

Kasberg Appraisal Services  
**SKETCH ADDENDUM**

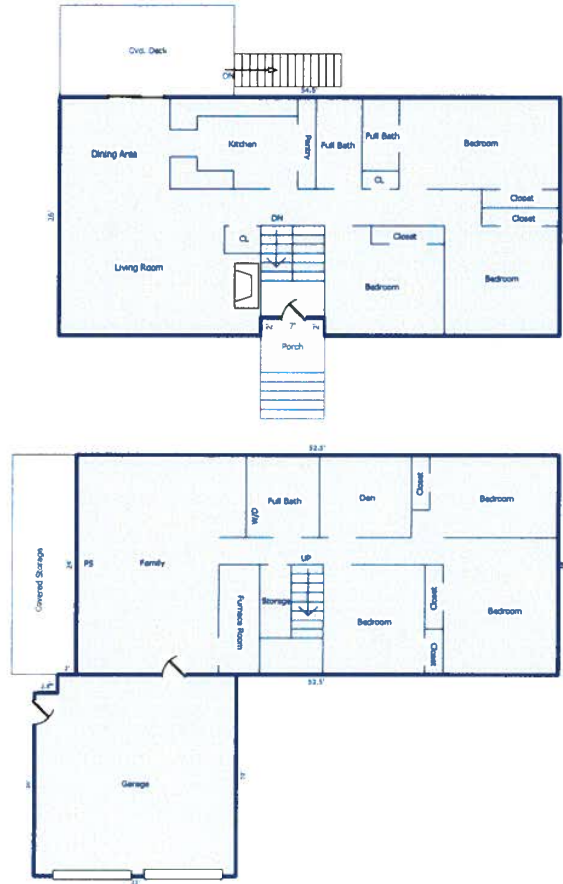
File No. 2348  
Case No.

Borrower Haven House

Property Address 3202 Malissa Drive

City Juneau County City and Borough of Juneau State AK Zip Code 99801-9017

Lender/Client Alaska Housing Finance Corporation Address P.O. Box 101020, Anchorage, AK 99510



Sketch by Apex Sketch v5 Standard™

Comments: This sketch is not drawn to scale.

AREA CALCULATIONS SUMMARY				LIVING AREA BREAKDOWN			
Code	Description	Net Size	Net Totals	Breakdown		Subtotals	
GLA2	Second Level	1403.00	1403.00	Second Level			
BSMT	Finished	1260.00	1260.00	2.0	x 25.5		51.00
GAR	Garage	479.00	479.00	2.0	x 22.0		44.00
				54.5	x 24.0		1308.00
Net LIVABLE Area		(rounded)	1403	3 Items	(rounded)		1403

**ALL FIELDS DETAIL**

<b>MLS #</b>	12840	<b># of Bedrooms</b>	6
<b>Class</b>	RESIDENTIAL	<b>Baths</b>	3
<b>Type</b>	Single Family	<b>Levels</b>	2 Story
<b>Area</b>	MENDENHAL VL	<b>Covered Parking</b>	2
<b>Asking Price</b>	\$385,000	<b>Capacity</b>	
<b>Address</b>	3202 Malissa Drive	<b>Parking Type</b>	Garage
<b>City</b>	Juneau		Heated
<b>State</b>	AK	<b>Waterfront</b>	No
<b>Zip</b>	99801	<b>Construction Status</b>	Existing
<b>Status</b>	Sold & Closed		
<b>Sale/Rent</b>	For Sale		
<b>IDX Include</b>	Yes		

