

# Dottie's House

Dear Friends,

Dottie's House, a two year transitional housing program, currently has openings for women survivors of domestic violence and their children.

A candidate's acceptance into the program is based on a number of factors including, but not limited to, their ability to complete the program, their need for safe housing and their desire to be self-sufficient. While each candidate is looked at on an individual basis, they must meet the enclosed outlined selection criteria.

The decision for acceptance into Dottie's House is a collaborative effort. Once a referral is made to Dottie's House, an initial interview with the Director and staff will take place. A second interview may follow where the Review Board will determine acceptance. The referral source's assessment of the client's ability to succeed in the program is an important part of the decision making process.

Enclosed please find our program description, selection criteria and referral forms.

For further information, please feel free to contact us at 732-262-2009.

Sincerely,  
The Staff of Dottie's House



**DOTTIES HOUSE  
TRANSITIONAL HOUSING PROGRAM  
SELECTION CRITERIA**

Candidates must meet the following criteria:

- Be homeless
- If victim of domestic violence, must have left her abuser or is unable to leave the abuse without the support of the THP
- Be eighteen years or older.
- Demonstrate a desire to be self-sufficient (independent from abuser).
- Be alcohol and drug free.
- Willing to conform to the rules and regulations outlined in the Program Manual.
- Willing to sign all necessary documents.
- Able to participate in all capacities during residency.
- Able to complete educational training and/or work full-time.
- Considered low-income, on TANF and/or be unable to provide adequate housing and support for herself and her child/ren.
- Comply with a background check.



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The decision for acceptance into Dottie's House is a collaborative effort. Once a referral is made to Dottie's House, the application is reviewed to make a preliminary determination as to eligibility of the applicant if the selection criteria are met. If it is met, an initial interview with the Director and staff will take place. A second interview may follow where the Review Board will determine acceptance. The referral source's assessment of the client's ability to succeed in the program is an important part of the decision making process.

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Sincerely,  
The Staff of Dottie's House

**732-262-2009 (Telephone) ~ 732-262-2058 (Fax)**



## **SELECTION CRITERIA FOR THE TRANSITIONAL HOUSING PROGRAM**

Candidates must meet the following criteria:

- Be homeless.
- The survivor of domestic violence must have left her abuser or is unable to leave the abuse without the support of the Transitional Housing Program.
- Be eighteen years or older.
- Have primary residential custody of any children who would be living at Dottie's House.
- Demonstrate a desire to be self-sufficient (independent from abuser).
- Be alcohol and drug free for a minimum of one year.
- Willing to conform to the rules and regulations outlined in the Program Manual.
- Willing to sign all necessary documents.
- Able to participate in all capacities during residency.
- Agree to refrain from romantic relationships of any kind during residency.
- Able to complete educational training and/or work full-time.
- Considered low-income, on TANF and/or be unable to provide adequate housing and support for herself and her children.
- Comply with a background check.
- Have own transportation or can arrange for transportation if needed.

**We will begin the interview process with applicants who meet the criteria for the program in accordance with our policy manual.**



**Dottie's House**  
**732-262-2009**  
**732- 262-2058 (Fax)**

**Pre-screening Questionnaire for Referrals**  
**\*\*To be completed by referring agency\*\***

Name of Client: \_\_\_\_\_  
\_\_\_\_\_

How long has the client been affiliated with your agency? \_\_\_\_\_  
\_\_\_\_\_

How long has the client been in counseling? \_\_\_\_\_  
\_\_\_\_\_

Is there any substance abuse history? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes please explain:

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

Homelessness history:

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

Has the person applied for Section 8, Social Services, TANF, Child support or other programs? If yes, please list.

