



judyhouse.org

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**Judy House
Ministry**

reconciling the disconnected

Residential Program Application

Client Information

Today's Date:	How did you hear about Judy House Ministry:
First Name:	Last Name:
Address:	Institution:
Cell Phone:	Email Address:
Birth Date:	Do you have a Birth Certificate: <input type="checkbox"/>
Social Security Number: (last 4 digits only)	Do you have a Social Security Card: <input type="checkbox"/>
I.D. # (jail, drivers license, other)	Do you have a Driver's license: <input type="checkbox"/>
I am: (circle one) Homeless Incarcerated After Care Hospital Other	Name of last Social Worker or Probation Officer

Demographics

Height:	Weight:	Race:
Primary Language:	Marital Status:	Birthplace:
Number of Dependents:	Child Custody Order:	Amount of Child Support:

	Yes	No	Previous Treatment When & Where	Need treatment
Alcohol Abuse				Yes or No
Substance Abuse				Yes or No
Development Disability				Yes or No
Physical Disability				Yes or No
HIV / AIDS				Yes or No
Mental Illness				Yes or No
Other				Yes or No

Income status

Current sources of income: (circle all that apply)	Employment Income	Child Support Income	Food Stamps	TANF
Social Security Benefits	Disability Benefits	Unemployment Benefits	Family Support	No Support or Benefits

Employment Status: (circle one) Currently Employed Not Currently Employed Fired Recently Laid Off Recently Quit My Job Self Employed Workers Comp Other	Current or Last Employer: Name of Company: _____ Location: _____ Job Title: _____ Hourly Wage: _____
Brief description of Paid Employment Experience:	Brief description of Community Service or Volunteer Work:

Health Status

Current Medications	For what illness	Prescribed by:	Are you currently taking them?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Do you take vitamins? Yes No Do you feel this is to make up for lack of proper diet? Yes No

Are you anemic, have high blood pressure, or diabetic? Do you wear glasses or contacts? Yes No

Do you believe you need to inquire about a physical? Yes No Do you have known food allergies?

In the past month:

Sleep Patterns		Eating Patterns	
Usual # hours sleep per night		How many meals per day	Any recurring nightmares Yes <input type="checkbox"/> No <input type="checkbox"/>
What did you eat today?			In last month, # nights not slept at all? <input type="checkbox"/>
Still tired after waking up?	<input type="checkbox"/>	What is (are) your favorite food(s)?	
Do you have a specific diet?	<input type="checkbox"/>	What is (are) least favorite food(s)?	

Financial History

Do you have a bank account? Yes No Last time had active account _____

Ever declared Bankruptcy? Yes No List banks unable to do business with: _____

Do you have unpaid debts, tickets, fees or outstanding child support? _____

What are your financial goals for the future? Click or tap here to enter text.

Have you ever lost your driver's license? Yes No If so, for what? _____

If without now, are you interested in getting it back? Yes No What is the total cost involved? _____

Spiritual History

Were you raised in a faith tradition? Yes No Is faith even an important issue in your life? Yes No

If you attend Church, or Synagogue, or Mosque, list name and location _____

What type worship services have you experienced in the past? _____

Describe how spirituality is, or could be helpful to you? _____

What are your thoughts of entering a Christ-centered program? _____

Social Connection

Education: (circle one) Diploma GED Currently Enrolled Dropped Out				Course(s) I Plan to Study in Future: (please describe)			
Plans to Attend Vocational Online Education Other							
Current residence: (circle one) Homeless Shelter Other Temporary Shelter Rental Housing On the Street Friends							
Foster Home Group Home Parent's Home Incarcerated/ State Incarcerated/ County Institution Hospital Treatment Center							
Explain Circumstances Leading to Current Crisis:							
Current/ Previous Arrest Status: (circle one) Have Never Been Arrested Juvenile Offense Misdemeanor Offense Probation							
Felony Offense Current Incarceration Out On Bond/ Bail Restitution Expungement/ Pardon Parole							
List All Previous Charges and Circumstances or Sentencing							
Date	Age	Charge	What Happened	Probation Officer	Commitment Length		
In the table below Please List 3 Character references We Might Wish to Contact							
Name		Address		Phone		Relationship	

Can You Pass Drug Test at Entrance Y or N

Willing to Submit to Random Testing Y or N

List All Other Transitional Programs or Rehabilitation Programs You Have Entered or Resided:

What Steps Have you Taken to Prepare for Entering This Program:

If unable to Enter Judy House Ministry, What Other Options Do You Have:

List Your Personal Goals for The Coming Year:

Goal 1)

Goal 2)

Goal 3)

How do You Plan to Achieve These Goals

Goal 1)

Goal 2)

Goal 3)

How Do You Deal With Anger? Describe What Happens When You Get Mad:

How Do You Deal With Stress? Describe What Happens When Under Pressure:

How Well Do You Respect Authority Figures?

How Do You Deal With Peer Pressure?

How Well Do You get Along With Others?

In About 100 Words, Please Describe Yourself:

Why did you decide Judy House was right for you? _____

What are your criminal skills? _____

As you see it, describe a life worth living (in detail) _____

Describe what failure looks like to you: _____

What motivates you? _____

On separate piece of paper: List Goals and Expectations for

Health

Finances

Education

Employment

Personal Development

Deepening Personal Faith

Reconnecting with Family

Reconnecting with Community

Can You Provide upon Request?

- **Proof of Release from Correctional facility?**
- **Criminal History from local County Police**
- **Plan of Action including Goals and Objectives**
- **Emergency Contact Numbers**
- **Valid ID or other credentials**

I agree that the information within this application is true to the best of my knowledge, and fully in agreement that this is a process of the initial Intake. I want to identify my needs with all suitable housing options, and that this application is not an entrance into the program itself.

Program (\$210 per week) fee is required for entrance into the *Transitional* program. I recognize that costs are expected at time of entrance (Entrance Fee), and that program fees also start on Day 1.

I recognize that Judy House Ministry is performing a service to provide me with hope; to help myself by providing solutions, and not solving my problems.

Attitudes are part of the overall evaluation from the time this paper is handed in fully completed, and I that have considered that when going through the process, any listing of information is considered a release to those who will not use it to defraud or slander me, my character, or to be used as a court testimony.

Print Full Name: _____

Signature: _____ Date of Application: _____

Staff Member: _____ Date: _____