



Humble House Ministries, Inc.

(850) 624-5563

humblehouseministries.org

humblehousetally@gmail.com

A faith based, Biblically oriented, addiction recovery ministry

Cell Phone #

Other Phone #

Email

RESIDENCY INFORMATION:

Are you currently incarcerated in a correctional facility? Y N (If yes, see notes below under “Legal”)

If yes, what facility? Phone #? Staff contact? Booking #?:

Are you recently (last 6 months) released from a correctional facility? Y N

If yes, what facility and how long was your incarceration:

What is your current housing status?

Homeless Staying with Friend/Relative Staying in Hotel/Motel

Renting Own Home Other: _____

What is your current living address, if applicable?



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Street Address

City

State

Zip

LEGAL STATUS: *(Note: A prior criminal history will not necessarily disqualify you)*

Have you ever been registered as a sex offender/predator? Y N

Have you ever been charged with child neglect or abuse? Y N If yes, please explain: _____

Do you currently have any charges pending against you? Y N

If yes, please state the nature of the charges: _____

Do you have any upcoming court appearances? Y N

If yes, please provide:

<i>Date</i>	<i>Location</i>	<i>Reason</i>
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<i>Judge</i>	<i>Public Defender /Lawyer</i>	<i>Phone #</i>
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Are currently on probation? Y N

If yes, please provide: _____



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Charge/Offense *Probation Start* *Probation Ends*

Probation Officers Name *Phone #*

Are you, or will you, be required to pay any fines, probation fees, court costs or restitution? Y N

If yes, please state what and how much monthly:

Type \$ _____
Monthly Amount

Type \$ _____
Monthly Amount

Have you been convicted of any felonies within the last 10 years? Y N

If yes, please provide:

Nature of Offense *Date of Conviction* *Sentence Received*

Nature of Offense *Date of Conviction* *Sentence Received*

Are you initiating or undergoing any civil proceedings (*divorce, child custody, lawsuits, etc.*)? Y N

If yes, please provide more information:



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EMPLOYMENT HISTORY:

What is your current employment status?

Unemployed Working Part Time Working Full Time Self Employed

Please list any trade or professional skills you possess that could be of value to an employer:

Please list your previous three jobs and job duties:

MEDICAL & MENTAL HEALTH HISTORY:

Do you currently have any physical health problems you are dealing with? Y N

If yes, please explain:

Have you had any serious illnesses, injuries, or surgeries in the past? Y N

If yes, please state when and what:



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Are there any physical limitations as to what jobs you may perform? Y N

If yes, please state what:

Will you be required to have any surgeries or medical procedures performed in the future? Y N

If yes, please state when and what:

Have you been diagnosed with any mental health problems now or in the past? Y N

If yes, please state when and what:

Will you be required to meet any medical/mental health appointments in the future? Y N

If yes, please state when and what:

Please list all the medications you are currently prescribed:

Name of Medication:	Milligrams:	Times a Day:	Name of Medication:	Milligrams:	Times a Day:
_____	_____	_____	_____	_____	_____

Name of Medication:	Milligrams:	Times a Day:	Name of Medication:	Milligrams:	Times a Day:
_____	_____	_____	_____	_____	_____



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FINANCIAL INFORMATION:

Are you currently receiving any of the following, and if so, how much monthly:

Food Stamps---Y N \$ _____ Unemployment---Y N \$ _____

SSI Disability --Y N \$ _____ SSI Retirement---Y N \$ _____

Job Retirement/Pension---Y N \$ _____ Other: _____ \$ _____

(Please indicate what)

EDUCATIONAL BACKGROUND:

Please circle the highest amount of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 (H.S. Grad) **GED**

Years of College: **1 2 3 4** Received: **Associates Bachelors Masters Doctorates**

Major/Field of Study: _____

FAMILY STATUS:

Never Married

Married

Separated

Divorced

Widower

Spouses name: _____ Phone # _____

Contact Y N (If no, list reason:) _____

Additional Notes: _____

Do you have plans to reconcile with your spouse at a later date?

N/A Y N Do not know



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Please list any children you have:

Name	Age	Name	Age
------	-----	------	-----

Name	Age	Name	Age
------	-----	------	-----

Where are your children located? _____

Who are they located with? _____

Are you currently in a relationship? Y N

If yes, please explain:

Are you currently under court orders to pay child support? Y N

If yes, how much monthly? \$ _____

Please indicate if anyone in your family ever had a history of the following:

	Mother	Father	Sibling	Spouse
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Mental/Psychiatric Illness

Criminal/Legal Problems

RELIGIOUS BACKGROUND:

Do you consider yourself a Christian? Y N

If no, what religious beliefs, if any, do you profess:

Do you consider yourself Saved? Y N Do not know

If no, why not:

If yes, please explain.

What Church or other house of worship do you prefer to attend:

Name

Location

Who, if anyone, influenced you spiritually growing up?

CHEMICAL SUBSTANCE ABUSE INFORMATION:



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Are you capable of passing a drug urinalysis test right now? Y N

Are you capable of passing a breathalyzer test right now? Y N

When was the last day you used? _____

What was the last drug you used? _____

What was/is your drug of choice? (including prescription narcotics & marijuana)?
Please list the following:

<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

Do you drink alcohol? Y N

☛ If yes, please provide:

<i>Beer/Wine:</i>	<i>Amount Consumed</i>	<i>How Often</i>	<i>Date of Last Usage</i>

Usage

<i>Liquor:</i>	<i>Amount Consumed</i>	<i>How Often</i>	<i>Date of Last Usage</i>

Do you smoke tobacco? Y N

☛ If yes, how much do you smoke per day: _____

Would you be willing to attend a smoking cessation class and quit smoking? Y N



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Have you ever been in a substance abuse or rehab facility before? Y N

If yes, please provide the following:

<i>Name of Facility</i>	<i>Location (City, State)</i>	<i>Checked In (mm/yy)</i>	<i>Length of Stay</i>
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Did you graduate? Y N

<i>Name of Facility</i>	<i>Location (City, State)</i>	<i>Checked In (mm/yy)</i>	<i>Length of Stay</i>
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Did you graduate? Y N

INTERVIEW QUESTIONS:

Have you ever been in our program before? Y N

If yes, when?

Where did you hear about our program?

What situations have led you to seek our help here?



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What do you believe you must do to prevent your situation from just happening again?

If accepted, what do you hope to get out of this program for the long term?

What do you believe will be your biggest challenge in successfully completing this program?

Have you ever heard of Backpage? If yes, please explain:

Have you ever been involved in the Escort Service?

Have you ever had an abortion? Y N If yes, date: _____ / _____

My signature below certifies that the information I have provided is true and accurate to the best of my knowledge. I understand that providing false information or omitting information requested may be grounds for my application to be denied or for later dismissal from the program.



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Applicant Signature Date

Staff Signature Date

Office Use Only:

Accepted? Y N If yes, acceptance date: _____ / _____ If no, reason why?