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

What do you feel are her chances of succeeding in a 2-year transitional housing program? (Based on a desire for self-sufficiency, commitment to being independent from abuser, ability to complete work/training program, etc.). Circle one:

Not at all confident 1 2 3 4 5 Confident

**\*\*\* Please provide a detailed letter recommending the client for admission into Dottie's House and its affiliated program services. Indicate her readiness to participate in the Dottie's House program.**



**This letter should be on agency letterhead and signed by the referring counselor. \*\*\*\***

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\_\_\_\_\_  
Counselor/Social Worker Signature & Title

Date



**Dottie's House Referral Information Sheet**  
**\*\*To be completed by referring agency\*\***

Previous contact with this and /or referring agency? No\_\_\_\_ Yes\_\_\_\_

Advocate's name & title: \_\_\_\_\_ Agency: \_\_\_\_\_  
\_\_\_\_\_

Advocate's phone number: \_\_\_\_\_ Advocate's email  
address: \_\_\_\_\_

Is it safe to call survivor at home? No\_\_\_\_ Yes\_\_\_\_ Leave messages? No\_\_\_\_  
Yes\_\_\_\_

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**Survivor Information**

Age: \_\_\_\_\_ Marital Status: M \_\_\_ S \_\_\_ SEP \_\_\_ D \_\_\_ W \_\_\_ Years: \_\_\_\_\_

Children:           Age \_\_\_\_\_ Sex \_\_\_\_\_  
                          Age \_\_\_\_\_ Sex \_\_\_\_\_  
                          Age \_\_\_\_\_ Sex \_\_\_\_\_  
                          Age \_\_\_\_\_ Sex \_\_\_\_\_

Level of education: GED \_\_\_\_\_ HS \_\_\_\_\_ College \_\_\_\_\_ Other  
\_\_\_\_\_

Currently Employed: No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_  
\_\_\_\_\_

Current income: None\_\_\_ TANF\_\_\_ Work\_\_\_ Unemployment\_\_\_ Monthly income:  
\$ \_\_\_\_\_

Does client have a current RO? No \_\_\_ Yes \_\_\_ Past RO's? No \_\_\_ Yes \_\_\_ Dates:  
\_\_\_\_\_

Description of current situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## DOTTIE'S HOUSE

### CLIENT HISTORY/SELF REPORT

Who referred you to Dottie's House? \_\_\_\_\_

Today's date: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

\_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Zip

**Safe** email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is it safe to call you at home? \_\_\_\_\_ Work? \_\_\_\_\_ At which number(s) can we leave a voicemail? \_\_\_\_\_

If none of the above, how can we contact you? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your ethnicity (please circle):

- |                           |                         |
|---------------------------|-------------------------|
| A. American Indian/Alaska | E. White (non-Hispanic) |
| B. Asian Pacific          | F. Bi-Racial            |
| C. Black (non-Hispanic)   | G. Other                |
| D. Hispanic               |                         |

Last grade completed: \_\_\_\_\_ Other training or college: \_\_\_\_\_





Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Income per month (include TANF, unemployment, consistent child support, and other social services): \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

Medicaid Number (if applicable): \_\_\_\_\_

Other Insurance Information: \_\_\_\_\_

Do you have your own transportation?  
\_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of years together: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ Number of husbands: \_\_\_\_\_

Husband or partner's name: \_\_\_\_\_

Their employer: \_\_\_\_\_ Income per month: \$ \_\_\_\_\_



Description of Abuser:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Car make and model: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Race: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Any distinguishing features such as tattoos, beard, mustache, scars, please describe:

\_\_\_\_\_

History of mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

History of Substance Abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Does he have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Is he the father of your children? Yes \_\_\_\_\_ No \_\_\_\_\_

Is he the only person you have been seeing? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any legal involvement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or your family members ever been in counseling/therapy?

\_\_\_\_\_

\_\_\_\_\_

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Have you or your family members ever been hospitalized for psychiatric reasons? If yes, please explain.

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Have you ever been sexually assaulted or molested? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_ By whom? \_\_\_\_\_

Have you ever addressed this with a counselor? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Note the type(s) of abuse: Physical \_\_\_\_\_

Emotional \_\_\_\_\_

Sexual \_\_\_\_\_

How often? \_\_\_\_\_ Were drugs or alcohol involved? \_\_\_\_\_

Have your children ever been abused? Yes \_\_\_\_\_ No \_\_\_\_\_

Physically \_\_\_\_\_ Emotionally \_\_\_\_\_ Sexually \_\_\_\_\_

How often? \_\_\_\_\_ Were drugs or alcohol involved? \_\_\_\_\_

Has your abuser ever threatened to kidnap the children? \_\_\_\_\_

Has your abuser ever threatened to kill you? \_\_\_\_\_

Has your abuser ever stalked you? \_\_\_\_\_

Does your abuser own weapons? \_\_\_\_\_

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_



Has your partner ever abused them? \_\_\_\_\_ How? \_\_\_\_\_

Have the police ever been called? \_\_\_\_\_

Have you ever had a restraining order? Yes \_\_\_\_\_ No \_\_\_\_\_ Current? \_\_\_\_\_