**GENERAL**

<b>VOW Include</b>	Yes	<b>VOW Address</b>	Yes
<b>VOW Comment</b>	Yes	<b>VOW AVM</b>	Yes
<b>Licensee</b>	Deborah Lewis - CELL: (907) 321-3076	<b>Listing Office 1</b>	RE/MAX of Juneau - Office: (907) 789-4794
<b>Licensee Mobile Phone</b>	321-3076	<b>Licensee Fax</b>	789-1619
<b>Licensee E-Mail Address</b>	debbielewis@gci.net	<b>URL</b>	www.alaskajuneauhomes.com
<b>Comp. to Selling Office</b>	2%	<b>Owner Name</b>	Tow, William W.
<b>Listing Date</b>	8/21/2013	<b>Expiration Date</b>	2/19/2014
<b>Sub/Condo/MHP</b>	Tall Timbers	<b>Property Zoning</b>	D5-Sngl Fam&Dup
<b>Site Disclosure</b>	on file	<b>Legal Description</b>	TALL TIMBERS BL G L3
<b>Borough Parcel Number</b>	5B2101420030	<b>Elementary School</b>	Glacier Valley
<b>Middle School</b>	Floyd Dryden	<b>High School</b>	Juneau- Open Enrollment
<b>Year Built</b>	1976	<b>Year Remodeled</b>	2013
<b>Approx. SQFT</b>	2,638	<b>SQFT Source</b>	Public Records
<b>Approx. Lot SQFT</b>	9,000	<b>Lot SQFT Source</b>	Public Records
<b>Approx. Garage SQFT</b>	436	<b>Garage SQFT Source</b>	Public Records
<b>Off Market Date</b>	10/2/2013	<b>Update Date</b>	1/13/2014
<b>Status Date</b>	1/13/2014	<b>HotSheet Date</b>	1/13/2014
<b>Price Date</b>	1/13/2014	<b>Input Date</b>	8/22/2013 9:45:00 PM
<b>Associated Document Count</b>	4	<b>Original Price</b>	\$385,000
<b>Client Hit Count</b>	24	<b>Agent Hit Count</b>	48
<b>Cumulative DOM</b>	7	<b>Days On Market</b>	7
<b>Days On MLS</b>	6	<b>Picture</b>	21

**FEATURES**

<b>EXTERIOR</b>	<b>APPLIANCES</b>	<b>WATER SUPPLY</b>	<b>VIEW</b>
Wood Siding	Dishwasher	Public Water	Mountain
<b>STYLE</b>	Garbage Disposal	<b>SEWER</b>	Forest/Meadow
Contemporary	Refrigerator	Public Sewer	<b>TERMS</b>
<b>ROOF</b>	Elec. Range/Oven	<b>INTERIOR AMENITIES</b>	Cash
Shingle	Microwave	Tile Floors	Conventional
<b>EXTERIOR AMENITIES</b>	Rng Hood-Vent	Carpet	FHA
Concrete Driveway	Washer	Smoke Detector	<b>POSSESSION</b>
Paved Street	Dryer	<b>ACCESS</b>	Closing
<b>PORCH/PATIO</b>	<b>FIREPLACE</b>	Paved	<b>BASEMENT/FOUNDATION</b>
Covered Deck	Two	Maintained	Slab
<b>LANDSCAPING</b>	In Living Room	Public	<b>SHOWING INSTRUCTIONS</b>
Trees	In Family Room	<b>LAUNDRY</b>	Call Listing Agent
	<b>OIL HEATING</b>	Lower Level	Lock Box
	Baseboard	Room	Vacant
	<b>WINDOWS</b>	<b>LOT DESCRIPTION</b>	Sign
	Double Pane	Mapped Floodplain	<b>DOCUMENTS ON FILE</b>
	<b>WATER HEATER</b>	Borders Public Land	Home Inspection
	Electric		Lead Based Paint
			Prop. Disclosure

**FINANCIAL**

<b>Assessed Value: Land</b>	\$100,200	<b>Assessed Value: Buildings</b>	\$277,300
<b>Total Assessed Value</b>	\$377,500	<b>Short Sale</b>	No
<b>Foreclosure</b>	No		

## SOLD STATUS

**How Sold** Cash  
**Closing Date** 1/10/2014  
**Buyers Name** Grant Properties LLC  
**Selling Office 1** RE/MAX of Juneau - Office: (907) 789-4794  
**Appraisers Name** Kasberg

**Contract Date** 10/2/2013  
**Sold Price** \$380,000  
**Selling Licensee 1** Deborah Lewis - CELL: (907) 321-3076  
**Appraised Value** \$385,000

## REMARKS

Need space? Don't pass up the opportunity to own this 6 bedroom, 3 bath home located in the Mendenhall Valley. Many updates throughout including new carpet, doors, hot water heater, front porch, fresh interior pain and more.

## AGENT ONLY REMARKS

Per the owner, all items on the Engineer report have been completed.

