HIS OPEN DOOR MINISTRY

WOMEN'S SOBER LIVING | APPLICATION

PERSONAL INFORMATION

Date of application

Date housing is needed

Last name

First name

Middle initial

Preferred nickname

Referred by

DOC number (if applicable)

Military ID (if applicable)

Dates of military service

Location

Street address

City / State

ZIP

Email address

Phone number

Date of birth

Age

Social Security number

MARITAL STATUS

☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Civil union

Emergency contact

Emergency phone

Relationship

DOCUMENTATION

Do you have a Social Security card? ☐ Yes ☐ No

Do you have a birth certificate? ☐ Yes ☐ No

Complete each section. If a question does not apply, enter N/A.

TRANSPORTATION, EDUCATION & EMPLOYMENT

Driver license number

Status (current / expired / suspended)

Do you own a car? ☐ Yes ☐ No

Vehicle year

Make

Model

License plate number

Color

Approximate value

Is your vehicle insurance current? ☐ Yes ☐ No

Insurance company

EDUCATION

Highest education completed (diploma / GED / college credits / degree)

CURRENT EMPLOYMENT

Are you currently employed? ☐ Yes ☐ No

Current employer

Supervisor name

EMPLOYMENT, LEGAL & HEALTH INFORMATION

Supervisor phone

Previous employer

Previous business name

Business address

Business phone

Dates employed

Previous supervisor

Reason for leaving

LEGAL INFORMATION

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Are you on probation? ☐ Yes ☐ No

Are you on parole? ☐ Yes ☐ No

Do you have outstanding legal matters, fines, tickets, or warrants? ☐ Yes ☐ No

Amount owed in legal fines

Are you making payments? (Yes / No)

HEALTH INFORMATION

Psychiatric diagnosis - current, history or N/A

Medical diagnosis - current, history or N/A

Trauma / abuse - current, history or N/A

RECOVERY, PERSONAL INFORMATION & REFERENCES

Have you attended a drug or alcohol treatment program? ☐ Yes ☐ No

Treatment facility

Facility address / city / state

Start date

End date

Caseworker

Did you complete the treatment program? ☐ Yes ☐ No

Do you use tobacco products or vape? ☐ Yes ☐ No

Does a medical or emotional condition prevent 35 hours of work per week? ☐ Yes ☐ No

PERSONAL INFORMATION

Do you currently attend church? ☐ Yes ☐ No

If so, where?

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

THREE CHARACTER REFERENCES | Family member, friend and professional

Reference 1 - name

Phone

Relationship

Reference 2 - name

Phone

Relationship

REFERENCES & PLAN TO CHANGE

Reference 3 - name

Phone

Relationship

PLAN TO CHANGE WORKSHEET

APPLICANT AGREEMENT & SIGNATURES

APPLICANT ACKNOWLEDGMENT

I certify that the information I provided in this application is complete and truthful to the best of my knowledge.

I understand that acceptance into His Open Door Women's Sober Living Home requires an interview with the Program Director and completion of resident orientation.

I acknowledge that I must review and sign the current Policies and Procedures before moving into the home, and that approval of this application does not guarantee a space.

Applicant full name (typed)

Applicant signature (type name or print and sign)

Date

INSTRUCTIONS FOR APPLICANTS

- Complete all applicable fields, then save a copy to retain your answers.
- You may also print and complete this application by hand.
- Contact the ministry to arrange a secure submission method.
- This application contains sensitive information; do not email it as an ordinary attachment.

Program inquiries: hisopendoor@yahoo.com