Have charges ever been pressed? Yes \_\_\_\_\_ No \_\_\_\_\_ Against whom? \_\_\_\_\_

Is your abuser currently threatening you?  
\_\_\_\_\_

Were your parents married? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Was there abuse in their home? \_\_\_\_\_  
\_\_\_\_\_

Please list your brothers and sisters:

Age	Sex	Marital Status	Describe your relationship with them	Substance Abuse?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever had any serious injury or illness? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any other medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications you are currently taking:

\_\_\_\_\_

What are they prescribed for? \_\_\_\_\_ By whom? \_\_\_\_\_

Do you or have you used alcohol while taking this or any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever seen a new doctor because an old doctor would not refill a prescription?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use alcohol at all? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_  
\_\_\_\_\_

What kind of alcohol do you like to drink? \_\_\_\_\_  
\_\_\_\_\_

Do you ever drink to get drunk? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_  
\_\_\_\_\_

Do you ever drink alone? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_  
\_\_\_\_\_

Do you ever have trouble remembering things when you drink? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

Do you think drugs or alcohol are a problem for you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware of any other addictions (food, gambling, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

Are you currently in a recovery program? Yes \_\_\_\_\_ No \_\_\_\_\_ Which one? \_\_\_\_\_  
\_\_\_\_\_

**Please circle all areas of concern to you:**

- |                            |                             |                          |                  |
|----------------------------|-----------------------------|--------------------------|------------------|
| Physical Abuse             | Emotional Abuse             | Sexual Abuse             | Sexuality        |
| Sexual Assault             | Incest                      | Self-Esteem              | Relationships    |
| Separation/Divorce         | Parenting                   | Behavior of Children     |                  |
| Physical Abuse of Children | Emotional Abuse of Children | Sexual Abuse of Children |                  |
| Finances                   | Legal issues                | Gambling                 | Anxiety          |
| Depression                 | Self-Abuse                  | Anger Management         | Suicidal Thought |
| Homicidal Thought          | Fear of Mental Instability  | Pregnancy                | Abortion         |



**CHILDREN'S HISTORY**  
**Complete a Separate Form for Each Child**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are your children in someone else's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom are they staying? \_\_\_\_\_

Who has custody? \_\_\_\_\_

Biological father's name: \_\_\_\_\_

Is he living? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

If deceased, cause of death: \_\_\_\_\_

Does father have contact with children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often? \_\_\_\_\_

Does he have visitation rights? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

Does he provide child support? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Child's physician's name & address:

\_\_\_\_\_

\_\_\_\_\_

Is child taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

For what reason: \_\_\_\_\_

Does child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what: \_\_\_\_\_

Has child received all childhood immunizations?

DTP \_\_\_\_\_ MMR \_\_\_\_\_ TB \_\_\_\_\_ Other \_\_\_\_\_ Booster \_\_\_\_\_ HepB \_\_\_\_\_

Has child ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what and when?

\_\_\_\_\_

\_\_\_\_\_

Has child ever had any surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what and when?

\_\_\_\_\_

\_\_\_\_\_

Has child ever had any broken bones? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which ones & when?

\_\_\_\_\_

\_\_\_\_\_

Was this caused by domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_ By whom? \_\_\_\_\_

\_\_\_\_\_

Is your child in day care? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your child in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

\_\_\_\_\_

How is child's performance in school/daycare? \_\_\_\_\_

\_\_\_\_\_

Have you noticed any changes in the child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your child ever abused physically or emotionally? Yes \_\_\_\_\_ No \_\_\_\_\_

By whom: \_\_\_\_\_

\_\_\_\_\_

Do you have or have you ever had an open DYFS case? Yes \_\_\_\_\_ No \_\_\_\_\_

Case # \_\_\_\_\_ Worker: \_\_\_\_\_

\_\_\_\_\_

Has child ever witnessed DV in your home? Yes \_\_\_\_\_ No \_\_\_\_\_ Reaction: \_\_\_\_\_

\_\_\_\_\_

Has your child ever expressed concern or asked questions? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY DATA:**

Parent's Names:	D.O.B./Still Living?	Residence:

Are they your biological parents?  
 Have either of your parents experienced any significant medical problems, drug/alcohol abuse, or mental illness?

