

# Client Application Forms – Casa Mariposa Program

Transitional Housing and Supportive Services

Program Partners

**Old Pueblo Community Services**

4501 E. Fifth Street, Tucson Arizona 85711

Telephone (520) 546-0122 – Fax (520) 546-0098

**Center Against Sexual Assault – Su Voz Vale Program**

101 W. Irvington Road, Office 4A, Tucson, AZ 85714

(520) 434-0195 – Fax (520) 434-0248

24 hour crisis line: (520) 327-7273

## General Information Letter – Please read (10-09)

**Casa Mariposa Program for Women** – is a joint, community venture sponsored by the Southern Arizona Center Against Sexual Assault and Old Pueblo Community Services. Our mission is to provide a welcoming, and supportive environment for survivors of sexual assault, domestic violence or stalking. In addition, we provide referrals and connections to services for therapy, support group, job training and skill building, and recovery from substance abuse and drug or alcohol addiction. Many of the supportive services are offered by Casa Mariposa staff on site, and after regular business hours. If you have been using substances within the last thirty days, you may be referred to detoxification services or residential substance abuse treatment prior to entering Casa Mariposa.

### Admission Requirements:

- Survivor of Sexual Assault, Domestic Violence, or Stalking
- Currently Sober
- 18 years of age or older
- Not currently on house arrest
- No history of perpetration of sex offences
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We strive to achieve an environment that is home like and welcoming, not institutional. Residents of The Casa Mariposa Program cook for themselves and have access to food in the house if in need. We provide bedding, telephone, and laundry facilities. Buses stop in front of our facilities making it effortless to ride public transportation. We offer a referral and connection base for employability training, therapy, support group, life skills classes, discount bus passes and food stamps.

If you have any questions, or if we can be of assistance to you, please do not hesitate to call or set up an appointment with us.

Sincerely,

Ivonne Sahner, Crisis Advocate, Southern Arizona Center Against Sexual Assault

(520) 434-0195

[www.sacasa.org](http://www.sacasa.org)

Pam Williams, Case Manager, Casa Mariposa Program for Women

Old Pueblo Community Services

(520) 546-0122 x 215

[www.oldpueblofoundation.org](http://www.oldpueblofoundation.org)

## **Welcome**

The Casa Mariposa Program is a supportive group environment for survivors of sexual assault, domestic violence, or stalking. Respect, courtesy, honesty, loyalty, a commitment to care for each other, service to others, and laughter, are the principles treasured by Casa Mariposa Program and our staff. Our mutual success depends upon an attitude of unity and support.

We hope that you stay here will be a time of healing, empowerment and growth. The changes you make here during your first thirty days are crucial to your success. We believe that this is an environment where you can build trusting relationships with staff and residents who are willing and able to help.

We hope you will be able to create a program plan and achieve the goals you set for yourself. If we can be of any assistance to you, please let us know. We strive to be able to connect residents to needed resources.

Welcome to the Casa Mariposa Program!

*Nick Jones, CEO, Old Pueblo Community Services*

*Virginia Yrun, Executive Director, Southern Arizona Center Against Sexual Assault*



**The Casa Mariposa Program for Women**  
4501 E. Fifth Street, Tucson Arizona 85711  
101 W. Irvington Rd, Office 4A, Tucson, AZ 85714



## **Program Participant Guidelines and Resident Rights**

### **LODGING AGREEMENT (1-08)**

The undersigned resident agrees to participate in and abide by the policies and guidelines set by The Casa Mariposa Program staff. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights of possession of space exclusively. The undersigned agrees to vacate the shared accommodation when cardinal rules are violated or by a staffing of The Casa Mariposa Program staff. The following house guidelines are to be observed by all residents. These policies have been set forth by The Casa Mariposa Program to maintain a comfortable, clean, safe, and healthy living environment for residents. Please be respectful and mindful of your fellow residents. If you have any questions, or need any assistance, please do not hesitate to speak with Casa Mariposa staff. We look forward to working with you!

The Casa Mariposa Program for Women is a “silent” address and will never be published in any documentation for the safety of all women residents. All mail will use the Old Pueblo Community Foundation as the return address: the address is 4501 E. Fifth Street, Tucson Arizona 85711 or Su Voz Vale Program of the Center: 101 W. Irvington Rd, Office 4A. Please inform all family and friends to put “Casa Mariposa Program” in the bottom left corner of envelope. No resident is to give out the address of the facility.

