

PRE-APPLICATION DISCLOSURE



Thank you for your interest in His House for Her. Please note the following.

- Completing this application does not guarantee acceptance into the program.
- An in-depth interview will be required to adequately determine that His House for Her is able to meet your very important needs.
- The information provided on your application will be verified for accuracy and truth.

FAITH-BASED
SUPPORTIVE HOUSING
FOR WOMEN

BRIEF OVERVIEW:

- His House for Her is a 3-phase program.
- If approved, you will receive a thorough, trauma-informed assessment and create your own strength-based Individual Recovery Plan
- His House for Her will consult with community partners to provide a provide a multi-disciplinary approach to help you with your recovery goals.
- Medication-Assisted Treatment is permitted on a case-by-case basis
- Tobacco smoking is permitted on a case-by-case basis. However, we are a vape-free campus.
- Program fees and food costs are affordable; we will assist you in finding employment.
- His House for Her assists you with ACCESS Florida benefits.
- His House for Her conducts random 13-panel drug screens.

PROGRAM EXPECTATIONS

- His House for Her expects you to keep our residence DRUG AND ALCOHOL FREE. Refusal to submit to a drug or alcohol screen and/or dirty or diluted test results may be grounds for immediate dismissal.
- His House for Her expects you to remain free from the possession of any illegal substances, and/or drug paraphernalia at all times including when you are both on and off His House property. Possession of any illegal substances and/or drug paraphernalia may be grounds for immediate dismissal.
- His House for Her expects you to remain free from the possession of any and all weapons at all times including when you are both on and off His House property. Possession of any weapon at any time may be grounds for immediate dismissal.
- His House for Her expects you to respect the property of others by not stealing at all times including when you are both on and off His House property. Stealing at any time may be grounds for immediate dismissal.
- His House for Her expects you to respect and abide by our house rules and structure which includes but is not limited to:
 - a) limited, supervised, approved visitation
 - b) limited cell phone possession and use; approved computer use as needed
 - c) limited personal telephone calls
 - d) church attendance is required because residents may not be left home alone
 - e) adherence to the Core Values of kindness, excellence, service, accountability, and unity
- His House for Her will screen you for drugs and alcohol at the time of move-in. Should you screen positive for either, His House expects you to complete detox at a detox facility before being admitted to our residence.

RESIDENT APPLICATION



Program Application—**CONFIDENTIAL WHEN COMPLETED**

By filling out this application, you are requesting consideration into His House for Her, Inc., a 3-phase, faith-based program that will help you heal and become self-sufficient.

**FAITH-BASED
SUPPORTIVE HOUSING
FOR WOMEN**

Completion of this application does not obligate you to receive services. Please return this completed application to your Reentry Clerk, Chaplain, Release Manager, or His House for Her representative. **Email to:** melissa@hishouseforher.org or **mail to:** His House for Her, PO Box 830455, Ocala, FL 34483.

PROFILE: Today's Date: _____

Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ City/State of Birth: _____ Age: _____

DOC Number (if applicable): _____

Name & Address of Correctional Institution (if applicable): _____

Have you been to court and been sentenced? _____

Release/End of Sentence Date: _____

Name of person you are working with for release: _____

What is their title or role? _____

IDENTIFICATION: Are you a U.S. citizen? _____ Are you a veteran? _____

Do you possess a valid driver's license? _____ Do you possess a valid Florida ID? _____

Do you possess a Birth Certificate? _____ If no, what is the name, city, and state of the medical facility where you were born? _____

What was your name at birth? _____

EMERGENCY CONTACTS

NAME	PHONE	ADDRESS	RELATIONSHIP

PREVIOUS RELATIONSHIPS

Address where you last lived? _____

Who did you live with? _____

What was your relationship to them? _____

Would you:

- Return to the same place? _____ If no, why not? _____
- Keep your same friends? _____ If no, why not? _____
- Be willing to stop associating with family or friends? _____ If no, why not? _____

FAMILY

SPOUSE/PARTNER

Current LEGAL marital status: Single _____ Married _____ Divorced _____ Widowed _____

Spouse/Ex-spouse's name: _____

Their Address: _____

Current Partner's Name: _____

Their Current Address: _____

Their Phone Number: _____ Occupation: _____

Do they use drugs or alcohol? _____ Have they used drugs or alcohol in the past? _____

Have they BEEN or are they CURRENTLY incarcerated? _____ If yes, please list dates, charges, and locations of incarcerations (attach additional sheet if needed): _____

