



The House That Love Built
Application for Residency

APPLICATION DATE: _____ EXPECTED RELEASE DATE: _____

PERSONAL INFORMATION:

Name _____

ADOC, BOP OR Booking # _____ Facility and Unit _____

Name of your COIII _____

Current Address _____

City _____ State _____ Zip _____

Social Security# _____ Marital Status _____

Date of Birth _____ City/State of Birth _____

Primary Language Spoken: English _____ Spanish _____ Other _____

Number of dependents _____ Age of dependents _____

Race _____ Height _____ Weight _____ Religion _____

Do you have a driver's license: Yes _____ No _____ List any restrictions _____

Are you a veteran? Yes _____ No _____ If yes, type of discharge _____

What is your highest level of education? _____

GED? Yes _____ No _____ Year obtained: _____

PRISON/LEGAL HISTORY:

Altogether, how much time have you served in prison? _____

How many times have you been in prison? _____ In jail? _____

What crimes have you served time for and the length of time for each? (Use the back of page in needed) _____

What crime(s) are you currently serving time for? _____

Please any disciplinary record while inside prison: _____

Have you ever been convicted or charged with domestic violence? Yes _____ No _____

Please give an explanation ~~using the backside of this page.~~ _____

Do you currently have a restraining order against you? Yes _____ No _____

When does it expire? _____ Who ordered it? _____

What is the relationship to the person who ordered the restraining order? _____

Have you ever been arrested or convicted of a sex crime? Yes _____ No _____

If yes, give an explanation ~~on the backside of this page.~~

Are you planning on applying for any early release opportunity? If yes, please explain:

How long will you be on parole upon your release? _____

Are you under legal obligation to report your living arrangement to any judicial jurisdiction?

Yes _____ No _____

If yes, who and why? _____

Mental and Medical History

Do you have or have in the past had a problem with:

Drugs? Yes _____ No _____

If yes, please list, including prescription drugs _____

Alcohol? Yes _____ No _____

If yes, please list the types of alcohol you have abused _____

When was the last time you used? _____ What did you use? _____

Current Medical Conditions:

Please check all that apply and give explanation as needed.

_____ Heart Condition _____

_____ Diabetes: Insulin _____ Medication _____ Diet controlled _____

_____ High Blood Pressure _____

_____ High Cholesterol _____

_____ Cancer _____

_____ Ulcers _____

_____ Thyroid _____

_____ Lung Condition: Emphysema _____ Asthma _____ Other: _____

_____ Blood Clotting Problems _____

_____ Epilepsy _____

_____ Migraines: What types: _____

_____ Arthritis _____

_____ Other: _____

Have you ever been diagnosed with: Hepatitis C _____ HIV _____ TB _____ STD _____

If yes, what and when? _____

Have you had a COVID vaccine? **Y** or **N** Which of the vaccines? _____

Dates: _____

Booster: _____

If not, why? _____

Are you currently experiencing health issues that are untreated? _____

When was your last physical exam? _____

Where was the exam done? _____

Allergies: _____

Please list all medications you are currently taking: _____

Please describe your history with addictions and/or disorders (Drugs, Alcohol, Sex, Eating, Pornography, Gambling, Eating, Cutting, Purging, Spending Money, etc.)

Please list any triggers that may cause you to resort back to your addictive behavior:

Have you had classes or rehab programs to address the addictive behavior? Yes _____ No _____

If yes, please give dates and program(s)/class(es) _____

If no, why? _____

Are you willing to attend a program addressing the addictive behavior(s)? Yes _____ No _____

Have you ever been treated for any mental health issues? Yes _____ No _____

If yes, please describe them: _____

Have you had any type of professional counseling (mental or medical) If yes, please list type of counseling and the dates received?

Do you have difficulty controlling your anger? Yes _____ No _____

Have you ever taken or been recommend taking an anger management class? Yes _____ No _____

If yes, who recommended, where and when? _____

Did you attend the class(es)? Yes _____ No _____ Did you complete the class(es)? Yes _____ No _____

Have you ever attempted or contemplated suicide? Yes _____ No _____

If yes, when and why? _____

Are you currently contemplating suicide? Yes _____ No _____

Do you have any physical limitations? Yes _____ No _____ If yes, please explain:

Do you have any physical or mental limitations that would keep you from working or performing routine household chores? Yes _____ No _____

Explain: _____

Do you have plans of applying for SSI? Yes _____ No _____ Have you applied for SSI in the past? Yes _____ No _____ If so, when? Give last date you applied. _____

Do you have a medical marijuana card? Yes _____ No _____

If yes, why? _____

Do you plan on applying for a medical marijuana card? Yes _____ No _____

If yes, why? _____

WORK HISTORY:

Previous jobs:

Place of employment _____ Length of employment _____

Place of employment _____ Length of employment _____

Place of employment _____ Length of employment _____

TRADE AND SKILLS PERSONAL ASSESSMENT:

What field or trade skills are you hoping to pursue? _____

How do you relate to people in position of authority? _____

Skills _____

Interest/ Hobbies _____

OTHER PERSONAL INFORMATION:

Have you ever participated in a structured recovery program? Yes _____ No _____

If yes, when? _____

What program? _____

What was the reason for leaving? _____

Why do you think this program will help you? _____

Are you willing to do a background check? Yes _____ NO _____

Clothing size: Shirt _____ Pants _____ Shoes _____ Bra _____ Underwear _____

Favorite Meal: _____

Favorite Color: _____

HOW DID YOU LEARN THE HOUSE THAT LOVE BUILT? _____

CONTACT INFORMATION:

Cell Phone number _____ Message Phone number _____

Email Address _____

Name of person for message number _____

Other _____

EMERGENCY CONTACT INFORMATION:

Closest Relative's name _____

Their relationship to you _____ Their phone number _____

Who to contact in case of emergency _____

Their phone number _____

The House That Love Built is a non-denomination Christian Ministry devoted to "the least, the last and the left out". This ministry was founded in 2018 as a non-profit corporation under the Laws of the State of Arizona. The organization is a 501(C) (3) entity under the Federal Tax Code.

THE HOUSE THAT LOVE BUILT ACKNOWLEDGEMENT

Upon acceptance to this program, I agree to abide by all the general policies, guidelines and acknowledgements as stated in The House That Love Built manual and application. I acknowledge that all information provided is true to the best of my knowledge.

Signature _____ Date _____