## ADDITIONAL PICTURES



Entry



Entry



Kitchen



Kitchen



Kitchen



Dining



Sliding Door to Deck



Deck



Living Room



Hallway



Master Bedroom



Main Bath



Master Bath



Master Bath



Bath and Laundry Room



Bedroom



Family Room



Family Room



Boiler



Hot Water Heater

## DISCLAIMER

This information is deemed reliable, but not guaranteed.



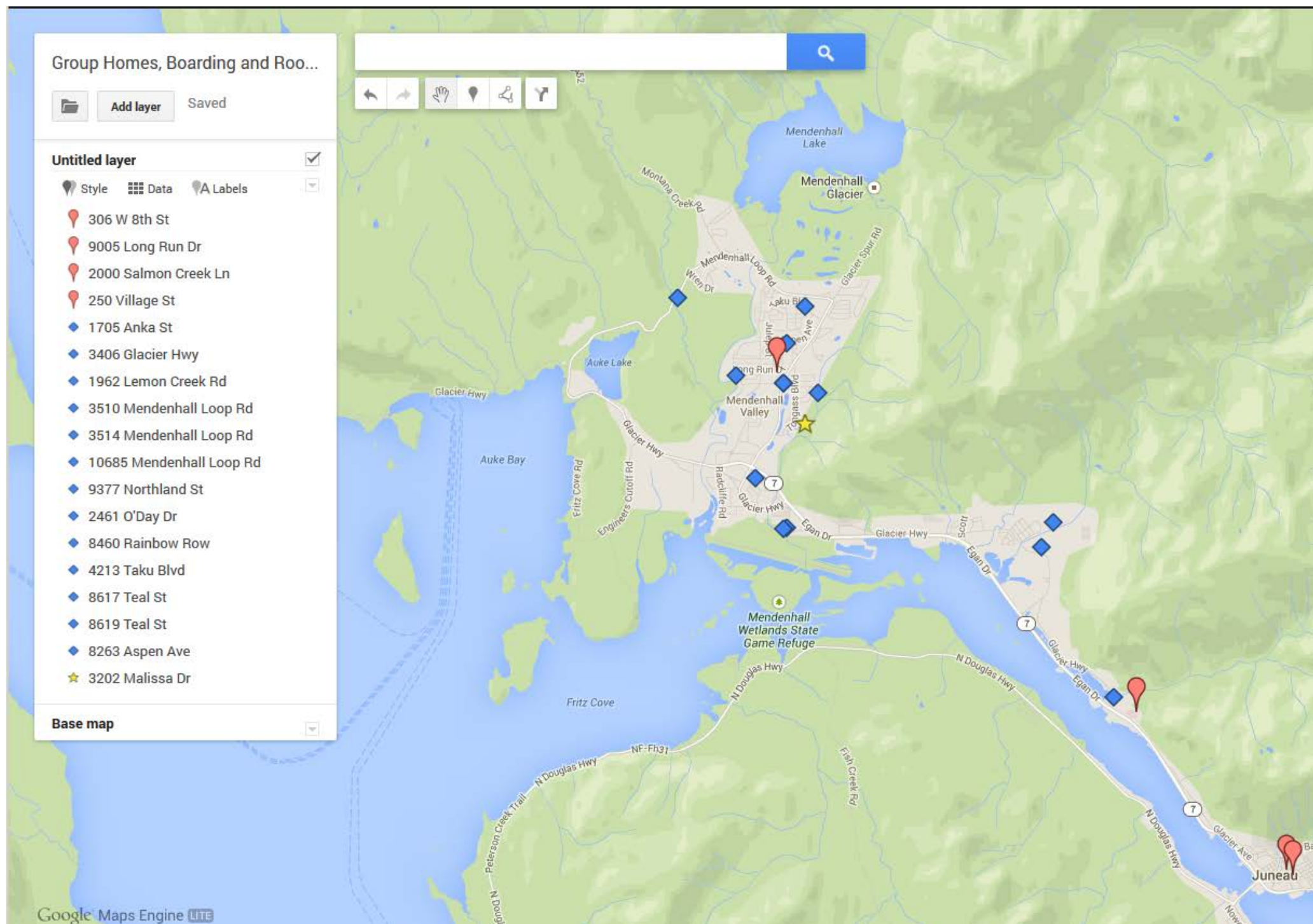
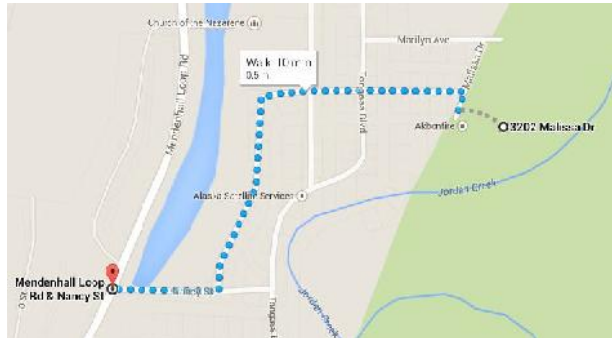
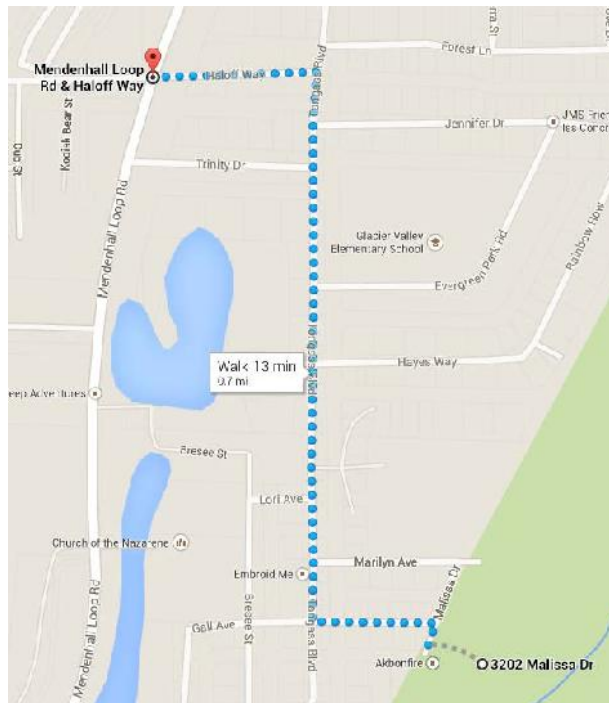


