

# GATE Outreach Ministries

A Reentry Program

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## General Information Letter

GATE Outreach Ministries is a **faith based** transitional house in Tucson, Arizona. We believe in the power of God to restore, transform, renew and open doors to all of our residents, serious about seeking God and stay out of prison. As you take your time to fill this application, do it asking the Lord to guide you, pay attention to detail and take the moment to fully understand as incomplete applications will not be processed.

Regardless of the avenue you use to get this application in your hands, due to our faith-based nature, every application must be signed by your unit chaplain, certifying your involvement and participation in religious services within the institution.

Our vision is for every individual to find their identity in Jesus Christ, to live a fruitful and productive life under the direction of the Holy Spirit. We offer a clean and sober family environment for men released from prison. We want to assist individuals who have a sincere desire to seek/serve God and to have their lives restored and transformed by the power of God.

We request that our residents attend church, bible studies and support groups. It is important to become involved in a positive social network. **Program fees are \$500.00 per month/\$50 late fee. A non-refundable \$100 deposit will be required with the submission of this application (this deposit could be paid via money disbursement or through family and friends in the community.**

**These \$100 funds will be applicable to your monthly program fees upon release, but not refundable should you change your mind about checking in to the house after released or decide to go elsewhere after you have received your acceptance letter.**

This is a home environment, not an institution. Residents cook for themselves, we provide bedding, once a week access to laundry facilities, peer support, mentoring, transportation to church on Sunday and chaplaincy services.

Enclosed with this letter you will find a copy of our resident application form, housing policies and lodging agreement.

**1) Complete form in its entirety, answer every question, insert N/A when a question does not pertain to you.**

Mail your questions to: **GATE Outreach Ministries P.O Box 27922, Tucson Az, 85726**  
Or call Will Nieves @ (520) 308-2457

Download applications at [www.gateoutreach.com](http://www.gateoutreach.com)

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## House Policies – Lodging Agreement

The undersigned understands and acknowledges that **our home is an alcohol and drug free** shared housing managed by GATE Outreach Ministries. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights of possession of space exclusively. **The undersigned agrees to pay program fees per month.**

**The undersigned lodger agrees to participate in and abide by the policies and rules.** The undersigned agrees to vacate the shared accommodations when the rules are violated. The following house policies are to be observed by all residents. These policies have been set forth to maintain a clean, safe and healthy living environment for those in transition. Our goal is to help each resident attain their goals of self-sufficiency by staying clean and sober and finding and maintaining employment.

This agreement entered this date \_\_\_\_\_ between GATE Outreach and \_\_\_\_\_ Include the following conditions:

### RESIDENT RIGHTS

**Violence Free Environment:** Maintaining a violence free environment is critical to establish a place of safety. For this reason, violating the rights of others to live in a violence free environment may be grounds to terminate some or all services. Intimidation or violence toward residents or staff is prohibited. Please respect your peers and housing staff. No weapons of any kind allowed on property.

**-Privacy:** Residents may not enter another person's room without permission. GATE Outreach will not discuss resident information, including billing agreements or program concerns with other residents.

**-Complaints and Grievances:** Residents may file a complaint or grievance in writing to the GATE Outreach Board of Directors. Complaints or grievances will not adversely impact resident services.

### RESIDENT RESPONSIBILITIES

**-Visitors:** Guest are permitted with prior approval, residents could be picked and dropped off from property. Anyone coming to property must sign visitors log.

**-Curfew: All residents will return to the house by 6:00pm EVERYDAY** until employment has been verified and/or program fees are up to date. Standard curfew is 9:00pm EVERYDAY. THOSE LATE FOR CURFEW WITHOUT A JUSTIFIABLE REASON WILL BE DISMISSED FROM THE HOUSE. (NO EXCEPTIONS)

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**-Noise:** Out of respect, play radios and televisions at low levels. Lights out at 10pm.

**-Smoking:** Only allowed on designated areas, No burning of candles or incense.

**-Sanitation:** Residents have the right to live in a clean and welcoming environment. Residents will keep premises always clean, upon discharge residents will leave the premises in as good a condition as when this agreement was entered. Each resident is requested to eat food in common areas and wash their own dishes immediately after eating, no food/eating in the rooms.

**-Chores:** Residents are responsible for cleaning of all community living areas such as; Kitchen, Bathroom, Living Room, Den, Patios, Backyard, Grounds and Laundry Room as well as keeping their beds made and rooms clean. All Residents are assigned weekly house chores.

## RESPECT FOR SELF

**-Sexual Activity:** No sexual activity in the house or on the grounds at any time.

**-Drug & Alcohol Use:** Occupancy is made available on the strict understanding that the house is to be ALWAYS drug and alcohol free. Alcohol and/or illegal drugs are not allowed on property premises, this include marihuana. GATE Outreach has a ZERO TOLERANCE DRUG POLICY.