The undersigned agrees to pay program fees of \_\_\_\_\_ per week. THIS AGREEMENT, entered on this day of \_\_\_\_\_ between The Casa Mariposa Program and \_\_\_\_\_, regarding safe living residency at The Casa Mariposa Program, includes the following rights and responsibilities.

### **Resident Rights**

1. **Violence Free Environment:** Maintaining a violence free environment for those seeking safety is critical to establishing a sense of safety; for this reason, violating the rights of others to receive services in a violence free environment may be grounds for terminating some or all services. Intimidation or violence towards residents or staff are prohibited. Please respect your peer and housing staff. No weapons of any kind are allowed on property.
2. **Privacy and Safety:** Residents may not enter another person’s room without permission. If a Casa Mariposa staff person needs to enter a resident’s room, we will ask permission. Maintenance staff may enter as needed, with notice.
3. **Visitation:** Female guests, 18 or over, will be entertained in the living room or patio areas only. Child visitations must be taken off property. No guests allowed in the bedrooms and no overnight guests. If any guests cause dissension within the house, that guest will be asked to leave. Children are not allowed on the property due to insurance liability.
4. **Spiritual Customs:** Residents have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, please do not impose any of your beliefs, try to recruit anyone to practice your religion, and do not practice any customs that involve fire or smoke inside the house.
5. **Complaints and Grievances:** Residents may file a complaint or grievance with OPCS or SACASA staff. Complaints and/or grievances will not adversely impact resident services.

### **Resident Responsibilities**

#### **Respect for Residents and Staff**

1. **Visitors:** No men allowed on property. We offer a safe environment for those women exiting harmful and abusive relationships. Any men seen in vicinity of Casa Mariposa Program visiting residents will be an automatic discharge. Residents can walk out to Country Club and 22nd Street to get rides.

2. **Curfew:** If you are NOT on probation or parole, you may leave and enter the property as needed. If you do not spend the night for three consecutive nights, without notification, the Casa Mariposa Project staff will assume that you have decided to drop from the program. At that time your room will be given to someone else. Casa Mariposa is not liable for any personal property during or after the resident's discharge from the house. Casa Mariposa will dispose of all personal property 30 days from discharge date. The Casa Mariposa House assumes no responsibility for the personal property of the resident.

**Noise Levels:** We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.

3. **Smoking:** No Smoking in the house due to insurance parameters and danger of second hand smoke.
4. **Pets:** Residents are not permitted to have any pets.
5. **Sanitation:** Program participants have the right to live in a clean and welcoming environment. Resident will keep the premises clean at all times, and upon discharge will leave the premises in as good condition as when this agreement was entered. Each resident is requested to eat food in common areas and wash their own dishes immediately after eating. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard & grounds, and laundry room. All residents are assigned weekly house chores.

### **Respect for Self**

1. **Sexual Activity:** Please refrain from any sexual activity in the house or on the grounds.
2. **Drug and Alcohol Use:** Alcohol and illegal drugs are not allowed on program premises. If you are in recovery and would like support services regarding your recovery, please speak to an advocate regarding your needs. If you have questions regarding your recovery, please don't hesitate to ask an advocate. Please be aware of other resident's recovery needs. In addition, guests of a resident who are under the influence of any type of mind altering substances are not permitted, at any times, in the house or on the grounds.
3. **Medication:** The Casa Mariposa Program does not dispense medication. Our policy prohibits abuse of prescribed medications, i.e. taking medications other than prescribed by a doctor. You are required to secure your medications and not share with other residents.

### **Respect for Property**

1. Residents may not make any alterations to the property due to OPCS lease agreement with the property owners. This includes installation of paneling, flooring, built in decorations, partitions or railings, shades, blinds, window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture or coffee pot in the bedroom.
2. **Vehicles:** To operate and/or park a motor vehicle while residing at the facility, a valid driver's license, proof of insurance and registration are required. Copies need to be in file at the main office and house manager's office. No non-running vehicles are allowed to be parked on any of the residential facilities. They will be towed at your expense. If you own a vehicle and can't legally drive it, please park it elsewhere.

