

The Father's House Admissions Application

Name (First)_____ (Middle Initial)_____ (Last)_____

Alias or nickname(s)_____/_____/_____

Current contact information (phone or email) _____

Do you have a state issued photo ID? YES ☐ NO ☐

What is your date of birth? ____/____/_____

What is your marital status?

Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Co-habit ☐

What was your last permanent residence that you lived at for sixty days?

Address_____ City_____ State_____ zip_____

Phone:_____ What type of housing _____

Are you homeless now? _____ How long? _____

Do you have a religious preference? _____ What religion do you identify with most?_____

Are you a church member? Yes ☐ No ☐ What Denomination?_____ Where?_____

Pastor's Name_____ How often did you attend?_____

Did you attend church as a child? Yes ☐ No ☐ How often do you read the Bible?_____

Have you ever been baptized? Yes ☐ No ☐ When did you last attend church on a regular basis?_____

Do you ever pray? Yes ☐ No ☐ If yes, When?_____ Do you ever pray without asking for anything?

_____ Are you saved? Yes ☐ No ☐ Where were you saved? _____

How do you know?_____

What is the highest level of education you have completed, whether or not you have a degree?_____

What was the name of the last school you attended?_____

Did you graduate? Yes ☐ No ☐ Do you have any specialty skills or training?_____

What are they?_____

Are you currently employed? Yes ☐ No ☐ Name of Employer? _____ Phone_____

How many hours do you work?_____

Medical History:

Do you have any medical conditions that we need to be aware of? Such as:

Allergies____ Seizures____ Cancer____ Liver disease____ Heart problems ____ Diabetes____ Asthma____

High blood pressure____ TB____ Incontinent____ Other_____

Medical History Continued:

If you have allergies, what are you allergic to? _____

Are you receiving treatment for any of the above medical conditions? _____

If you are now taking any medications that are over the counter, for any of the above medical conditions please list them below.

Medication Names _____ What is the medication for? _____

Dosage _____ pills / mg _____ times a day. Are you currently complying with the dosage? _____

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Dosage _____ pills / mg _____ times a day. Are you currently complying with the dosage? _____

Notes concerning medication taken _____

How is your overall health? Very Good _____ Good _____ Fair _____ Poor _____ Disabling _____

Height _____ Weight _____ When was your last medical exam? _____ Doctors name _____

Have you ever been Abused? _____ If so in what way? _____ Do you feel you need

Counseling? _____ Have you suffered from depression? _____ Suicidal thoughts? _____

Have you ever attempted suicide? Yes ☐ No ☐ When? _____ How? _____

What issues do you believe need to be addressed while you are here with us? _____

Alcohol/Drug Use History

Which have you abused or used in excess, or feel you have an issue with? (check all that apply)

Alcohol ☐ Drugs ☐ Gambling ☐ Food ☐ Self- Abuse ☐ Sexual ☐

What are your drugs of choice? (check all that apply)

Amphetamine ☐ LSD ☐ Sedatives ☐ Cocaine ☐ Psychotropic ☐ Heroin ☐ Alcohol ☐

Inhalants ☐ Opium ☐ over the counter ☐ Pharmaceuticals ☐ Zany ☐ Marijuana ☐

Others: _____ Do you use tobacco? Yes ☐ No ☐

What is your longest period of sobriety ? _____ when was this? _____

Has your driver's license ever been revoked? _____ Have you ever been in prison? _____

What for? _____ Where? _____ When? _____

Are there any outstanding warrants or charges pending against you at this time? _____ Any court dates? _____

If currently incarcerated, what is your expected release date? _____

Do you object to us notifying law enforcement that you are here? Yes ☐ No ☐

Current legal status? Probation? _____ Parole? _____ Work Release? _____ Conditional Release _____

Do you have any insurance which you are aware of? _____

Have you ever been charged or convicted of a sexual crime? _____

Have you ever been charged or convicted of a violent crime or gun charge? _____

List all sources of income you are receiving, including what is documented above:

Wic _____ Food Stamps _____ SSD _____ SSI _____ Other _____

Contact Information (Limited to Immediate family)

Name _____ What is their relationship to you? _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone ____/____/____ Cell Phone ____/____/____ Work Phone ____/____/____

Other phone ____/____/____

Do you give authorization to release information to this person? Yes ☐ No ☐

Name _____ What is their relationship to you? _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone ____/____/____ Cell Phone ____/____/____ Work Phone ____/____/____