Exhibit 4

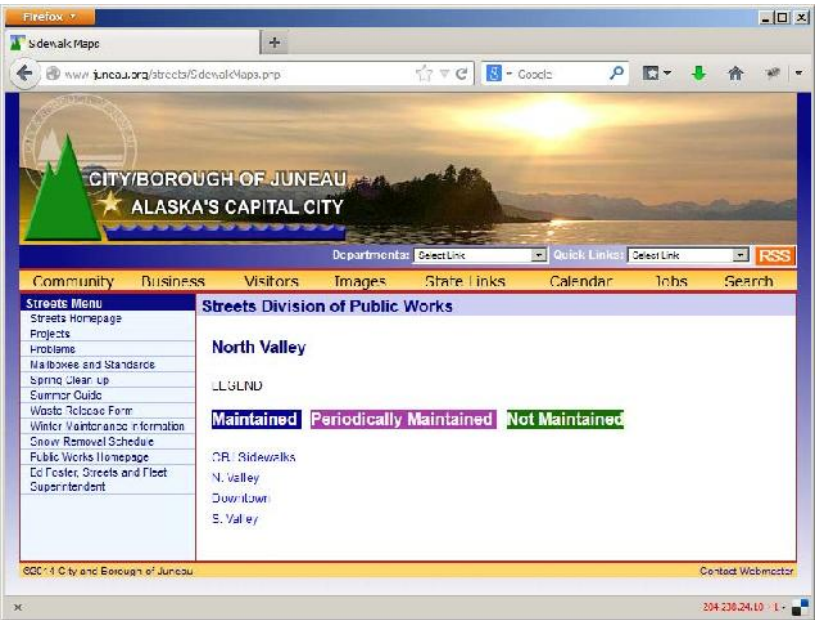
Bus stop at corner of Mendenhall Loop Road and Nancy Street, walking time 10 minutes, 0.5 miles.



Bus stop at corner of Mendenhall Loop Road and Haloff Way, walking time 13 minutes, 0.7 miles.



<http://www.juneau.org/streets/SidewalkMaps.php>



<http://www.juneau.org/streets/images/nvalleysidewalks.jpg>





# Photos of 3202 Malissa Drive

photographed in April 2014









## Haven House, Inc. Application

Thank you for your interest in living at Haven House! Please thoroughly read through the House Rules before submitting this application so that you are fully aware of the guidelines and expectations for living at Haven House.

