

Application for Admission

I hereby apply for housing and acceptance to Rachel House Transitional Living for Women. I am providing the following information for Rachel House staff to determine my eligibility for my enrollment in the transitional living community. You may print and complete by hand, or type answers, print, sign and e-mail to therachelhouse113@yahoo.com.

Please Print Legibly

Name: _____

Last

First

M.I.

Date of Birth: ____/____/____ SSN: _____

Current Address: _____

Telephone: ____ - ____ - ____ DL# _____

All applicants must provide valid and up to date identification to Rachel House Staff prior to admittance.

Addiction you are currently being treated for: () Alcohol () Drug Addict

Have you been in a substance abuse treatment, either in or out patient, within the last 3 years? Please list the names of each program (include one from incarceration) the dates you attended, if you graduated, or if you were discharged and explain why.

Are you currently in an addiction recovery program? () Yes () No

If you answered yes, please give the name of the program and the name of your group facilitator/case manager.

List the date of last drug or alcohol use ____/____/____ Last substance used _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____ Phone: _____

Marital Status: () Single () Married () Other _____

I give The Rachel House permission to have a photo on file with my application.

Employer: _____

Address: _____

Supervisors Name _____ Phone: ____ - ____ - ____

Job Description: _____ Weekly Pay: _____

Have you been marked as STG (Security Threat Group) or affiliated with a GANG? _____

Have you ever been convicted of a felony? If yes, please explain.

Are you currently on parole or probation? () Yes () No

Name of parole or probation officer: _____ Phone: ____ - ____ - ____

Have you ever been convicted of/or registered as a sex offender? _____

Have you ever been diagnosed with a mental illness? () Yes () No If yes please list diagnoses.

Are you on any prescription medication? () Yes () No

Please list all prescription Medication, prescribing doctor name and length of time on medication.

Primary Care Physician: _____ Previous Physician: _____

Address: _____ Phone: _____

Date of last visit: ____/____/____

Date of last TB shot: ____/____/____

What is the highest level of education you have completed? _____

Do you own a car? () Yes () No

Please provide make, model year and insurance information if you answered yes.

Do you Smoke? () Yes () No

Do you have tattoos? Please list location and description.

Why do you want to come to Rachel House and what would you like to accomplish during your time here? Please list your 6-month short term goals.

Who is your support network?

Please tell us what you believe your top 3 strengths and your top 3 weaknesses are.

Have you accepted Jesus Christ as your Savior?

Yes () No ()

Signature of Applicant Date