Describe your relationship with your husband or partner: _____

Previous marriages? _____ Number of times legally married: _____

CHILDREN

CHILD'S NAME	BIRTH DATE	SEX M or F	PRESENT LIVING SITUATION AND CURRENT CAREGIVER

CHILD'S NAME	BIRTH DATE	SEX M or F	PRESENT LIVING SITUATION AND CURRENT CAREGIVER

CHILDCARE INFORMATION

Do your children have a Social Worker? _____

If yes, Social Worker's name and phone #: _____

Are you working case plans for reunification: _____

If yes, through what agency? _____ Which State: _____

Do your children have a Guardian ad Litem? _____

If yes, what is their name: _____ Phone #: _____

If yes, through what agency? _____ Which State: _____

Are there any restraining orders against you? _____

Are you responsible for child support payments? _____ If yes, how much? _____

PARENTS

Is your father living? _____ If deceased, what year and cause of death: _____

Father's Name: _____ Phone #: _____

Address: _____

Is your mother living? _____ If deceased, what year and cause of death: _____

Mother's Name: _____ Phone #: _____

Address: _____

Describe your relationship with your father: _____

Describe your relationship with your mother: _____

SIBLINGS

How many brothers and sisters do you have? _____ (attach sheet if needed)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

EDUCATION

Highest grade completed: _____ Did you graduate from high school? _____

Have you received a GED? _____ If no, have you taken any GED classes? _____

Have you had any technical, vocational, or college schooling? _____

If yes, please list: _____

EMPLOYMENT HISTORY

What is your trade/profession, if any? _____

FROM MO/YR	TO MO/YR	EMPLOYER	TYPE OF WORK	REASON FOR LEAVING

LEGAL INFORMATION/HISTORY

Attorney: _____ PD or Private? _____

Email: _____ Phone #: _____

I hereby authorize and consent for the above attorney to provide information about my pending legal charges including court dates, expectation of release at sentencing, release dates, or any other pertinent legal information to His House for Her, Inc.

Signature: _____ Date: _____

Current charges: _____

How many times have you been incarcerated? _____

DATE	CHARGED WITH	JAIL OR PRISON

Have you ever been convicted for any violent charges? _____

Have you ever been convicted for: Assault _____ Armed Robbery _____ Resisting Arrest with Violence _____

Other: _____

Do you have any upcoming court dates: _____ If yes, date: _____

Do you have any outstanding warrants: _____ Please explain: _____

Are you being court-ordered to a program? _____

MEDICAL INFORMATION/HISTORY

I consent to provide this information. Signature: _____

I decline to provide this information. Signature: _____

Date of signature: _____

IF CONSENT IS SIGNED, PLEASE ANSWER THE FOLLOWING:

Do you have medical or dental issues not currently being treated? _____

If yes, what are they? _____

What provisions, if any, have been made for medical expenses? _____

Do you need glasses? _____ If yes, do you have glasses? _____

MEDICATION: Please list all prescribed and over-the-counter medications you are taking AT THIS TIME.

NAME OF MEDICATION	REASON FOR MEDICATION	DOSAGE HOW MUCH—HOW OFTEN

Will you consent to an HIV test/tests for sexually transmitted infections? _____

Do you have any past or current medical problems (surgeries, dietary requirements, sexually transmitted infections, seizures, allergies, etc.) that may affect you while in the program? _____

If yes, please explain: _____

Do you have any sleep disorders, nightmares, sleepwalk, sleep apnea? _____

If yes, which and please describe: _____

MENTAL HEALTH INFORMATION/HISTORY

I consent to provide this information. Signature: _____

I decline to provide this information: Signature: _____

Date of signature: _____

IF CONSENT IS SIGNED, PLEASE ANSWER THE FOLLOWING:

Have you ever been diagnosed with a mental illness? _____ If yes, when? _____

Are you currently receiving medication for the condition? _____

If yes, what is the medication and dosage? _____

Have you ever been in counseling? _____ If yes, please explain: _____

Have you ever attempted suicide? _____ If yes, please explain: _____

Have you ever been Baker-Acted? _____ If yes, please explain: _____

Have you ever entered an overnight mental health hospital or program? _____

Were you admitted voluntarily? _____ Were you admitted involuntarily? _____

Please provide the dates and explain: _____

Have you ever had an eating disorder? _____

Have you ever had anorexia? _____ Have you ever had bulimia? _____ Have you ever struggled with binge-eating? _____ Have you struggled with any other disordered eating? _____

Please explain any disordered eating: _____

Please describe yourself—your personality: _____

SUBSTANCE ABUSE

SUBSTANCES USED

What drugs have you used? Place an "X" to the **RIGHT** of all that apply. Write the **YEAR** you started using the drug. Write **E** (for experimental), **D** (for daily usage), or **O** (for occasional use) in the box of the drug used.