Describe each of your parents:  
 Mother:

Father:

Describe their relationship:



Are there any other family members who are important to you (i.e. step or extended family)?

Has your family ever been involved with a social service agency?

Describe your current relationship with your siblings:

Problems of significance within your family of origin:

A. Substance Abuse:

B. Mental Illness/Psychiatric History:

C. Criminal History:

What was it like growing up in your household?

## EDUCATION

School Attended	Name of School	Years Attended	Type of Training/ Degree
High School			
Vocational Training			
College			

## HOUSING HISTORY

Begin with your most recent address.

a) Lived with:

Address:

Rent per month:

Move in Date:

Move out Date:

Reason for leaving:

b) Lived with:

Address:

Rent per month:

Move in Date:

Move out Date:

Reason for leaving:

c) Lived with:

Address:

Rent per month:

Move in Date:

Move out Date:

Reason for leaving:

d) Lived with:

Address:

Rent per month:

Move in Date:

Move out Date:

Reason for leaving:

## **MEDICAL HISTORY**

1. Physician's name and address:
2. When was the last time you saw your doctor?
3. Other than childbirth, have you ever been hospitalized, had major surgeries or have ongoing health problems?
4. Have you ever been in therapy for any reason? Please specify:
5. Have you ever been hospitalized for psychiatric reasons? Please specify:
6. Have you ever been in treatment for a drug or alcohol problem? Please specify:

## **LEGAL ISSUES**

1. Do you now or have you ever had any charges pressed against you? Please specify:
2. Have you ever been incarcerated? If so, please specify reason and length of time.
3. Have you ever or are you currently on probation or parole? Please explain and include, where applicable, the probation officer's name, agency and telephone number.
4. Please describe any conditions of your probation or parole (including fines, charges, expiration, and community service).
5. Are you currently involved in or expect to be involved in any court or legal matter? If yes, please explain, including any outstanding charges, warrants, or bonds.
6. What are your approximate debts?  
Bankruptcy:  
Credit Cards:  
Student Loans:  
Utilities:  
Lawsuits/Fines/Judgments:  
Other:

**EMPLOYMENT:**

Are you currently employed?

If yes, employer information:

What is your approximate annual income?

How many hours per week do you work?

Do you have benefits?

Employment history (begin with the most recent):

Employer:

Dates of Employment:

Job description:

Reason for leaving:

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Employer:

Dates of employment:

Job description:

Reason for leaving:

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Employer:

Dates of employment:

Job description:

Reason for leaving:



### Release of Information

I, \_\_\_\_\_, hereby grant Dottie's House representatives authorization to request and/or release of information relative to medical, social, psychological, addiction history, legal or other information or records to the following agencies for the purpose of planning and implementing services for myself and my children.

**Agencies:**

County Social Services  
NJ Address Confidentiality Program  
Family Court System  
(DYFS)  
Social Security Administrators  
Children's Home Society

Municipal Housing Authorities  
Legal Services of New Jersey  
Division of Youth and Family Services  
Preferred Behavioral Health  
Referring Agency

\_\_\_\_\_

**Other Agencies involved in treatment:**

\_\_\_\_\_

School(s)

\_\_\_\_\_

Doctor(s)

\_\_\_\_\_

Psychiatrist(s)

\_\_\_\_\_

Counselor/Therapist(s)

\_\_\_\_\_

Employer(s)

\_\_\_\_\_

Other(s)

\_\_\_\_\_

I understand I may revoke this consent at any time via written communication to Dottie's House, except to the extent that action has already been taken. This Release of Information is valid for 24 months from the date of signature or completion of Dottie's House services.

I have read or had this form explained to me, and fully understand the nature of this authorization.



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Client \_\_\_\_\_ Date \_\_\_\_\_

---

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



## Documentation Required for Second Interview Application for Dottie's House Transitional Housing Program

Dear Applicant:

In order to continue your process in applying to the Transitional Housing Program, we ask you to please provide the following:

1. Confirm with your referring agency/counselor/case-manager that the Pre-Screening Questionnaire for Referrals was faxed to Dottie's House.
2. Prepare a short essay/autobiography describing your life and address why you would like to participate in the Transitional Housing Program.