Please note that participants of Haven House will not be pressured to claim a particular faith or be required to worship or accept religious doctrine. Christians, non-Christians, and those with uncertain faith will be respectfully welcomed if they are open to seeking healing and renewal in the context of a faith community. Haven House participants will also be expected to participate fully in community activities, including house meetings, meals, and chores. We accept individuals on probation and parole, but cannot accept individuals on Electronic Monitoring at this time.

Please answer the questions in this application completely and honestly and then submit your complete application to Haven House via email at [havenhousejuneau@gmail.com](mailto:havenhousejuneau@gmail.com) or by mail to P.O. Box 20875, Juneau, AK 99802. A complete application consists of:

- the application
- your life story
- a recommendation from your pastor, chaplain, counselor, or probation/parole officer

Once your full application has been received by Haven House staff, staff will contact you to arrange either an in person or telephonic interview to better understand your background and past experiences and to assess your ability to successfully abide by all Haven House Rules. Each participant of Haven House will be admitted based on her openness to participating fully in a faith community, her sincere desire for change, and her recommendation from her chaplain, pastor, counselor, or probation/parole officer.

While Haven House staff desires the best outcome for every woman exiting prison, we recognize that the Haven House program may not be the best fit for every applicant. Our intake process will attempt to assess sincere desire for change and readiness for community participation.

If you have any questions, please contact Haven House staff by phone at (907) 988-7233 or via email at [havenhousejuneau@gmail.com](mailto:havenhousejuneau@gmail.com).

With gratitude,  
Haven House, Inc. Board and staff

## THE BASICS

Date of Application: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Do you go by any names other than what is on your birth certificate? Yes ☐ No ☐

If yes, please list all other names used, including aliases:

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Do you have your Social Security Card? Yes ☐ No ☐

Do you have your birth certificate? Yes ☐ No ☐

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Do you have a valid State of Alaska ID or Drivers License? Yes ☐ No ☐

Current ID/Drivers License Number: \_\_\_\_\_

Are you a resident of Alaska? Yes ☐ No ☐ If no, what is your state of residence? \_\_\_\_\_

If you are not a resident of Alaska, do you wish to return to another state? Yes ☐ No ☐

Current address (if in prison, please list prison address): \_\_\_\_\_

\_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_

Expected Release Date: \_\_\_\_\_

Probation/Parole Officer's Name: \_\_\_\_\_

OBSCIS Number: \_\_\_\_\_

Upon release, how can we contact you?

Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

## WHY ARE YOU INTERESTED IN HAVEN HOUSE?

Why do you want to live at Haven House? Please check all that apply.

\_\_\_\_\_ I need a place to live.

\_\_\_\_\_ I need a job.

\_\_\_\_\_ I can't go back to my family and/or friends anymore.

\_\_\_\_\_ My family and/or friends say that I need help.

\_\_\_\_\_ I want to be held accountable for my actions.

\_\_\_\_\_ I want to live in a sober place.

\_\_\_\_\_ I want to live with others who are trying to make a fresh start, too.

\_\_\_\_\_ I need a plan and community-based support to make a new start.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish while living at Haven House? Please check all that apply.

\_\_\_\_\_ I want to improve certain relationships.

\_\_\_\_\_ I want to end certain relationships.

\_\_\_\_\_ I want to stop using alcohol and/or drugs.

\_\_\_\_\_ I want to address the reasons why I use alcohol and/or drugs.

\_\_\_\_\_ I want to improve my self-esteem.

\_\_\_\_\_ I want to find and keep a job.

Created: 10/2013

Revised: 3/2014

\_\_\_\_\_ I want support as I avoid certain places.  
 \_\_\_\_\_ I want support as I avoid certain people.  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FAITH BACKGROUND

☐ Protestant/Christian    ☐ Muslim    ☐ Other: \_\_\_\_\_  
☐ Catholic    ☐ Jewish    ☐ None  
 Name of home worship community: \_\_\_\_\_

### FAMILY INFORMATION

Mother's name and address: Living ☐ Deceased ☐      Father's name and address: Living ☐ Deceased ☐  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sibling's Full Name	Address and Phone Number	Age	Alive (Y/N)	Do you have contact with him/her? (Y/N)