	X	YEAR		X	YEAR		X	YEAR
EXAMPLE:								
Hallucinogens	E	X	1988					
Hallucinogens			Opium			Amphetamines (Uppers)		
Heroin			Cocaine			Barbituates (Downers)		
Marijuana			Crack			Methamphetamine		
Alcohol			Tobacco			Hashish		
Mushrooms			Mescaline			Ecstasy		
Nitrous Oxide			Other Inhalants			Ruphinol		
Valium			Xanax			Roxicodone		
Dilaudid			Methadone			Oxycodone		

List any and all other substances you have tried that are not listed in the above chart: _____

Have you ever injected a drug? _____ If yes, what drug(s)? _____

_____ Last injection date: _____

How old were you when you first used drugs or alcohol? _____ What led you to start using drugs or alcohol? _____

Have you ever sold drugs? _____ If yes, what drugs have you sold? _____

What is your drug of choice? _____

What was your longest period of time clean and sober? _____

When? _____ Dates—MO/YR to MO/YR: _____

What caused your relapse? _____

What are your triggers (events/situations) that cause you to relapse? _____

Date of last drug use of any kind: _____

SUBSTANCE ABUSE TREATMENT HISTORY

NAME OF PROGRAM	LOCATION	DATES	GRADUATED OR LEFT EARLY

YOUR PERSONAL GOALS FOR RECOVERY

Why do you want to be a part of this program? Please be specific. _____

What do you expect to receive from this program? _____

Why do you think this program's outcome will be different than others? _____

What is the longest time you have stayed in another program? _____

Why did you leave? _____

What are your personal goals for recovery? Please be specific.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Why do you feel like you are ready to make a commitment to change your life now?

What would you like to do after the completion of this program?

SPIRITUAL LIFE

Have you ever committed your life to the God of Jesus Christ? _____ If yes, when? _____

Did you attend church as a child? _____ Have you attended church as an adult? _____

What type of church did you attend? _____

Have you ever been involved in Satanism, witchcraft, or occult activity? _____

If yes, please explain: _____

How often do you currently attend church? _____

What is your opinion of God? _____

What is your opinion of Jesus? _____

What is your opinion of the Holy Spirit? _____

How would you describe your relationship with God at this time? _____

Do you desire a deeper relationship with God? _____

Do you attend Bible studies? _____

Do you pray and read Scripture daily? _____

CONGRATULATIONS ON YOUR DECISION TO SEEK A FRESH START.

Please read the following statements and initial them if you agree.

- I understand that completing this application does not guarantee I will be accepted into the program.
- I understand that I may be offered an in-depth interview to adequately determine that His House for Her is able to meet my very important needs.
- I understand the information I provide on my application will be verified for accuracy and truth.
- I understand His House for Her is a Christ-centered program for adult women desiring healing and wholeness.

I understand:

- His House for Her is a 3-phase program.
- If approved, I will receive a thorough, trauma-informed assessment and work with the Executive Director to create my own strength-based Individual Recovery Plan.
- His House for Her permits Medication-Assisted Treatment on a case-by-case basis.
- His House for Her permits tobacco smoking on a case-by-case basis, yet it is a vape-free campus.
- His House for Her will assist me in finding employment to contribute towards my program fees and food costs. I understand I am required to work.
- His House for Her conducts random 13-panel drug screens and that refusal to submit to a drug or alcohol test and/or dirty or diluted test results may be grounds for immediate dismissal.
- Possession of any illegal substances and/or drug paraphernalia both on and off His House property may be grounds for immediate dismissal.
- Not respecting the property of others and stealing both on and off His House property may be grounds for immediate dismissal.
- If I am accepted into the program at His House for Her, I will be required to abide by their rules and house structure which includes but is not limited to: limited, supervised, approved visitation, limited cell phone possession and use, approved computer use as needed, limited personal telephone calls, church attendance as I cannot be left alone, and adherence to the Core Values of kindness, excellence, service, accountability, and unity.
- If approved, I will be screened for drugs and alcohol at the time of move-in. If I screen positive, I understand I am expected to complete detox at a detox facility before I may be admitted to the residence.

I do hereby agree that all the information contained in this application is true, correct, and complete. I understand that any misrepresentation, falsification, or omission of information on this application may result in immediate dismissal from the home.

Signature of Applicant

Date