**In addition, please review and sign below if you understand and agree to provide all of the following IF you are accepted** into the Transitional Housing Program. Please circle any documents that DO NOT apply (such as unemployment). Finally, please note that the following documentation will be required **before your acceptance to the program can be finalized:**

- Social Security cards and birth certificates for self and children
- Proof of license, insurance, and registration
- Pictures of self, children and abuser
- Copies of all relevant legal documents, including police reports, restraining orders (TRO/FRO), Divorce Certificate, Custody Agreements, Social Services Application Status/Vouchers), outstanding bills, etc.)
- Proof of Income, including:
  - A copy of your most recent tax return
  - Copies of your last three paystubs
  - Copies of your last three unemployment checks (if applicable),
  - Copies of your last three TANF checks
  - Copies of your last three months of bank statements for checking, and, if applicable, savings
  - Copy of your child support payments received for the year from njsupport.com or applicable state system
  - Proof of monthly receipt of food stamps
- Health Screening from Physician for self and children
- Proof of medical insurance for self and children
- Verification that you have performed and passed the drug and alcohol screening

If you have any question regarding the above directions please feel free to call us at (732) 262-2009.

# Dottie's House

## Program & Facility Overview

### **Program Information**

- Participants enroll in a two-year program aimed at helping domestic violence survivors escape abuse and become independent--emotionally and financially
- Program services offered:
  - Opportunity to reside in a private apartment, within a secure building at a confidential location
  - Weekly case management with a trained social worker
  - Bi-weekly domestic violence group meetings
  - Weekly therapy sessions for women and children provided by a licensed therapist (play therapy for kids)
  - Monthly guest speakers offering information and workshops on topics such as budgeting, finance, debt counseling, health and nutrition, parenting, organization, career training, etc.
  - Assistance with referrals for social services, childcare, schooling, and legal issues
  - Community Partnership Program with Big Brothers and Big Sisters of Ocean County for children ages 5 and up
- As a participant of the program, families are often able to take advantage of charitable donations made possible by the community. Examples vary, but may include help with holiday shopping and/or holiday gifts, birthday presents, holiday meals, and sometimes free services such as yoga classes, life coach sessions, and beauty salon visits
- Upon Graduation from the program all household items and furniture from the apartment belong to the participant so that they can more easily begin a violence-free life outside of the facility

### **Facility Information**

- 17 Apartments, two-stories, fully furnished and carpeted
  - 10 two-bedroom apartments (\$500/mo. Program fee)
  - 6 three-bedroom apartments (\$600/mo. Program fee)
  - 1 one-bedroom apartment (\$400/mo. Program fee)
  - \$300 Security Deposit is required upon acceptance
  - Each apartment is equipped with an living room, eat-in kitchen, bathrooms, washer/dryer and one to three bedrooms
  - Facility is equipped with:
    - 24 Hour Security Monitoring/Alarmed Building
    - Three Private Counseling Rooms



- Computer Room for job search, career preparedness research and training, and school work (Accessible only when staff is present in order to monitor children's unsupervised access to internet\*)
- Art Therapy Room
- Community Room (features similar to a typical living room and kitchen with dining area often used to host children's groups, women's group counseling, crafts, workshops and various communal activities)
- Enclosed Playground
- Communal Courtyard with picnic tables and grills used to host activities in the spring and summer

### **Program Policies:**

- Participants must be female, 18 years of age, who have survived domestic violence
- Participants must have a clear desire to improve their lives and the lives of their children, and should stand to benefit significantly from the services offered in the Program
- Participants must be willing to sign the Program Manual and abide by the policies for the program duration (24 months).
- Mother must have primary residential custody of any child(ren) who will be residing at Dottie's House
- No drugs or alcohol allowed while participating in the program – NO exceptions. *Random screenings are performed without notice.*
- No pets allowed.
- Participants should not have contact with their abuser
- Participants must obtain full-time employment (not less than 30 hours per week unless enrolled in full-time school, in which case participant must work part-time) and provide proof of same (pay stubs) after 90 days of program enrollment
- Participants must not give the address of the facility to anyone outside of the program for any reason. This includes taxi services, FedEx, UPS, unapproved visitors such as friends or parents of children's friends, etc.
- Participants must adhere to strictly enforced curfews: 10pm weeknights, 12am weekends and most holidays
- Participants may have up to two female adult visitors (all visitor must submit to a criminal background screening). No adult male visitors are permitted on-site at any time.
- Participants are encouraged to not engage in romantic relationships during the program so that they may focus on healing and breaking the cycle of violence
- Individual apartment inspections are conducted once monthly
- The Program Manual and Agreement becomes a binding contract between the participant and Dottie's House. Violations of the Program Manual policies or

