



**CrossRoads  
Restoration**  
Restoring/Equipping/Training/Discipling

## **Crossroads House Application**

2121 SW Harrison St. Topeka KS

*1 Timothy 4:12 “Let no one despise your youth, but be an example to the believers in word, in conduct, in love, in spirit, in faith, in purity.”*

### **Our Mission:**

*Crossroads Restoration Inc.* is a nonprofit, Christ-centered, Biblically based organization, and a ministry of the Church. Our mission with the *Crossroads House* is to provide housing and support for adult ages. The support system we provide will include independent living with connections to local employers, housing (utilities included), transportation, spiritual mentorship, mentorship, education, and soft skill classes, to include money management. Along this journey, we hope to build relationships with the student and assist them on their journey to a sustainable, Christ-centered life.

### **House Information:**

*Crossroads House* is in Topeka, Kansas and houses men who need discipleship. We ask that all residents stay a minimum of 8 months and can stay up to 1 year. The house is a great launch pad for those adults wanting to learn independent living skills and budgeting, and that need help with their spirituality and obtain career employment.

All applicants accepted into the Crossroads House must be seeking employment, working to complete their GED, in trade school, in vocational school, and/or be employed to maintain living at the house. Your average weekly cost will be ***\$150 per week with a \$250.00 non-refundable deposit (Unless privately funded).***

Crossroads House is capable of providing these wonderful services to adults transitioning out of the foster care system, incarceration or due to the generosity of those Christian individuals and organizations who believe in the mission of the Crossroads Housing program.

- **Church-** As a faith-based organization, a Christ-Centered church service is provided once a week. Crossroads students will attend Crossroads church on Sundays at 6:00pm.
- **House Meetings-** There are house rules that students need to abide by during their stay at the Crossroads House. The weekly meeting is a time where all the house students and house staff can gather together and discuss systems or address house matters and standards. ***House rules can be located on page 6 of this packet.***
- **Washburn Tech GED/Job Training** program for educational purposes and career assistance provided through Crossroads Housing program
- **Mentor** – Each student will be assigned a mentor who will walk it out with the student while at the Crossroads House.



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## Application for Admission

(Please print and fill out all sections, if it does not apply, please write N/A)

### Personal Information:

Last Name/ First Name/ Middle Name: \_\_\_\_\_

Alias/Nick Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

### Children?

Names and ages: \_\_\_\_\_

Child Support Owed and To Whom: \_\_\_\_\_

How Much: \_\_\_\_\_

### Home Town Information:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ATTENTION:** If you are removed from the house for any reason, what address should your personal belongings be sent to?

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**Training History:**

Type of training

Write a short paragraph about your professional goals. What are your goals while here at the Crossroads House? What are your goals 6 months down the road? Attach separate sheet of paper if needed.

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**Purpose:**

**Why are you interested in being a part of the Crossroads House:** (Attach separate paper if needed)

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**What are your personal goals?** (Attach a separate paper if needed)

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**Church/Religion/Spirituality:**

Have you attended a Church or Bible study before? Yes ☐ / No ☐

If so, what was your experience like?

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From a scale of 1-5, where would you rank your current relationship with Christ? **1** being that you are still unsure if Jesus Christ is the savior. **5** being that you are an active believer and trying to live a Christ-Centered life. Please circle the corresponding number and then give a brief explanation:

**1**

**2**

**3**

**4**

**5**

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Out of the items list below, what area do you wish to grow in as you pursue your relationship with Christ? Please mark all the areas that apply:

Scripture  
Interpretation

☐

Small Group  
Bible Study

☐

Volunteering  
Service

☐

Worship / Music

☐

Prayer

☐

Men's Ministry

☐

Godly  
Mentorship

☐

Discipleship

☐

Not Sure At This  
Time

☐

Youth Ministries

☐



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**Medical Information:**

Are you currently under a doctor's care? Yes ☐ / No ☐

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

Please list your doctor's contact information (Name, Address, Phone #)

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Please list all medications, and medication dosage:

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*\*Anyone currently taking psychotropic medication must coordinate with their doctor to ensure medication follow ups are continued. If medication follow up services need to be transferred to a local physician or psychiatrist, please make sure that occurs prior to arrival. Or bring a 30-day supply of your medication so you will have time to coordinate the medical transfer after arrival.*

Do you have any allergies? Yes ☐ / No ☐

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Do you have any physical limitations that would inhibit your ability to perform manual labor? *For example: A history of herniated or slipped disc in the back, hip or knee injuries, and neck or shoulder injuries.*

Yes ☐ / No ☐

If so, please list: \_\_\_\_\_

*\*A doctor's note, on their office stationery, stating the specific physical limitation(s) is **REQUIRED** before admission to the program and should be submitted with this application.*

Please let us know of any medical or dental problems you may have before entering our home. Medical and dental emergencies will be attended to in the appropriate manner.