Current Marital Status:  
☐ Married/Date: \_\_\_\_\_    ☐ Separated/Date: \_\_\_\_\_    ☐ Single  
☐ Widowed/Date: \_\_\_\_\_    ☐ Divorced/Date: \_\_\_\_\_  
 Spouse's full name and address: Living ☐ Deceased ☐  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other than a spouse, do you have a relationship with anyone of the opposite sex at this time?  
 Yes ☐ No ☐      Full Legal Name: \_\_\_\_\_  
 Please describe the nature of the relationship:  
 \_\_\_\_\_  
 \_\_\_\_\_



If you have children, please fill out the following:

Child's Full Name	Address	Who has custody?	Gender	Age	Alive (Y/N)	Contact (Y/N)

## MILITARY HISTORY

Are you a veteran of the United States military? Yes ☐ No ☐

If yes, in which branch of the service did you serve? \_\_\_\_\_

What were your dates of service? \_\_\_\_\_

Were you honorably discharged? Yes ☐ No ☐

Do you receive any veteran benefits? Yes ☐ No ☐ If yes, please list: \_\_\_\_\_

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## FINANCES

List all forms of income you presently receive (DOC, pensions, disability, social security, welfare, etc.):

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Do you currently have your own checking account? Yes ☐ No ☐ Savings account? Yes ☐ No ☐

If accepted, are you able to pay upfront the \$250 portion of your first month's contribution towards household expenses? Yes ☐ No ☐

Do you owe child support? Yes ☐ No ☐ If yes, how much? \_\_\_\_\_

What do you owe for costs and fines? \_\_\_\_\_

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Do you owe restitution? Yes ☐ No ☐ If yes, how much? \_\_\_\_\_

Do you have substantial debts (\$1,000.00 or more)? If yes, to whom do you owe these debts? Be sure to include credit cards, collection agencies, bad checks, etc.:

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## EDUCATION

	Name, location, and years attended	Degree Earned	Subject of Study
High School		<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate	
College		<input type="checkbox"/> Bachelors <input type="checkbox"/> Associates <input type="checkbox"/> Did not graduate	
Trade or Vocational School		<input type="checkbox"/> Certified <input type="checkbox"/> License <input type="checkbox"/> Did not graduate	

Do you have any plans to attend school in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL

Do you have any medical conditions? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical, dental, or mental health concerns? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you physically and mentally able to work full-time? Yes ☐ No ☐ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a disability that has been recognized by a doctor? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a physician? Yes ☐ No ☐ If yes, please list name, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

Do you currently see a therapist or psychiatrist? Yes ☐ No ☐ If yes, please list name, address, phone number: \_\_\_\_\_

\_\_\_\_\_

List all medications that you are currently taking, along with the prescribing physician:

Medication Name	Prescribing Doctor	Reason for taking medication	Dose	Date Prescribed

### VEHICLE INFORMATION

Do you have a vehicle? Yes ☐ No ☐ If yes, please provide the following:

License plate number: \_\_\_\_\_ Color of vehicle: \_\_\_\_\_

Make and model of vehicle: \_\_\_\_\_

Do you currently carry the legal minimum amount of auto insurance? Yes ☐ No ☐ If yes, amount: \_\_\_\_\_

If yes, please list the insurance company, agent, phone number and policy number: \_\_\_\_\_

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

### CRIMINAL HISTORY

Do you have any open charges in Alaska or any state? Yes ☐ No ☐ If yes, please list: \_\_\_\_\_

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

If these charges are in a state other than Alaska, please list the state(s): \_\_\_\_\_

Have you ever been charged with any type of sexual crime? Yes ☐ No ☐

Do you have any outstanding warrants? Yes ☐ No ☐ If yes, please list: \_\_\_\_\_

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

In which state(s) was/were the warrant issued? \_\_\_\_\_

How many times have you been in prison? \_\_\_\_\_

When released, will you be on probation? Yes ☐ No ☐ If yes, for how long? \_\_\_\_\_

When released, will you be on parole? Yes ☐ No ☐ If yes, for how long? \_\_\_\_\_

Do you have any upcoming court dates? Yes ☐ No ☐ If yes, please list where, when, and for what? \_\_\_\_\_

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Please list all current and past charges:

Charge	State of Charge	Date of Arrest	Date of Release	Currently serving or previously served?	Do you have a co-defendant? If yes, please list their name(s).

