

The Lazarus Project of Knoxville

Resident Application

Legal Name: _____

First

Middle

Last

Current address: _____

Street # & Name

City

State

Zip Code

Telephone where you can be reached: () _____ - _____ Are you a sex offender? Yes /No TOMIS # if applicable: _____

DOB: ____/____/____ Age ____ SS# ____ - ____ - ____ Occupation: _____ Are you a sex offender? Yes/No

Do you have a current capias/outstanding warrant in any county or state? (Be honest, this does not disqualify you for admission, we could possibly help you with this.) Yes No If yes, please list the charge, the county, and state: _____

Education (Circle last year completed for each): **Elementary** 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 5+

Currently in treatment or jail: Yes/No If yes, where: _____ Anticipated release date: _____

Have you ever or are currently receiving disability benefits? Yes/No If so, what is the monthly amount? \$ _____

Are you considered a violent offender? Yes/No **Do you have any gang affiliations?** Yes/No If yes, please provide the name: _____

Have you ever been in the military? Yes/No If so, what branch: _____ How long: _____

Were you ever dishonorably discharged from military service: Yes/No

If so, for what reason: _____

Do you struggle with substance abuse or drug addiction: Yes/No **If so, please answer the blue questions below.**

Drug of choice: _____ How often: _____ How much: _____

How do you use it: _____ When did you start using drugs: _____ Last time you used drugs: _____

Criminal History (If none, write N/A):

Year	Charge	Sentence	County/State	Convicted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pending criminal charges: Yes/No If yes, what are they? _____

In what state/county? _____ Court dates: _____

Other upcoming court dates: _____ County: _____

Regarding what matter: _____

On probation or parole: Yes/No Felony/Misdemeanor If yes, assigned officer: _____ County/State: _____

Do you have an attorney: Yes/No If yes, attorney's name: _____ County: _____

Are you legally married: Yes/No If so, please list the full name of your spouse: _____

How many children do you have: ____ If yes, their names: _____

List **ALL** Medical/Behavioral Health Concerns (i.e. High Blood Pressure, Depression, Bipolar Disorder etc):

Medications

Dosage (How Much)

Diagnosis (for what problem)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been in any type of substance abuse treatment before: Yes/No

If so, please list the names of facilities and the year you received treatment in the lines below: (This does not disqualify you-be honest)

Name of Facility: _____	Year: _____	Successfully complete: Yes/No
Name of Facility: _____	Year: _____	Successfully complete: Yes/No
Name of Facility: _____	Year: _____	Successfully complete: Yes/No

Have you been incarcerated (more than 6 months at a time) before: Yes/No

If so, please list the dates and names of facility along with the associated charge below:

Name of Facility: _____	Dates: _____	Charge: _____
Name of Facility: _____	Dates: _____	Charge: _____

What do you see as your main obstacle in life? (Why are you wanting services from us?)

Describe yourself, what kind of person are you?

Emergency Contact:

_____	_____	() _____ - _____	_____
First	Last	Telephone	Relationship
Complete Address: _____			

How long do you plan to stay at our facility? _____

Please describe the circumstances that resulted in your current situation or incarceration (what happened...tell us your story as to how you got to where you are or were criminally charged):

Upon admission, can you provide a valid Tennessee state ID or driver's license in addition to a social security card or birth certificate upon admission (Even if the proof is a clear photocopy)? Yes/No

Do you understand and agree to participate in all activities/courses that are faith-based while a resident in our facility? Yes/No

Deposits are Non-Refundable

Do you agree to pay the \$200.50 weekly program fee in addition to any other applicable fees per the Housing Guidelines for the duration of your stay? Yes/No

Applications submitted without all answers will not be considered, please ensure you answer every question.

Mailing Address: 7812 Ball Camp Pike Knoxville, TN 37931

Fax: 865-312-6932

Email: application@lazarusofknoxville.org