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## Emergency Contacts

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_

## **Personal References**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship \_\_\_\_\_



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**Note:** After completely filling out this application, mail it to 2121 SW Harrison St. Topeka, Kansas 66611 or scan it to [spencer@crossroadsrestoration.org](mailto:spencer@crossroadsrestoration.org). You are to call and make an appointment to speak with program directors and overseers for an interview at 785-285-2131. If you mail your application, please allow four to five days for your application to arrive before contacting us.

**IMPORTANT NOTICE:** All students must read, consent, and sign the Rules and Living Agreement Contract.

**I have read the above disclosure statement. I understand and agree to abide by these terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Reviewed by Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness/Guardian/Probation Officer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE ONLY:** Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Accepted \_\_\_\_/\_\_\_\_/\_\_\_\_

Date entered in program \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by \_\_\_\_\_



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## **RULES AND LIVING AGREEMENT**

Upon arrival into the *Crossroads House*, you will be greeted by the House Director. The House Director lives at the house. Their primary role is to mentor and be an advocate for you along your professional and spiritual journey as well as assist you with developing your independent living skills. They are also there to ensure accountability of those living in the house. There are multiple rooms available, with a max of 2 students per room.

### **House Chores**

Assigned house chores must be completed daily before 9:00 P.M. The current, weekly chore schedule is posted at the house, and it is the student's responsibility to read and follow the posted list before beginning their assigned tasks. Chores will be checked and signed off by the Chore Coordinator. Failure to complete your assigned chores will result in restrictions. INT \_\_\_\_\_

We ask that all house students clean up after themselves. Personal items are not to be left in the common areas. Dirty dishes should be washed and put away in the kitchen and not left in your rooms or common areas. You are responsible to maintain your bedroom, make bed daily, no dirty dishes or laundry, etc. Failure to comply will result in restrictions or extra duties for each item left in these areas. Room checks will be done by House Director on a daily basis by 7:00P.M. INT \_\_\_\_\_

### **Laundry**

Laundry day will be assigned. Laundry is not to be started before 6:00A.M. Clothes need to be out by 7 P.M. of your assigned day. There will be a fine for using the laundry when it is not your assigned day restrictions and or extra duties will be given. Keep filters in dryers cleaned out for the next person. INT. \_\_\_\_\_

### **House Meals**

House meals will be included Monday thru Friday. Sack lunch items will be made available for each student in the house who goes to work/school. The dinner meal you will also be responsible to sign up for if you will be out of the house and it will be served from 5:00P.M. To 7:00P.M. If you need a dinner meal saved back, please note this on the marker board in the kitchen. INT \_\_\_\_\_

### **House Meetings**

Mandatory house meetings will be attended every Sunday at 2:00P.M. Repeated tardiness and/or failure to attend mandatory meetings will result in a possible disciplinary contract, and may lead to other consequences. INT \_\_\_\_\_

### **Curfew**

Curfew is set for 10pm every evening. The weekend curfew is set for 11pm every weekend. INT \_\_\_\_\_





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## Daily Bible Study (Except Sundays)

A mandatory Bible Study is held daily (Monday through Saturday) at 8:00 A.M. and 6:00 P.M., in the house or at Crossroads Church. Attendance is required for all students not actively engaged in employment or school during these specific hours. Failure to attend will result in consequences. INT\_\_\_\_\_

## Personal Belongings

Cell phones, televisions, gaming systems, laptops are all welcome, however they are a privilege and those privileges can be taken from you if you violate the rules. *Crossroads House* will not be held liable for broken or stolen personal items. INT\_\_\_\_\_

**7-Day Electronic Device Restriction:** All new students, **except those entering directly from incarceration**, shall not be permitted to possess personal electronic devices for the first seven (7) days of their residency at *Crossroads House*. INT\_\_\_\_\_

## Overnight Passes

Due to the required weekly chores and work expectations, overnight day passes will not be permitted during the week without written permission. Weekend Passes are permitted for those wishing to visit family and friends out of town. You will be responsible for scheduling transportation for those trips and to make sure you return for the scheduled house meeting every Sunday. INT\_\_\_\_\_

