



WOMEN'S SHELTER ON WILLOW RESIDENT APPLICATION

DATE:/...../.....

PERSONAL INFORMATION

NAME:
ADDRESS:
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CITY: STATE: ZIP CODE:
PHONE NUMBER:
EMAIL:
SOCIAL SECURITY NUMBER:
DATE OF BIRTH: AGE:

DRIVERS LICENSE NUMBER AND STATE ISSUED:
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IS YOUR LICENSE CURRENTLY VALID? Y N
EMERGENCY CONTACT NAME:
RELATIONSHIP TO RESIDENT:
PHONE NUMBER:
DO YOU HAVE AN INCOME? Y N
DO YOU RECEIVE FOOD STAMPS? Y N

FAMILY

MARITAL STATUS:
MARRIED SINGLE SEPARATED
DIVORCED WIDOWED
LIST REASONS FOR DIVORCE OR SEPARATION.
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HUSBAND'S NAME:
ADDRESS:
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CITY: STATE: ZIP CODE:
PHONE NUMBER:
HUSBAND'S DATE OF BIRTH:
NUMBER OF CHILDREN:
CHILDREN'S NAME / AGE
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DO YOU PAY CHILD SUPPORT? Y N
IF YES, HOW MUCH DO YOU PAY?
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ARE YOU CURRENTLY THE PRIMARY CAREGIVER
FOR YOUR CHILDREN? Y N
IF NO PLEASE DESCRIBE CURRENT LIVING SITUATION
FOR EACH CHILD. IF YES WHO WILL CARE FOR YOUR
CHILDREN WHILE YOU IN THE MINISTRY?
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CARETAKER CONTACT INFORMATION

NAME:
PHONE NUMBER:

EDUCATION HISTORY

ARE YOU ABLE TO READ AND WRITE? Y N DID YOU GRADUATE HIGH SCHOOL? Y N GED: Y N
DID YOU ATTEND COLLEGE? Y N WHAT WAS YOUR MAJOR?
DID YOU EARN A DEGREE? Y N WHAT IS YOUR DEGREE?
LIST ANY TRADE SCHOOL OR SPECIALTY TRAINING YOU HAVE COMPLETED/ATTEMPTED

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WORK HISTORY

ARE YOU CURRENTLY EMPLOYED? Y N IF YES, WHERE ARE YOU EMPLOYED?
PLEASE PROVIDE BRIEF WORK HISTORY FOR THE PAST FIVE YEARS

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PLEASE SHARE ANY ADDITIONAL SKILLS/TALENTS YOU MAY HAVE SUCH AS SEWING, COOKING, GARDENING ETC.

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LEGAL

ARE THERE ANY CURRENT CHARGES PENDING AGAINST YOU AT THIS TIME? Y N
IF YES, PLEASE DESCRIBE CHARGES, LIST COURTS AND CASE NUMBERS

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DO YOU HAVE AN ACTIVE WARRANT FOR YOUR ARREST? Y N

ARE YOU CURRENTLY ON PAROLE OR PROBATION? Y N

NAME OF PAROLE OR PROBATION AGENT:

IF YES, PLEASE DESCRIBE CONDITIONS OF YOUR PAROLE/PROBATION

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HOW MANY TIMES HAVE YOU BEEN ARRESTED?

HAVE YOU SPENT TIME IN JAIL OR PRISON? Y N

IF YES, PLEASE TELL US WHEN AND WHERE.

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HAVE YOU EVER BEEN CHARGED WITH ANY SEXUAL CRIME? Y N

IF YES, PLEASE EXPLAIN

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MEDICAL INFORMATION

WHAT IS THE STATE OF YOUR HEALTH? EXCELLENT GOOD FAIR POOR DECLINING

LIST ALL MAJOR ILLNESSES AND/OR SURGERIES THAT YOU HAVE OR HAVE HAD.

WHEN WERE YOU LAST TESTED FOR HIV? HEPATITIS C TB?

DO YOU SMOKE, CHEW ANY FORM OF TOBACCO? Y N

IF YES, WHAT? HOW LONG?

ARE YOU TAKING ANY PRESCRIPTIONS OR OVER THE COUNTER MEDICATION? Y N

PLEASE LIST ALL MEDICATIONS YOU ARE TAKING, INCLUDE DOSAGE AND HOW LONG YOU HAVE BEEN TAKING EACH.

PLEASE LIST ANY SIDE EFFECTS ASSOCIATED WITH YOUR MEDICATION.

HAVE YOU EVER SUFFERED FROM DEPRESSION? Y N

IF YES, PLEASE DESCRIBE

HAVE YOU EVER BEEN TREATED FOR ANY PSYCHIATRIC ILLNESS? Y N

IF YES, PLEASE DESCRIBE CONDITION AND TREATMENT.

HAVE YOU EVER CONSIDERED SUICIDE? Y N WHEN?

HAVE YOU ATTEMPTED SUICIDE? Y N WHY?

LIST ANY REHABILITATION CENTERS YOU HAVE ATTENDED.

WHAT WAS YOUR DRUG(S) OF CHOICE?

WHAT AGE WAS YOUR FIRST DRINKING/DRUGGING EXPERIENCE?

WHEN DID YOU LAST DRINK OR GET HIGH?

WHAT DID YOU USE?

DO YOU THINK YOU WILL NEED TO DETOX BEFORE ENTERING INTO THE MINISTRY? Y N

HOW WOULD YOU DESCRIBE YOUR SEXUAL LIFESTYLE?

HAVE YOU EVER PARTICIPATED IN AN ALTERNATIVE LIFESTYLE? Y N

HAVE YOU EVER STRUGGLED WITH AN EATING DISORDER? Y N

IF YES, PLEASE DESCRIBE.

HAVE YOU EVER PHYSICALLY HARMED YOURSELF (I.E. CUTTING)? Y N

IF YES, PLEASE DESCRIBE WHEN AND HOW.

SPIRITUAL BACKGROUND

DO YOU REALIZE THAT WOMEN'S SHELTER ON WILLOW IS A CHRIST CENTERED,
BIBLICALLY BASED MINISTRY? Y N

DO YOU HAVE A RELATIONSHIP WITH GOD? Y N

PLEASE DESCRIBE YOUR RELIGIOUS BELIEFS.

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DO YOU READ THE BIBLE? Y N

DO YOU PRAY? Y N

IS A CHURCH OR PASTOR CURRENTLY ASSISTING YOU? Y N

IF YES, PLEASE PROVIDE CONTACT INFORMATION

PLEASE SHARE THE REASON WHY YOU ARE SEEKING HELP.....

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DO YOU UNDERSTAND THAT WOMEN'S SHELTER ON WILLOW IS A ONE YEAR COMMITMENT? Y N

PLEASE SHARE YOUR THOUGHTS ABOUT MAKING THIS COMMITMENT AND YOUR WILLINGNESS.

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PLEASE READ OVER HANDBOOK BEFORE TURNING IN APPLICATION.

I HAVE READ THE HANDBOOK FOR WOMEN'S SHELTER ON WILLOW.

PRINT NAME:

SIGNATURE: DATE:

ATTACHED IS A WARRANT CHECK REQUEST FORM THAT NEEDS TO BE FILLED OUT AND TURNED INTO THE LOCAL POLICE STATION AND VERIFIED THAT THERE ARE NO OUTSTANDING WARRANTS. THIS FORM MUST BE TURNED IN ALONG WITH YOUR APPLICATION PRIOR TO ADMISSION.