procedures will result in written warnings. Any participant who receives five warnings will be asked to leave the program and facility immediately upon receipt of the fifth warning.



**Dottie's House  
Referral Information Sheet**

Previous contact with this and /or referring agency? No \_\_\_ Yes \_\_\_

Victim's Name: \_\_\_\_\_

Caller's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency's phone number: \_\_\_\_\_ Victim's phone number: \_\_\_\_\_

Is it safe to call victim at home? No \_\_\_ Yes \_\_\_ Leave messages? No \_\_\_ Yes \_\_\_

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**Victim Information**

Age: \_\_\_\_\_ Marital Status: M \_\_\_ S \_\_\_ SEP \_\_\_ D \_\_\_ W \_\_\_ Years: \_\_\_\_\_

Number of Children    Age \_\_\_\_\_ Sex \_\_\_\_\_  
                                  Age \_\_\_\_\_ Sex \_\_\_\_\_  
                                  Age \_\_\_\_\_ Sex \_\_\_\_\_  
                                  Age \_\_\_\_\_ Sex \_\_\_\_\_

Level of Education: GED \_\_\_ HS \_\_\_ College \_\_\_ Other \_\_\_\_\_

Currently Employed: No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_

Current Income: None \_\_\_ TANF \_\_\_ Work \_\_\_ Amount: Week \_\_\_ Year \_\_\_\_\_

Does client have a RO? No \_\_\_ Yes \_\_\_ Past RO's? No \_\_\_ Yes \_\_\_ Dates: \_\_\_\_\_

Description of current situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview Scheduled: No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Release of Information

I, \_\_\_\_\_, hereby grant Dottie's House representatives authorization to request and/or release of information relative to medical, social, psychological, addiction history, legal or other information or records to the following agencies for the purpose of planning and implementing services for myself and my children.

**Agencies:**

County Social Services  
NJ Address Confidentiality Program  
Family Court System  
(DYFS)  
Social Security Administrators  
Children's Home Society

Municipal Housing Authorities  
Legal Services of New Jersey  
Division of Youth and Family Services  
  
Preferred Behavioral Health  
Referring Agency

\_\_\_\_\_

**Other Agencies involved in treatment:**

\_\_\_\_\_

School(s)

\_\_\_\_\_

Doctor(s)

\_\_\_\_\_

Psychiatrist(s)

\_\_\_\_\_

Counselor/Therapist(s)

\_\_\_\_\_

Employer(s)

\_\_\_\_\_

Other(s)

\_\_\_\_\_

I understand I may revoke this consent at any time via written communication to Dottie's House, except to the extent that action has already been taken. This Release of Information is valid for 24 months from the date of signature or completion of Dottie's House services.

I have read or had this form explained to me, and fully understand the nature of this authorization.



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Client \_\_\_\_\_ Date \_\_\_\_\_

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

U: Dottie's House/forms/Release of Information 5-04-09  
Revised: 5-04-09

**Authorization For Background Screening**

I hereby authorize Dottie's House/Homes Now, Inc. and its designee, ScreeningOne, Inc., 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504, (866) 273-3848, and its designated agents and representatives (individually and together ("ScreeningOne"), to conduct a comprehensive background check that includes any one or all of the following: Consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.

I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to ScreeningOne, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to ScreeningOne.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Dottie's House/Homes Now, Inc., ScreeningOne, and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Dottie's House/Homes Now, Inc. or ScreeningOne, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

Printed Name: \_\_\_\_\_ SSN or Business Tax Id: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: Name, date and signature are necessary. Responses to the additional above fields are completely voluntary. However, without this information we may be unable to distinguish you from another applicant, in the event we discover adverse information during our background investigation.

5/6/2010