## Transportation

Transportation will be provided by *Crossroads House* for work, educational programs, appointments, etc. Once employed it will be a \$7.00/trip one-way transportation fee. Parking is provided for those wishing to bring their personal vehicles upon approval and registered insurance and licensing. INT\_\_\_\_\_

## Sunday Church Services and Programs

During your first 30 days you will only be able to attend scheduled church services at *Crossroads Church* at 6:00pm. You will be allowed to attend the church of choice after 30 days, but the *Crossroads* 6:00pm service will be a scheduled house activity during the duration of your stay at *Crossroads House*. During any outing, you will be expected to dress and act with respect. If issues occur, restrictions will be given. INT\_\_\_\_\_

## Employment/School

All new students must be actively seeking Employment or School/GED, and are required to be employed no later than two weeks from move in date. While unemployed or not in school, you must complete twenty (20) hours of documented in-house community service or actual community service, unless arrangements have been made by the House Director. Once employed or attending school, all residents must maintain a minimum of 30 hours per week of employment and have a plan to pay living expenses. INT\_\_\_\_\_



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## **Moving Out**

If a student decides it is time to find other housing arrangements, they must give a 2 week notice to the House Director and coordinate their personal items to be moved by the time the resident leaves the house. Any resident's personal items that are left behind will only be kept for seven (7) days from the time of student leaving the property. Anything left on premises after seven (7) days will be considered abandoned and will be donated to an appropriate charity. INT\_\_\_\_\_

Upon change of residence, any monies returned to the undersigned are at the sole discretion and convenience of the Director. There can be no exception or obligation of said monies, except for the shared living arrangement agreed upon herein. If you leave without reasonable notice, you shall forfeit all monies to *Crossroads Restoration Inc.* INT\_\_\_\_\_

## **Prohibited Activities**

This is a **Smoke Free program** and smoking will not be permitted while enrolled in the program. INT\_\_\_\_\_

**Use of any Alcohol or Drugs will be grounds for immediate eviction.** Undersigned agrees that 30 minutes will be given to vacate premises of *Crossroads House*. The Student will be given seven (7) days following eviction to pick up all personal belongings. Anything left on premises after seven (7) days will be considered abandoned and will be donated to an appropriate charity. *Crossroads Restoration Inc.* is not responsible for said properties of the student. INT\_\_\_\_\_

Undersigned agrees to submit to a **Breathalyzer & or Urinalysis upon request.** Failure to submit to either will be considered as a positive result and will be grounds for removal from premises. INT\_\_\_\_\_

**Verbal or Physical Abuse** to one another, or on the telephone to anyone **WILL NOT be tolerated.** Any type of physical violence will be grounds for removal from the house immediately without the 30-minute allotment, and the proper authorities will be called. Gossip will not be tolerated. INT\_\_\_\_\_

**Foul language** will not be permitted under any circumstance.

**Stealing will NOT be tolerated.** This includes money, food, personal items, laundry supplies, or any other thing that does not belong to you. Immediate eviction will result and authorities will be called. Also, any type of disrespect or flagrant abuse or damage to another's property could result in eviction or restriction or appropriate sanction. This will be at the discretion of the Director. You will be financially responsible for all property damage that may occur as a result of disorderly actions or carelessness of the home and/or any students of the house. INT\_\_\_\_\_



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God has provided these homes as stepping stones in your new walk. Our home has a kind and loving environment for you to let your guard down, build trust with other men, and build your faith. We encourage change and continual growth. Our foundation is Christ Jesus and is correct family values, doing the next right thing and treating others as it is written in God's Word. He is the Teacher; we are the students. Welcome home.

**John 15:12-16** INT \_\_\_\_\_

Undersigned agrees that these rules and agreements are made at the sole discretion of the Board of Directors, and that they can and will have the final say in all matters affecting the safe and productive shared living arrangements agreed upon herein. INT \_\_\_\_\_

Print Students Name: \_\_\_\_\_

Students Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Judges Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## RELEASE AUTHORIZATION FORM

To: \_\_\_\_\_.

I, the undersigned, authorize the staff of Crossroads House to contact you, and any other person or entity, to receive any and all information, including any **medical information, medical records**, or other **information** regarding my treatment for any condition including any treatment for psychiatric, alcohol\drug addiction, or psychological impairments or social history. A photocopy of this authorization may be accepted in lieu of an original.

I hereby authorize you to provide the above-referenced information and any other requested information to the staff of Crossroads Restoration Inc.

Signature: \_\_\_\_\_

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

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_