### **Financial Accountability**

1. **Probation/Parole Requirements:** If you are on probation or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Program Fees:** All program fees are due on the day determined by you and your advocate. If an emergency occurs, please inform your advocate and she can assist with options for payments. If a resident moves from the house under emergency circumstances prepaid service fees remaining shall be refunded on a pro-rated basis. Any failure by resident to pay fee's when due, or failure to comply with any other of the conditions of this agreement allows Casa Mariposa to immediately void this agreement. Any infraction of the house rules may result in the immediate voidance of the lodging agreement and discharge from the house, and forfeiture of any lodging fees for that week.

3. **Payment Plans:** Payment plans will be written for residents that are \$200.00 or more in arrears in program fees. They will be written by the advocate and client together. Once resident agrees to plan the document will be signed and enforced.

Please print the following below: **“I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT”**

Signature of Lodger: \_\_\_\_\_

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

Printed Name of Lodger: \_\_\_\_\_

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

Signature of House Manager: \_\_\_\_\_

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



## Casa Mariposa Program Resident Application (10-09)



### PERSONAL INFORMATION

Name: \_\_\_\_\_ Case/DOC#/: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated

Identification: (**Circle**) Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_

Gender: Male Female Ethnicity \_\_\_\_\_ Hispanic Y N Are you pregnant **YES NO** Veteran **YES NO**

Current Contact Phone \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

Are you receiving county, state, or federal benefits? **YES NO** What? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever received county, state, or federal benefits? **YES NO** What? \_\_\_\_\_ Why? \_\_\_\_\_

Current Living Situation (**Circle One**) Streets Shelter Detox Jail/Prison Rental Housing Transitional Living Hospital DV Shelter

Family Other \_\_\_\_\_ Name of current contact: \_\_\_\_\_ Current address? \_\_\_\_\_

Are you in the process of family reunification with family? **YES NO** Explain: \_\_\_\_\_

Do you have Children?: \_\_\_\_\_ Ages: \_\_\_\_\_ Sex: \_\_\_\_\_ Are you paying child support? \_\_\_\_\_

Why do you want to come to the Casa Mariposa Program? \_\_\_\_\_

What are your goals in life? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_ Do you have financial support for fees? **YES NO**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### BRIEF MEDICAL HISTORY

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

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

List all physical medical problems: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long?: \_\_\_\_\_

Are you prescribed psychotropic meds? **YES NO** Do you possess meds? **YES NO** Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_ Will your doctor prepare a work release letter? **YES NO**

Have you every attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_  
Circumstances: \_\_\_\_\_

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO**

Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**EDUCATION HISTORY**

Highest Grade Completed \_\_\_\_\_ Education Completed (**Circle One**) High School GED Vocational School Junior College University  
School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

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

List all physical medical problems: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long?: \_\_\_\_\_

Are you prescribed psychotropic meds? **YES NO** Do you possess meds? **YES NO** Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_ Will your doctor prepare a work release letter? **YES NO**

Have you every attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO**

Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**EMPLOYMENT HISTORY (List Most Recent Employer First)**

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Do you have any vocational training? (If yes please list) \_\_\_\_\_

Do you have any job prospects?: **YES NO** What are they? \_\_\_\_\_

Are you interested in employability training? **YES NO** What are your job interests? \_\_\_\_\_

**LEGAL HISTORY (if any)**

**Application forms may require a contact person to process**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Are you on supervision? **YES NO** If yes (Circle One) IPS Direct Regular Parole Fed Probation No Supervision

Other: \_\_\_\_\_ PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location \_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history? (list places and dates – use blank paper if needed)

**ALCOHOL AND DRUG USE (if any)**

Substance	Frequency of Use	Age First Used	Route (oral, smoke, inhaled, injected, other)	Drug of Choice	Other Drugs Used
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					
Other:					

List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific)\_

Are you willing to detox if needed? **YES NO** If diagnosed with substance abuse disorders, have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_ If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**

**VERIFICATION**

**Who can we call to verify application (Circle One) PO Public Defender Attorney Case Manager COIII Pretrial SACASA Representative Other \_\_\_\_\_**

Name \_\_\_\_\_ Fax (Required) ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Did you read the lodging agreement and house policies? **YES NO** Are you clear on what is expected of you? **YES NO**

**By signing below I provide authorization to share information included in this application with referring agencies:**

**(Sign here)** \_\_\_\_\_ Date: \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_