Other phone ____/____/____

Do you give authorization to release information to this person? Yes ☐ No ☐

Name _____ What is their relationship to you? _____

Address _____ (City) _____ (State) _____ (Zip) _____

Home Phone ____/____/____ Cell Phone ____/____/____ Work Phone ____/____/____

Other phone ____/____/____

Do you give authorization to release information to this person? Yes ☐ No ☐

Church / Pastor/ _____

Address _____ **(City)** _____ **(State)** _____ **(zip)** _____

Home Phone _____ **Cell** _____ **Church** _____

Do you give authorization to release information to this person? Yes ☐ No ☐

**This application and its contents are the
Property of; The Father's House.
If completed, its contents are confidential
And only authorized personnel may access it.**

**Confidential!!
Authorized Personnel of
The Father's House only!**

Informed consent and Disclaimers for services with The Father's House, Inc.

Financial Responsibility

The Father's House is a non-profit organization. The Father's House has determined that the monthly value of the TFH Addictions Recovery Program equals \$1,000.00. That value includes, but is not limited to, housing, utilities, food, counseling, staff, local transportation, programming, and more.

The Father's House does not deny a person access to the program due to their inability to pay. The Father's House is supported by the free will donations of many individuals. The result of this support allows The Father's House to fund a major portion of your program. We strongly believe that you have an obligation toward your own recovery, to not only complete the recovery program, but to also invest in it. Therefore, you will be expected to pay the agreed upon monthly shared house expenses once you are employed and begin receiving paychecks and that payment (regardless of your employment situation) will begin no later than 30 days after your first day of living at TFH.

Cost for class curriculum Materials

Curriculum materials may be provided at an additional cost. Any cost for bible study materials may need to be paid for by the resident. Should TFH provide materials in advance, reimbursement will be expected from the first paycheck once employment is obtained.

Personal Property

By signing this document, I attest to my understanding that any personal property left upon my departure from the TFH Program either voluntary or involuntary and not claimed within three (3) days, that is seventy-two (72) hours, by me or my authorized representative shall become the property of The Father's House, to dispose of in the best interest of the program.

Legal and Medical

By signing this document, I attest to my understanding that The Father's House is a Christ-centered regeneration program where men who are struggling with addictions to drugs, alcohol, and life dominating sins can begin the recovery and restoration process. Our staff is here to assist you in the recovery process and is committed to helping you as you develop a relationship with Jesus Christ and learn to apply Biblical principles to your life.

The Father's House does not employ legal staff. Therefore, it is your responsibility to handle your legal matters. The staff at the program can assist, as necessary, but your responsibility is to inform staff of your legal matters so that proper planning can take place for you to meet your legal requirements while you are enrolled in this program. Staff will provide an opportunity for you to schedule necessary legal appointments, upon approval. You must notify staff 10-14 days prior to your appointment including Parole and Probation appointments, Court Dates and Appearances, and call-in/letter writing to legal officers. If your legal matters require extensive work or time away from the program, you may be asked to withdraw from the program

and take the time to rectify them. While enrolled here, you will be subject to FBI and local law enforcement criminal background checks. This may require fingerprinting.

The Father's House does not employ medical staff. We are not a medical facility, and this program involves work therapy.

If you have serious medical problems or require extensive follow up, you may be referred to another program. For Emergencies, or in cases where appointments are absolutely necessary, we will work with you to get the help required. It is your responsibility to inform staff of your medical appointments and doctor requirements. Staff will provide an opportunity for you to schedule approved medical appointments. You may be required to partake in medical examinations for sexually transmitted diseases, HIV, and Hepatitis while enrolled here. If you are prescribed medications from a doctor, it is your responsibility to inform a staff member that you have them and all medications will be locked up and it is your responsibility alone to take them on time in the presence of a staff member. If you have another appointment, you are to inform staff within 14 days so planning can be made.

By signing below, I attest to my understanding of the above disclaimers and that this agreement between me, and the Staff at The Father's House will be complied with during my enrollment at The Father's House. I have read and agree with the financial responsibility indicated above and I voluntarily acknowledge my financial responsibility to The Father's House.

Signature of Guest

Date

Printed Name of Guest

The Father's House Staff

Date

The Father's House - House Leader

Date