**-Medication:** Our staff does not dispense medication; our policy prohibits abusing mind-altering medications. The Director, in conjunction with advice from medical professionals will determine the necessity for prescribed medications. If we feel that a prescribed medication for a resident is detrimental to other residents, we will ask that resident to go without or resident will have the option to move out with full explanation to any supervisory agencies. No sharing of any resident's prescribed medications. PROOF OF ALL PRESCRIPTIONS ARE REQUIRED AND VERIFIED.

**-Dress Code:** All residents must be properly attired in the common areas. No attire should have alcohol or drug references, No gang attire.

**-Pornography:** No pornography is allowed in the house

## RESPECT FOR PROPERTY

Residents are not allowed to make any alterations to property. To operate/park a motor vehicle onsite, resident must show a driver's license, registration and proof of insurance are required and copies need to be filed at the office. Non-running vehicles are not allowed on property. They will be towed at resident's expense.

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## Financial Accountability

**-Parole/Probation Requirements:** If you are on parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.

**-Program Fees:** Residents will be required to pay program fees at the rate of \$500 per month, Fees are due on the 1<sup>st</sup> of each month and there is a \$50 late fee if not paid on time. **Program Fees are not refundable.**

**-Payment Plans:** Payment plans will be written for residents that are in arrears of \$200.00 or more. They will be written by the case manager and the resident together. Once resident agrees to the Payment Plan the document will be signed and enforced. Residents in arrears curfew is 6pm.

## Basic Resident Information

**-Activity/Work Plan:** We require all residents to participate in an assigned case plan, which could involve day programs, employment, or volunteer work. All residents that are required to work will be dressed and out of the house by 8:00am and cannot return until 4:00pm, during the week.

**-Community Service:** Residents can participate in community service at each property. House manager will supervise and sign off on all work.

**-Sleeping:** All residents must be awake, dressed and areas cleaned by 8:00am on weekdays. Residents are required to sleep in their bed, not in the living room. Day sleeping is not allowed unless specifically approved.

**-House Activities:** **All residents are required to participate in all house activities including monthly house meetings, Church going 3x Week, bible studies, group sessions and daily housekeeping duties.**

**-House Liability:** **GATE Outreach Ministries is not liable for any personal property during or after the resident's discharge from the house. Please limit what you bring. We will dispose of all personal property 30 days from discharge date. A written notice must be submitted to the director upon departure for anyone else to pick up personal property.**

**Please print the following statement below:**

**"I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT" (Not your signature)**

X \_\_\_\_\_

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Name: \_\_\_\_\_ DOC# \_\_\_\_\_ DOB: \_\_\_\_\_

Unit: \_\_\_\_\_ Date of Release: \_\_\_\_\_ C.O III: \_\_\_\_\_ Ext #: \_\_\_\_\_

Circle One: Single Married Divorced Separated Widowed Highest Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have children? YES NO Do you pay child support? YES NO If yes, How Much? \_\_\_\_\_

Are you under a physician's care? YES NO If yes, Why?

\_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List all medications prescribed: \_\_\_\_\_

List all current/chronic physical/medical issues: \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with a mental illness? YES NO

Explain: \_\_\_\_\_

Are you getting released under parole supervision? P.O Name: \_\_\_\_\_

Yes No

Have you ever been convicted of a sex offense? YES NO Of Arson? YES NO

Have you enrolled in any services while incarcerated that will continue after you are released?

YES NO

Explain: \_\_\_\_\_

Are you able to work? YES NO

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Did you read the lodging agreement? YES NO

Are you clear what is expected from you at GATE Outreach? YES NO

Who can we call to verify this application? \_\_\_\_\_

How did you hear about GATE Outreach Ministries? \_\_\_\_\_

How are you going to pay your \$100 holding fee deposit? \_\_\_\_\_

How are you currently involved with the church body?

**Signing of this application, grants GATE Outreach Ministries the right to request/release information from third party service providers to include but not limited to governmental organizations, medical records and/or behavioral health records for coordination of services.**

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## Do Not Write Under Line - For Official Use Only

Chaplain Name: \_\_\_\_\_ Chaplain Phone/Ext.: \_\_\_\_\_

C.O III/Chaplain Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chaplain Signature/Date

\_\_\_\_\_

For address verification feel free to contact Will Nieves

By phone at: (520) 308-2457

By email at: [thegate520@gmail.com](mailto:thegate520@gmail.com)

Applications and info found at [www.gateoutreach.com](http://www.gateoutreach.com)

Revised 4/19/2024