



Application for Acceptance

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hosanna House is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hosanna House cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you.

Date _____

First Name _____ Middle _____ Last _____

Other Names you have been known by (Maiden name, other married names):

Name you go by _____

Home Phone _____ Other Phone _____

Present Address _____ City _____ State _____ Zip _____

Parent/Guardian (If applicable) _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Referred by: DHS _____ Court _____ Parents _____ Church _____ Radio _____ Other _____

Information About You:

Date of Birth ____/____/____ Age _____ Race _____

Social Security Number _____ - _____ - _____ City and State of Birthplace _____

Driver's License Number _____ Expiration Date _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Is your driver's license active? Yes or No Do you have your own vehicle? Yes or No

Marital Status:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ How many times married? _____

Dates of the marriages: 1. From _____ To _____ 3. From _____ To _____

2. From _____ To _____ 4. From _____ To _____

Relationship Status:

Are you currently involved in a relationship (either casual or serious)? Yes or No

Are you willing to forgo contact and involvement with this relationship during your stay in the 6 month Hosanna House program? Yes or No ; If no, why:

Children:

Do you have children? Yes or No (Circle One) How many? _____ *If no, please skip to next section.*

List Names and ages of children:

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

Who has custody of your children? _____

Will your coming to Hosanna House have any effect on the custody status of your children? Yes or No

If so, please explain _____

Are you on any type of government or financial assistance? Yes or No If yes, list type and amount: _____

Will your coming to Hosanna House have any effect on this assistance? Yes or No (please circle)

If so, please explain _____

Pregnancy:

How many pregnancies have you had? _____ Miscarriages _____ Abortions _____

Are you pregnant at this time? (circle one) Yes or No *If no, please skip to next section-medical.*

Has a doctor confirmed your pregnancy? Yes or No

Due Date: _____ Is the biological father aware of your pregnancy? Yes or No

What involvement do you anticipate the birth father will have during your pregnancy? _____

Which option are you considering for the child? Parenting Placing for Adoption Undecided

Hosanna House firmly believes in allowing you to make the choice between adoption and parenting. We believe that God will give you direction for your life and that of your unborn child.

Medical:

List any and all medications that you are currently taking:

<i>Medication</i>	<i>Dosage</i>	<i>Reason</i>	<i>For how long?</i>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Hosanna House does not have the medical personnel to monitor the use of psychotropic drugs (i.e. anti-depressants, tranquilizers, anti-anxiety, etc). If you are on these medications, we will need a statement from the attending physician explaining fully the need for this (these) prescriptions.

Do you have any allergies? Yes or No

Please describe _____

If your children are with you, do they have any allergies- food or otherwise? If so, what are they:

Are you on a special diet? Yes or No If yes, explain:

If yes, was this diet prescribed by a doctor? Yes or No Doctor's Name _____
Phone _____ Address _____

Do you have or have you ever had a problem with eating? Yes or No

If yes, what is/was the problem: _____

Have you been diagnosed with an eating disorder or treated by a physician? Yes or No

If yes, what disorder was it? _____

List and explain any physical limitations that you may have as indicated by a physician:

- 1. _____
2. _____
3. _____

List all past surgeries or medical hospitalizations including dates:

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

Financial:

Do you have any outstanding debts? Yes or No Please list what they are:

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

What arrangement will you make for their payment while you are at the home? _____

Legal Background:

Have you ever been arrested? Yes or No How many times? _____ List the details below:

Table with 4 columns: Date Arrested, Charge, Disposition or sentence, If probation or parole- completed or current ?

Under what names have you been arrested: _____

Do you have any pending court dates? Yes or No Explain _____

Name of attorney or legal representative _____ Telephone _____

Address _____ City _____ State _____ Zip _____

If currently on parole or probation, who is your parole/probation officer? Provide name and contact info to include phone number and address:

How long is your probation/parole for? _____ When did it begin? _____

How often must you report in? _____

Are you currently incarcerated? Yes or No Where are you incarcerated? _____

How long? _____ Length of time remaining _____

Please list any homeless shelters or programs that provide residential care that you have ever been to or participated in:

<u>Name of Facility</u>	<u>Reason</u>	<u>Date of Entry</u>	<u>Date of Exit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Substance Abuse:

Circle the substances you have experimented with:

- | | | |
|-----------|--|---|
| Alcohol | Hallucinogenic (Acid, LSD, etc.) | Morphine |
| Tobacco | Crank | Opium |
| Marijuana | Crystal Meth | Heroin |
| Cocaine | Meth Amphetamines | Hydrocodone |
| Crack | Ecstasy | Oxycodone (oxycotin, percocet, percodon, etc.) |
| Spice | Inhalants (glue, paint thinner, gas, etc.) | Barbiturates (downers-xanax, vicodin, valium, etc.) |

What is the last date that you used any of the above listed substances? _____

Do you currently drink alcohol more than one time per week? Yes or No

Do you currently have more than 2 drinks of alcohol in one sitting? Yes or No

Do you currently use a drug, or drugs, or any type of substance that is not either over-the-counter medicine or prescribed to you personally by a doctor? Yes or No

Drug of Choice:

List below any and all substances that you are currently using (either daily or occasionally) that are NOT over-the-counter medicine or prescribed to you by a doctor:

1. _____ Length of use _____

2. _____ Length of use _____

3. _____ Length of use _____

4. _____ Length of use _____

Habit cost per day? \$ _____ Longest period clean? _____

Have you ever been in any type of substance abuse or detoxification program before? Yes or No

If yes, list facilities:

Entry Date	Program Name	Religious/ Non Religious	City/State	Reason for Leaving	Date of Discharge

Counseling and Treatment:

Have you ever been diagnosed or treated for: (circle appropriate response)

ADD/ADHD Yes No

Oppositional Defiant Disorder Yes No

Bi-Polar Disorder: Yes No

Post Traumatic Stress Disorder Yes No

Borderline Personality Disorder Yes No

Reactive Attachment Disorder Yes No

Dissociative Identity Disorder Yes No

Schizophrenia Yes No

Obsessive Compulsive Disorder Yes No

Have you received counseling for any of these disorders? Yes or No If yes, please provide information below:

<u>Date of entry</u>	<u>Counselor/Program Name</u>	<u>Location (city,state)</u>	<u>Reason for leaving</u>	<u>Discharge Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education:

What is the highest level of school that you have completed? (Circle One)

Middle School

High School

Some High School

College

Some College

Name of last school attended? _____

Date of last attendance or graduation? _____ Did you receive a degree? Yes or No

Have you ever been in any special education classes? Yes or No

Is so, please list: 1. _____ 2. _____

3. _____ 4. _____

Would you like to obtain a GED while at Hosanna House? Yes or No

Would you like information on taking college courses while at Hosanna House? Yes or No

List any identified education-related problems (including learning disabilities) that you may have:

Current Work Status:

Are you currently employed? Yes or No Full-time or part-time? _____
Company: _____ Your position: _____
Location (City, State): _____ Phone Number: _____
Beginning date of this job : _____ Supervisor Name: _____
May we contact them if necessary? Yes or No

Previous Work Experience:

Please list your last two jobs beginning with the most current:

Company: _____ Your position: _____
Location (City, State): _____ Phone Number: _____
Dates of employment: From _____ To _____
Supervisor Name: _____ May we contact them if necessary? Yes or No

Company: _____ Your position: _____
Location (City, State): _____ Phone Number: _____
Dates of employment: From _____ To _____
Supervisor Name: _____ May we contact them if necessary? Yes or No

Company: _____ Your position: _____
Location (City, State): _____ Phone Number: _____
Dates of employment: From _____ To _____
Supervisor Name: _____ May we contact them if necessary? Yes or No

References:

List three personal references, not related to you, who have known you for more than one year:

Name _____ Phone _____ Years Known _____
Address _____ Relationship: _____
Name _____ Phone _____ Years Known _____
Address _____ Relationship: _____
Name _____ Phone _____ Years Known _____
Address _____ Relationship: _____

May we contact these references if necessary? Yes or No

Emergency Contact:

In case of emergency, please notify: (please list at least one)

Name _____ Phone _____
Address _____ Relationship: _____
Name _____ Phone _____
Address _____ Relationship: _____