Did you have any infractions while in prison? Yes ☐ No ☐ If yes, please list:

Infraction	Date



Please list the programs that you have been involved with during incarceration:

Program	Dates in program	Did you complete the program?
		Yes <input type="checkbox"/> If yes, please list your graduation date: _____ No <input type="checkbox"/>
		Yes <input type="checkbox"/> If yes, please list your graduation date: _____ No <input type="checkbox"/>
		Yes <input type="checkbox"/> If yes, please list your graduation date: _____ No <input type="checkbox"/>
		Yes <input type="checkbox"/> If yes, please list your graduation date: _____ No <input type="checkbox"/>
		Yes <input type="checkbox"/> If yes, please list your graduation date: _____ No <input type="checkbox"/>

## SUBSTANCE ABUSE HISTORY

Do you have a history of substance abuse? Yes ☐ No ☐

Please fill out the following:

Substance	Amounts Used	Frequency of Use	First Date of Use	Last Date of Use
Alcohol				
Prescription Medication				
Marijuana				
Heroin				
Cocaine, Crack				
Methamphetamines				

Created: 10/2013

Revised: 3/2014

Ecstasy				
Inhalants				
Spice				
Other				

## EMPLOYMENT HISTORY

Please list all current and/or past employers, including employment while incarcerated.

Company Name and Location	Position/Title	Dates Employed
		Starting: Ending:
		Starting: Ending:
		Starting: Ending:
		Starting: Ending:
		Starting: Ending:

What goals do you have for future employment? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What wages are you willing to accept to start a new job? \_\_\_\_\_

Please share with us who you are. Tell us the story of how you became the woman you are today, all of the good and all of the bad, and how you hope to grow. What choices led you to prison? To addiction? To your faith? Tell us about your childhood, your parents, your partners. Please share why you want to come to Haven House.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

[illegible]



## Chaplain, Pastor, Counselor or P.O. Recommendation

The applicant has applied to be a participant of Haven House, Inc. Please return this recommendation to the applicant or mail it to P.O. Box 20875, Juneau, AK 99802 or email it to Haven House, Inc. at havenhousejuneau@gmail.com.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

What is your relationship to this applicant? \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

What has been the extent of your involvement with this applicant? \_\_\_\_\_

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What programs has this applicant been involved in during her incarceration? Include spiritual programs, church services, secular programs, treatment, etc.: \_\_\_\_\_

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What changes have you seen in the applicant during the time in which you have known her? \_\_\_\_\_

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Do you feel that this applicant genuinely desires to create a healthier lifestyle? \_\_\_\_\_

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How would you describe the applicant's relationship with God? \_\_\_\_\_

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The applicant is applying to be a participant of a faith-based, sober and structured transitional living home that will connect each participant with outside services for substance abuse treatment, counseling, etc. Do you feel she is a good candidate for this type of setting? Why or why not? \_\_\_\_\_

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[illegible]

Chaplain, Pastor, Counselor or P.O. Signature

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

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Date \_\_\_\_\_

## **Welcome to Haven House!**

Haven House was founded on the belief that given a safe and sober home, women exiting prison can successfully reenter the Juneau community. By living in a structured, stable home, women can address the root causes of their incarceration, such as substance abuse, mental health issues, unhealthy relationships and family dynamics, low self-esteem, or a lack of life skills.

At Haven House, we will not ask you to accomplish anything that has not already been achieved by others coming before you. We will hold you compassionately accountable for your actions, encourage you as you navigate your reentry, and challenge you to nurture your whole self as you strive to create a healthier lifestyle. Haven House will be a self-sustaining home and our hope is that you will bond with staff and volunteers as a community within a community, care for one other, and hold each other accountable for all Haven House rules, parole and probation requirements, and the laws of our city and state. We at Haven House believe that when all members of our house, neighborhood, and Juneau community are welcomed, accepted, and supported, we create a Juneau in which we can all flourish.

We ask that you give us the opportunity to hold you accountable, to support you, and to challenge you as you reenter our Juneau community, and we will help you acquire the tools and boundaries you will need to create a healthier lifestyle here in Juneau. We believe that you can succeed by wanting it, planning for it, and working hard to make your new life a reality.

Welcome to Haven House. Thank you for giving us the opportunity to witness you develop in all areas of your life.

