

Applicant Screening Questionnaire

Name _____

Date _____

Age _____

DOB _____

Social Security Number ____/____/____

Place of Birth _____

City

State

Marital Status:

Single Yes No

Married Yes No

Divorced Yes No

Separated Yes No

Widow Yes No

Number of Children: _____

Place of Birth _____

City

State

County

Reason for seeking help at "The House of Refuge" _____

How did you become aware of The House of Refuge? _____

EDUCATIONAL BACKGROUND:

Completed High School Yes No

Completed GED. Yes No

Vocational or Technical Training Yes No

College Yes No If yes how many years? _____

Special Skills _____

Are you employed if yes where _____

Do you have any cases pending (If yes explain) _____

Do you have a Felony (If yes explain) _____

What type of felony _____

Do you use drugs or alcohol? If yes explain what kind. _____

When the last time used _____

Do you have any medical conditions (if yes explain) _____

Do you take any kind of mental health medications (if yes explain) _____

Are you willing to stay in the program for 12 months? _____

Do you have any family that can help support you in this program? _____

Are you willing and able to work _____

(Please send E-Mail and fax information to robtee26@bellsouth.net or Fax to 1-423-756-5919)

REQUIREMENT AND REGULATIONS

Please initial each situation to acknowledge that you have read and agree to each of these requirement and (or) regulations.

1. Plan to attend all services: Sunday School, Sunday Morning worship, Sunday Evening Bible Study, Wednesday Mid-Day Bible Study, Wednesday Night Service, Men's Tuesday Night Bible Study (men only). Failure to do so will be a violation of the rules and you can be discharged from the program._____
2. Drug test will be giving to client anytime the staff request one from client._____
3. There is to be no overnight guest at the resident._____
4. No drugs or alcohol is allowed on the property._____
5. You must attend Transformation Project program every Monday, and Thursday Nights._____
6. You must attend two or more AA Meetings per week._____
7. There will be a "one on one" discussion with the Director to make sure that you are on the right tract with the program._____
8. No loud music._____
9. All residents must be employed or looking for employment while in the program._____
10. All residents must donate some time at the church._____
11. All residents must keep their resident clean at all time._____
12. The staff can at anytime come in and inspect the property._____
13. The program is a 12 month program._____
14. No fighting or using foul language._____
15. No smoking inside the residents._____
16. No printed or video of photographs, and pornography permitted in the residents._____
17. All residents will be fully informed of their rights, and responsibilities and limitations of those rights upon admission into the program._____
18. All resident's privacy and confidentiality will be strictly upheld._____
19. If any resident feel the need to have outside assistance, you have the right to call the appropriate advocacy representative._____

Client Signature

Date

Executive Director

Date

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