



Dear Friend,

The Faith House ministry is about changing lives now and for eternity. At Faith House, you will take part in a 90-day journey to discover your purpose and find healing and hope. Faith House will provide you a loving, Christ-centered place while you work diligently toward self-sufficiency.

In the Bible, God says He has a plan for your life and that faith can move mountains (Jeremiah 29:11 & Mt. 17:20). We believe if you are willing to commit yourself to God and make changes, then by His grace and with the support of the Faith House team, you will see mountains move and will begin to live in the fullness of the life God intends for you.

In completing this application to Faith House, you are taking an important step toward a changed life and self-sufficiency.

Please complete and submit the following forms to apply for residency at Faith House. Once received, our admission team will contact you regarding an interview and potential occupancy.

There is great hope in Jesus Christ. Our prayers and thoughts are with you.

In Christ,

The Faith House Team of the Frederick Rescue Mission

Applicant's Name	
Received by	
Phone Interview Date	
F2F Interview Date	
Intake Date	



PROGRAM OVERVIEW

Application and Intake

Each guest resident will be interviewed by one or more members of the Faith House admissions team to determine appropriateness to the program. Before entering this program, all applicants must complete an application; read and sign the Guest Residents' Rights & Responsibilities; read and sign Guest Residents' Handbook; read and sign all Agreements and Releases; pass a drug and breathalyzer test, and complete a background check. Guest residents must disclose all information regarding past or pending legal matters on the application. Failure to disclose any legal cases may result in dismissal from the program. Program fees are \$50 per month for each woman and \$10 per month for each child. Fees are due upon entry if the woman has a job or income. Fees may be paid monthly on the 1st of the month or bimonthly on the 1st and 15th of the month.

Personal Development Plan

Upon acceptance into this 90-day program, each guest resident will begin working with the case manager on developing a Personal Development Plan (PDP) geared toward growth and self-sufficiency. The PDP will address identified needs of the whole person and will include setting goals in areas including employment, education, finances/budgets, income/government assistance, spiritual development, housing, transportation, physical health, addiction/recovery, behavioral health, life skills, and parent/child resources, as appropriate. While the case manager will be a source of support and resources for each's journey, professional mental health counseling, if needed, will come from a referred outside provider.

Work and Education

All guest residents are expected to be working full time or be enrolled in school within 30 days of intake or sooner. The PDP will address work and education. While looking for employment, women may be expected to volunteer within the community.

Living in Community

As part of a community of women and children, it is pertinent each guest resident fully embrace and adhere to the Guest Residents' Rights & Responsibilities to ensure Faith House remains a safe place both physically and emotionally. God created each of us uniquely, and, as different as we each may be, it is essential we remember we are all created in His image and are all here to move forward in our God-ordained journey. Additionally, since Faith House is a temporary stop on a much longer journey, we encourage all women and children to make and maintain healthy connections in the broader community outside the walls of Faith House.

Length of Stay

Participation in the Faith House Program is voluntary. Guest residents may choose to withdraw from the program at any time. As long as guest residents are abiding by the Guest Residents' Rights & Responsibilities, they will be able to stay in the program for the specified 90 days. The director may shorten a guest resident's stay at any time and for any reason. If they are adhering to the program responsibilities and guidelines and making progress toward established goals, they may apply for an extension in two-week increments. Extensions are at the director's discretion. When exiting the program, guest residents must remove all personal belongings from the Faith House. After 72 hours, all property will be considered a donation.

Residential Re-entry

Upon withdrawal or departure from the program, the individual may again complete an application for re-entry three months after the anniversary of her departure or after a length of time determined by the director. The Faith House Admissions Team receives the application for reconsideration.

