

# 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 felon? 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 Problems (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**

**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**