

NAME \_\_\_\_\_ DOC# \_\_\_\_\_ DATE MAILED \_\_\_\_\_

EXPECTED RELEASE DATE \_\_\_\_\_

# ***HIS Open Door***

# **APPLICATION**

**HIS Open Door Transition Home Ministry**  
**3211 Everett Street**  
**Sand Springs, Oklahoma 74063**

**Please take time to carefully read over all of the material we have provided. Please pray about this decision. Once you have determined that you are willing to make a commitment to the program you may return the completed and signed application to the above address. You must include with your application a brief testimony and a letter explaining why you believe that you will be successful in a transitional living home.**

***We thank you in advance for letting us serve you!***

Date of Application \_\_\_\_\_ Date Acceptance into the house is needed \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Preferred Nickname \_\_\_\_\_ Who referred you to the Branch \_\_\_\_\_ DOC # if applicable \_\_\_\_\_

Military ID # if applicable \_\_\_\_\_ Military Dates of Service \_\_\_\_\_ Location Served \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO BOX \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Married ☐ Civil Union ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married ☐

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### DOCUMENTATION

Do you have your: Social Security Card Yes ☐ No ☐ Birth Certificate Yes ☐ No ☐

#### TRANSPORTATION

Driver's License # \_\_\_\_\_ Valid/Current ☐ Expired ☐ Suspended ☐

Do you have a car? Yes ☐ No ☐ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ Value \_\_\_\_\_

Is your insurance current? Yes ☐ No ☐ Insurance Company \_\_\_\_\_

If you do not have a car, what are your plans for transportation? \_\_\_\_\_

#### EDUCATION

Grade in school completed \_\_\_\_\_

Do you have a GED ☐ High School Diploma ☐ College Credits/Diploma ☐

Describe any job training, certificates or education you have completed \_\_\_\_\_

#### CURRENT EMPLOYMENT

Are you currently employed Yes ☐ No ☐ Location? \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone number \_\_\_\_\_

#### PREVIOUS EMPLOYMENT

Business Name \_\_\_\_\_ Complete Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Business Name \_\_\_\_\_ Complete Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

### LEGAL INFORMATION

Have you ever been convicted of a crime (felony/misdemeanor)? Yes ☐ No ☐

Are you on probation? Yes ☐ No ☐ Are you on parole? Yes ☐ No ☐

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes ☐ No ☐

If yes, explain \_\_\_\_\_

How much do you owe in legal fines? \_\_\_\_\_ Are you making payments? Yes ☐ No ☐

### HEALTH INFORMATION

	ARE YOU CURRENTLY EXPERIENCING	OR HAVE A HISTORY OF	N/A
PSYCHIATRIC DIAGNOSIS			
MEDICAL CONDITIONS			
TRAUMA/ABUSE			
ADDICTION TREATMENT			
PREScribed MEDICATIONS	DOSAGE AMOUNT	FREQUENCY	

If yes, where? \_\_\_\_\_  
 Facility Name Address/City/State/Zip Code Did you complete the program?

Start Date End Date Case Worker

If not, why? \_\_\_\_\_

Do you (smoke) Yes ☐ No ☐ or (vape)? Yes ☐ No ☐

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per

### PERSONAL INFORMATION

Do you currently attend church? Yes ☐ No ☐ If so, where \_\_\_\_\_

Do you have children not in your custody? Yes ☐ No ☐

If so, please explain the situation \_\_\_\_\_

List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
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### A Plan to Change Worksheet

I need to make a change and the reason is:	
The following goals will help me make these changes:	
Actions I can take to help me with my goals are: Specific Action	When
People who are interested in helping me achieve my goals are: Person:	Possible ways to help
Difficulties that may obstruct my goals and how I can manage them are: Obstacle to change	Possible ways to help
Ways to recognize my goals are working are:	

#### Applicant Agreement:

I, \_\_\_\_\_ have completed the application completely and truthfully.

I have read the Policies and 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 of the requirements. I also understand that His Open Door Ministry cannot be held responsible for injury or illness of residents in the home.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_