

His Open Door Ministry

APPLICATION

Date of Application _____ Date Housing is Needed _____
Last Name _____ First Name _____ Middle Initial _____
Preferred Nickname _____ Who Referred You? _____ DOC# _____
Military ID (if applicable) _____ Military Dates of Service _____ Location _____
Address _____ City/State _____ Zip Code _____
Email address _____ Phone _____
Date of Birth _____ Age _____ Social Security # _____
Marital Status: Single Divorced Separated Widowed Civil Union
Emergency Contact: _____ Phone _____ Relationship _____

DOCUMENTATION

Do you have the following? Social Security Card Yes No Birth Certificate Yes No

TRANSPORTATION

Driver's License # _____ Valid/Current Expired Suspended
Do you own a car? Yes No Year _____ Make _____ Model _____
License Plate # _____ Color _____ Value _____
Is your insurance current? Yes No Insurance Company _____
If you do not have a car, what are your plans for transportation? _____

EDUCATION

Highest Level of Education Completed _____ High School Diploma GED College Credits/Degree
Describe any job training, certificates, or technical training you have completed. _____

CURRENT EMPLOYMENT

Are you currently employed? Yes No Employer: _____
Supervisor Name: _____ Supervisor Phone Number: _____
Previous Employer:

<i>Business Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Dates Employed</i>
<i>Supervisor</i>	<i>Reason for Leaving</i>		

APPLICATION

LEGAL INFORMATION

How you ever been convicted of a crime (felony or misdemeanor) Yes No

Are you on probation? Yes No

Are you on parole? Yes No

Are you currently in any legal trouble? (Court fines, outstanding tickets, warrants) Yes No

If yes, please explain: _____

How much do you owe in legal fines? _____

Are you making payments? Yes No

HEALTH INFORMATION

Condition	Currently Experiencing	History of:	N/A
Psychiatric Diagnosis			
Medical Diagnosis			
Trauma/Abuse			
Prescribed Medication	Dosage	Frequency	

Did you attend a drug/alcohol treatment program? Yes No

If yes, where?

Facility Name

Address, City, State, Zip

Did you complete the program?

Start Date

End Date

Caseworker

If you did not complete, why?

Do you use tobacco products (vape)? Yes No

Do you have a medical or emotional condition that would prevent you from working at least 35 hours per week? Yes No

PERSONAL INFORMATION

Do you currently attend church? Yes No

If so, where? _____

Do you have children that are not in your custody? Yes No

If so, please explain the situation. _____

List (3) character references. One family member, one friend, and one professional reference.

Name Phone # Relationship

Name Phone # Relationship

Name Phone # Relationship

APPLICATION

PLAN TO CHANGE WORKSHEET

I need to make a change because...

The following goals will help me make these changes:

Actions that can help me with my goals are (be specific):

People who are interested in helping me achieve my goals are:

Challenges that I will have to overcome to achieve my goals are:

Ways to recognize that my goals are working:

APPLICANT AGREEMENT

I, _____ have completed this application completely and truthfully.

I have read the Policies & Standard of Conduct and agree to comply. I understand that I may be asked to leave the home if I do not abide by all the requirements. I also understand that His Open Door Ministries cannot be held responsible for any illness or injury that residents in the home.

Signature _____

Date _____