

**ONE TOUCH MINISTRY**  
**1717 Dallas Drive, Baton Rouge, LA. 70806**  
225-359-9911 Office | 225-359-9982 Fax  
[otm1111@yahoo.com](mailto: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 Housing 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 Housing 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

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



---

## How to Apply

---

### Step 1

The One Touch Ministry Re-entry Housing Program requires program candidates write their life story. The life story tells of events and experiences from as far back as can be remembered and how each of those events and life experiences may have contributed to the candidate becoming the person they are today.

The life story provides the Program Director(s) with insight into understanding the role and influence of each life-experience in developing the resulting personality of the program candidate. Through this understanding the Program Director(s) is able to affirmatively determine whether an opportunity for program participation can be extended at this time.

### Step 2

Fill out the attached application. Once **fully** completed, the application and life story must be returned to the office of One Touch Ministry for consideration and processing. Be sure to read and sign the Rules and Agreement Contract (page 10).

### Step 3

The screening process:

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

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 extending an opportunity for program participation. No further inquiry into the screening and acceptance process is required.

If an opportunity for program participation is unable to be extended at this time an attempt will be made to provide possible alternative recommendations where the program 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.***

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## Candidate's Personal Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Social Security Number                      /                      /  
Date of Birth

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City                      State                      Zip Code

Home Phone Number \_\_\_\_\_ Mobile 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 present address changes, how can One Touch Ministry get in contact with you? This permanent address may be that of a spouse, parent, immediate family member, or relative. Please provide the following and indicate the relationship:

\_\_\_\_\_  
Last Name                      First Name                      Relationship

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

\_\_\_\_\_  
City                      State                      Zip Code

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## 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 and why? \_\_\_\_\_

Are you allergic to any medications?  Yes  No

If yes, list the medications. \_\_\_\_\_

Do you have any mental health or behavioral concerns?  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 Mobile 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? \_\_\_\_\_

Your drug(s) of choice? \_\_\_\_\_

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

How long was the program? \_\_\_\_\_

Did you complete the program?  Yes  No

How long did you attend? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

Did the program work for you?  Yes  No

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## 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 ever been placed in Special Education classes?  Yes  No

If yes, briefly explain: \_\_\_\_\_

Have you completed any Vocational/Technical School Programs  Yes  No

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

## Employment History

Are you currently employed?  Yes  No

Position held \_\_\_\_\_

If you are incarcerated, what is your current work assignment or job title?  
\_\_\_\_\_

If you are currently employed, by whom and for how long? \_\_\_\_\_

Salary/Wage \_\_\_\_\_

What type of work have you been able to maintain the longest continuous length of employment? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Skills/Experience

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

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Computer      | <input type="checkbox"/> Filing  | <input type="checkbox"/> Admin assistant |
| <input type="checkbox"/> General labor | <input type="checkbox"/> Welding | <input type="checkbox"/> 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: \_\_\_\_\_

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## Criminal Information

Have you ever been convicted of an offense?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, to either of the above answer the following:

For what offense were you convicted? \_\_\_\_\_

At what facility were you incarcerated? \_\_\_\_\_

How much time were you sentenced to serve? \_\_\_\_\_

How much time did you serve? \_\_\_\_\_

From what facility will you be discharged? \_\_\_\_\_

Total amount of time incarcerated during the course of your LIFE: \_\_\_\_\_

When is your anticipated date of release or when did you get released? \_\_\_\_\_

List ALL convictions below (within ten years prior to the present conviction). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## Family History

Marital Status: Married

Divorced

Single

Do you have any children?

Yes  No

If yes, do you pay child support?

Yes  No

Are you under judgment to 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

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



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



# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



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? \_\_\_\_\_

\_\_\_\_\_

How did you hear about *One Touch Ministry*? \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_

Candidate's Signature

\_\_\_\_\_

Date

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



## Rules & Agreement Contract 2019

### 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 in the houses. 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 house.** 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. Sunday through Thursday 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. Friday and Saturday this observed curfew is extended one hour (e.g. curfew is from 11 p.m. until 6 a.m.). You must be in Friday and Saturday at 11 pm.
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. \$125 is the processing fee and \$575 per month is the Program Fee which is due 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.**

# ONE TOUCH MINISTRY

1717 Dallas Drive, Baton Rouge, LA. 70806

225-359-9911 Office | 225-359-9982 Fax

[otm1111@yahoo.com](mailto:otm1111@yahoo.com) email



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. THERE ARE NO REFUNDS ON ANY FEES PAID, REGARDLESS OF ANY CIRCUMSTANCES.**

17. 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.
18. Tenants must agree to attend either church services or bible study at least once per week at the church of their choice.
19. 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.
20. Computers are allowed, but no internet is permitted in tenant's rooms.
21. Grooming standards: Hair must be cut in a neat fashion, no braids are allowed, and mustache and beards must be kept trimmed and neat. Natural hair color only. NO PLAIN WHITE T-SHIRTS, NO BAGGY PANTS AND NO OVERSIZED SHIRTS OR T-SHIRTS.
22. **DO NOT LIE AND DO NOT STEAL.**
23. All tenants must attend every bimonthly Overcomers 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.*
24. 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.
25. 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