GENERAL INFORMATION

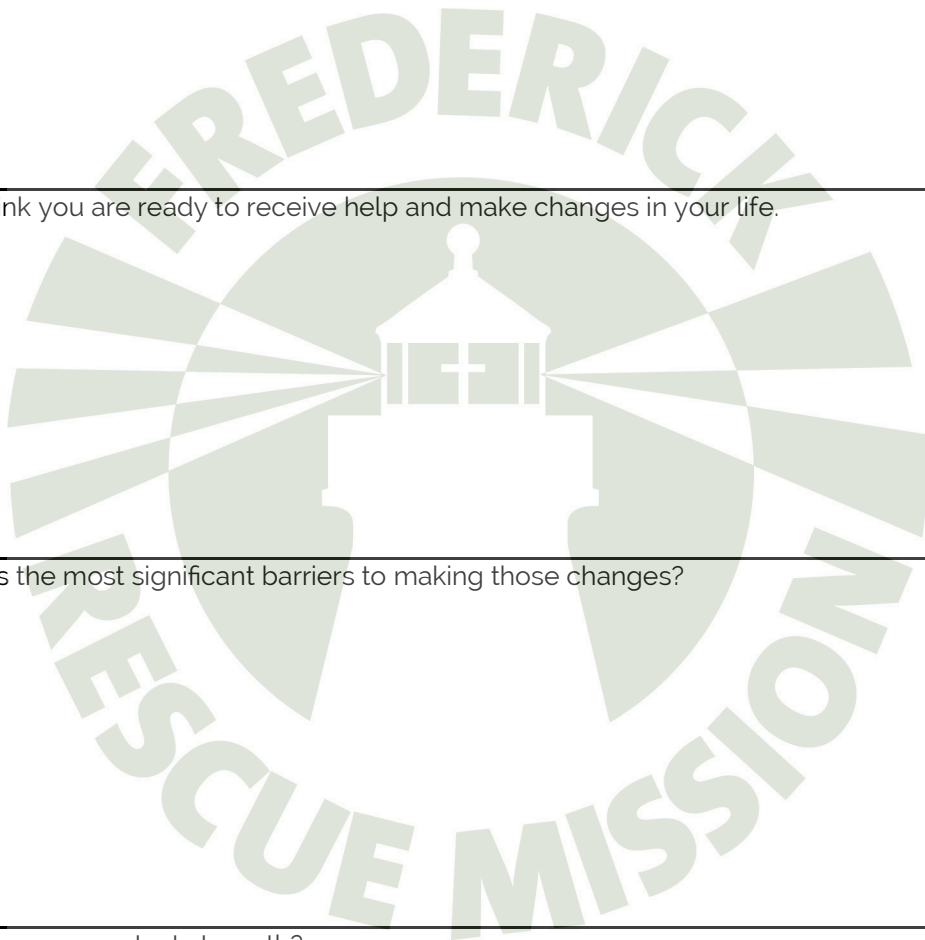
Describe your current situation:

What do you hope to accomplish while at Faith House?

Explain why you think you are ready to receive help and make changes in your life.

What do you see as the most significant barriers to making those changes?

What do you see as your greatest strength?



GENERAL INFORMATION

Name: _____
First Middle Last

DOB: _____ Social Security #: _____

Current Address: _____
Street City State Zip

How long have you been living there? _____

Where were you living prior to this? _____

Current Phone: _____ Current Email: _____

Parent: _____ Address: _____
(If under 18)

Marital Status: (please circle one) Married Divorced Separated Widowed Engaged Single

Primary Language: _____ Have you served in the military? _____ When: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

CURRENT STATUS

Who referred you to Faith House? _____

Do you have anyone age 17 and under in your care? Yes No

Do you have legal custody? Yes No

Please list all children under your care:

_____ Age: _____ Gender: _____

_____ Age: _____ Gender: _____

_____ Age: _____ Gender: _____

Please list children not in your care.

_____ Age: _____ Gender: _____

_____ Age: _____ Gender: _____

TRANSPORTATION

Do you have a valid driver's license? Yes No Suspended Expired

Do you have a valid state ID? Yes No Expired

Driver's License or ID #: _____ State Issued: _____ Expiration Date: _____

Do you have a vehicle? Yes No Year: _____ Make: _____ Model: _____ Color: _____

Do you have car insurance? Yes No Registration and tags current? Yes No _____

License Plate State: _____ License Plate #: _____

HEALTH & WELLNESS

General Health (please circle one) Excellent Good Fair Poor

Do you smoke? Yes No Are you Pregnant? Yes No Due Date: _____

Do you have health insurance? Yes No If yes, Your Insurer: _____ Your Provider: _____

Do you have allergies? Yes No If Yes, please explain: Medications, food, other) _____

Have you ever had a seizure? Yes No

Are you taking any medications currently? Yes No If Yes, Please list: _____

Have you been diagnosed with a disability? Yes No If Yes, what type? _____

Have you been hospitalized at any time in the last 12 months? If so, when/for what reason? _____

Have you ever been treated or diagnosed with a mental health issue? Explain. _____

Have you ever used alcohol or drugs? Yes No If Yes, indicate the last date (month/year) you used for each.

Alcohol _____ Prescription Drugs _____ Marijuana/Synthetic _____ Crack/Cocaine _____ Meth _____ Heroin _____

Are you currently being treated/in a recovery program for addiction issues? Yes No If Yes, where? _____

SPIRITUAL HISTORY

What is your religious background? _____

Are you actively involved in a faith community? Yes If so, for how long and where? _____

LEGAL HISTORY

Have you ever been arrested? Yes No List all crimes for which you have been arrested and approximate dates

Are you currently on probation? Yes No Are you currently on parole? Yes No _____
City State

Officer's Name: _____ Phone Number: _____

Are you a convicted sex offender? Yes No If Yes, what county and state are you registered? _____
County State

EDUCATION/ WORK HISTORY

Education: _____
HS Diploma/GED? Community College # of Semesters? 2 Year Associates? 4 Year Bachelors?

Professional/Vocational Certifications: _____ Current/Expired? _____

Are you currently employed? Yes No Where? _____ Start Date: _____

Are you currently enrolled in school? Yes No Where? _____ Start Date: _____

I agree that all information provided is accurate and correct and that any intentional misrepresentation or falsification may result in inability to be admitted into Faith House and actions up to or including dismissal from Faith House.

Signature: _____

Date: _____