is only by His power and might that all people can make good choices and be successful.

SH is striving to provide a Christian environment consistent with Biblical principles. SH is here to assist you with your recovery and will encourage and help you to succeed. Please assist us by communication with the resident manager for all your needs.

I am on parole and agree to adhere to all the requirements of this agreement.

I am not on parole and agree to adhere to all the requirements of this agreement.

Signed _____

Witness _____

Printed name: _____ **Date:** _____

“For you were called to freedom, brothers. Only do not use your freedom as an opportunity for the flesh, but through love serve one another.” Galatians 5:13