APPLICATION FOR RESIDENCY

Today's Date:			Move in Date:		
RESIDENT INFORMATION					
Last Name: First:		Middle:		Marital status:	
Is this your legal name? ◯ Yes ◯ No	If not, what is your legal name?	Former name(s):	Birth date:	Age:	Sex: ◯ M ◯ F
Dates of Prior Residence:	Prior Residence:				
Explain incarceration history:					
HISTORY					
Briefly tell us about yourself:					
What would you consider to be your weak points?	What would you consider to be your strong points?				
Why do you want to live at His House?					
Sobriety Date: [Date]	# of children and their situations?				
Do you know Jesus Christ? Briefly describe your relationship:					
What goals do you have in mind to accomplish while residing at His House?					

What plans do you have for gaining employment and how do you expect to pay rent?

How do you feel about being required to attend church and Celebrate Recovery meetings and having a curfew?

How is your overall health at this it

MEDICAL HISTORY	Have you ever considered suicide?	Have you ever attempted suicide?	Do you currently feel suicidal at this time?	Are you currently taking any medications?
	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

MEDICATIONS

Name of Medication	Dosage	How Often	Condition Treated

FAMILY MEDICAL HISTORY

Conditions	Do you suffer from this?	Does a family member suffer?	Name and relationship of family member
Nervous breakdown			
Migraines			
Hallucinations/delusions/visions			
Alcoholism			
Bizarre behaviors			
Nervousness			
Sleeping problems/insomnia			
Epilepsy/convulsions			
Chronic physical pain			
Memory lapses			
Drug addiction			
Psychiatric problems			

High stress			
Excessive eating			
Other			

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship:	Home phone no.:	Work phone no.:

If you agree to the stated guidelines, rules, and standards of conduct and if you declare the above information is true to the best of your knowledge, sign and date.

Applicant Signature

Date

Revised: 8/20/2023