With gratitude,  
Haven House, Inc. Board and Staff

## HAVEN HOUSE PROGRAM ELEMENTS

**Individual Action Plan:** Each participant will develop an Individual Action Plan based on her conditions of release and personal goals upon moving into Haven House and each participant will meet weekly with staff for support as she progresses towards her goals. We believe that those who plan for and work hard to create a positive future will be able to live their way into one.

**Referrals to Community Services:** Each participant will work with staff to seek out the services needed to successfully reenter the Juneau community, and staff will provide referrals to community partners for services such as substance abuse treatment, mental health counseling, employment readiness and job search activities, educational opportunities, permanent housing, etc. Staff, volunteers, and mentors will compassionately hold each participant accountable for her actions by partnering with these community stakeholders, including the Department of Corrections. At Haven House, we believe that participants can overcome obstacles to reentry by creating a network of support in the Juneau community.

**Communal Living:** All participants are expected to participate in shared meals, household responsibilities, and meetings in order to both provide feedback to and support for one another as all strive to build healthier lives. Our supportive, structured home environment will nurture the development of life skills in participants and positive role models and mentors will encourage participants to develop healthier lifestyles as an alternative to the lifestyles that may have previously led to incarceration. At Haven House, we believe in empowering women to self-determination.

**Faith-sharing:** Participants of Haven House will not be pressured to claim a particular faith, to worship, or to accept religious doctrine. Christians, non-Christians, and those with uncertain faith will be respectfully welcomed if they are open to seeking healing and renewal in the context of a faith community, sincerely express a desire to change, and are ready to participate fully in communal living. Faith will be discussed at Haven House. Staff, mentors, and volunteers will express their faith and activities may include Christian scripture and/or prayer in the sincere belief that faith in Christ offers the best path to healing and change. We believe that by encouraging a holistic approach to healing, one that includes the spiritual dimension, that the whole person is nurtured and allowed a second chance at thriving in our community.

**Household Responsibilities:** All participants are responsible for maintaining an orderly living space. Each participant is expected to complete assigned responsibilities in a timely manner. We believe that the basic discipline of performing household chores will help prepare our participants for a structured, independent life.

## MISSION

Haven House is a faith-based organization providing supported and structured living opportunities to foster healing and self-sufficiency for women coming out of prison.

## PURPOSE

Haven House is designed to be a positive, supportive living environment which will stimulate personal and spiritual growth, encourage accountability and financial responsibility, and provide referrals to essential re-entry services during the participant's re-adjustment into the community. Haven House staff and volunteers will assist participants as they navigate their reentry by providing support and referrals to other community services for assistance with food, treatment, counseling, clothing, transportation, employment, and career development, among other services. Additionally, Haven House participants will be expected to participate fully in community activities, including house meetings, meals, and chores.

Haven House will provide up to two years of transitional housing, a faith-based community with successful role models and opportunities for positive relationships, life skills training, and an opportunity for participants to support one another. Haven House is unique in that it is a faith-based home providing natural supports to its residents based on the presumption that women in safe, stable housing situations are less likely to reoffend.

## FAITH SHARING AND COMMUNITY

Participants of Haven House will not be pressured to claim a particular faith, to worship, or to accept religious doctrine. Christians, non-Christians, and those with uncertain faith will be respectfully welcomed if they are open to seeking healing and renewal in the context of a faith community, sincerely express a desire to change, and are ready to participate fully in communal living. Faith will be discussed at Haven House. Staff and volunteers will express their faith, and activities may include Christian scripture and/or prayer in the sincere belief that faith in Christ offers the best path to healing and change.

## PARTICIPANTS

Each participant of Haven House will be admitted based on her openness to participating fully in a faith community, her sincere desire for change, and her recommendation from her chaplain, pastor, counselor, or probation/parole officer. Prior to acceptance into the facility, each potential participant must interview (preferably in person, otherwise telephonically) with Haven House staff in order for staff to better understand the individual's background and past experiences and to assess the individual's ability to successfully abide by all Haven House Rules. While Haven House staff sincerely desires the best outcome for every woman reentering our community, we understand that Haven House may not meet every potential participant's needs.

Participants may be on probation or parole, but those either on Electronic Monitoring or who are required to register on the sex offender registry are unable to reside at Haven House.

Because 96% of individuals exiting prison experience a disability, Haven House reserves 7 of its 9 beds for women with a history of substance abuse.