Intake Application

Hannah’s House Ministries, Inc. is a 10 to 12-month Christian Discipleship Program focusing on a new way of life. We teach Christian living based on applying the Bible to our daily life. In our program we will help you deal with the issues that have led you to drug abuse, alcohol abuse, or other life controlling problems through the curriculum in our learning program. This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hannah’s House is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hannah’s House cannot meet your specific need, we may be able to refer you another resource.

# Please answer all questions honestly so we may know how best to help you.

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

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age: \_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender at birth: Male / Female

Name you go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present/Most Recent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Driver's License: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Expires: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Type of Driver's License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List 2 Previous Addresses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Callback Number :(\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of an Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: DHS \_\_\_\_\_\_Court \_\_\_\_\_\_Parents \_\_\_\_\_\_Church \_\_\_\_\_\_Advertisement\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Information About You

Have you been arrested? Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a felony? (circle) Person/Non-Person (circle) Drug/Non-Drug

Have you been in a shelter before? When/Where:

Are you using drugs/alcohol? Y/N Last time you used Y/N What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Marital/Relationship Status**

Single: \_\_\_\_\_\_ Dating: \_\_\_\_\_ Married: \_\_\_\_\_\_ Divorced: \_\_\_\_\_\_ Separated: \_\_\_\_\_\_

Are you a victim of domestic violence? Explain:

Do you have an active PFA? Filed When: Against/By Whom

# Children

Do you have any children? Yes/No Are they living with you? Yes/No
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_

**Screening Questions:**

1. Do you smoke Cigarettes? Y / N
2. Do you have health insurance? Y/ N
3. Do you have any medical, dental, or physical limitations? Y / N What: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(There will be no Doctor visits for the first 30 days unless you have insurance or cash to pay your bill.)**
4. Do you have HIV? Y/ N Do you have TB? Y/ N
5. Do you have Hepatitus A? Y/ N Do you have Hepatitus C? Y/ N
6. Are you on medications? If so what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. If you're on medications, how do you plan to pay for them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Can you go up and down stairs? Y/ N
9. Can you read and write? Y/ N
10. Are you on Disability or applying for it? Y / N
11. Do you have a drug addiction Y / N
12. Do you have an alcohol addiction Y / N
13. Do you suffer from an eating disorder? Such as Bulimia, Anorexia, Overeating? Y / N If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
14. Have you ever been convicted of a sex offense? Y / N
15. Any Sexual Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Any Physical Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Any Lesbian / Homosexual experiences / relationships \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Are you a previous resident or have you done an intake with us before? Y / N

If yes, please explain:

**Background Information:**

1. Are you in jail now? Y / N Name of Jail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Booking #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney/ Public Defender Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parole or Probation Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Please explain any current legal issues you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you have an open DCFS case? Y / N. Which City?

We cannot transport you to see your children if out of town.

1. Are you currently on any medications? Y / N. Name of Med: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
What for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you been on psychiatric meds in the past? Y / N.
Name of Med: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_

**No prescription drugs mood altering, psychotic, pain, laxatives, sleep aids or herbal supplements or remedies are allowed at Hannah’s House. Please work with your physician and get a release for admittance.**

1. Have you been admitted to a psychiatric hospital in the past? Y / N. How long? \_\_\_\_\_\_\_\_
2. Have you been diagnosed with any psychiatric conditions/mental illness? Yes/No
Please state here what you were diagnosed with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever felt like you wanted to harm yourself? Y / N. When?
4. Do you have any difficulty reading or writing? Y / N
5. Do you realize that this program is centered on a relationship with Jesus Christ? Y /N.

**If the applicant is accepted as a candidate to the program at that time of the interview, then they are put on the waiting list.**

**It is the applicant’s responsibility to call once a week to check in (that keeps them on the waiting list). Do not have someone else call for you\*. If you do not call, you will be dropped to the bottom of the waiting list.**

**RELEASE AGREEMENT**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Initial

 I understand the intentional omission of facts or information during the intake and application process or intentional dishonesty, will result in my immediate dismissal from the program.

\_\_\_\_\_\_\_\_\_\_\_ I understand I will be required to submit to a further application process within 24 hours of entering the program which will include drug testing.

\_\_\_\_\_\_\_\_\_\_\_ I understand NO CELL PHONES are allowed to be used anywhere, at any time while in the main house. Once in reintegration housing, cell phones are allowed.

 I understand I will not be allowed to be on prescription drugs which are mood altering, psychotic, pain, laxatives, sleep aids or herbal supplements or remedies while in the program.

 \_\_\_\_\_\_\_\_\_\_ I understand that the program cannot and will not held responsible for

 responsible for any injury occurring to anyone while living at the house or on the premises.

\_\_\_\_\_\_\_\_\_\_ I understand NO FRATERNIZATION. No contact with the others for the reason of developing a relationship toward dating. (No notes, letters, conversations, touching, or dating.) This is a time for you to grow and be healed therefore no dating relationships will be allowed.

\_\_\_\_\_\_\_\_\_\_ I understand NO secular music is allowed anywhere, at any time, including in the vehicles.

\_\_\_\_\_\_\_\_\_\_ I understand that the program will not be held responsible for any person’s property left, lost, stolen, or damaged while on the premises.

 I understand that the Director, House Manager, or other authorized personnel will be entering all areas of the house multiple times per day for inspection.

 I understand the length of my stay at the program is at least 6 months and up to 1 year during which time the first 4 months and completion of the 4th contract (whichever is longer) I will not be allowed to work. The week following completion of the 4th contract – then I can start looking for work. Re-integration is up to 12 months in length.

Signature of Applicant Date

Signature of Witness Date