

Application for Acceptance To Agape House of Walworth

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Agape House of Walworth is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Agape House cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing.

Name: _____ Date _____ Name you go by: _____

Present Address: _____

Telephone #: _____ Work #: _____

Family Member/Parent/Guardian: _____

Address: _____

_____ Telephone #: _____ Work #: _____

Referred by: _____ Telephone #: _____

Information About You

Date of Birth: _____ Age: _____ Race: _____

City and State of Birthplace: _____

Social Security Number _____ - _____ - _____

Driver's License Number (and expiration date): _____

Physical Characteristics:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status

Single _____ Married _____ Divorced _____ Separated _____

Children

Do you have any children? _____

List Names and Ages:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Agape House TLH?

Are you on any type of government or financial assistance? _____

Will your coming to Agape House TLH have any effect on this assistance? _____

Educational:

Name of last school attended? _____

Date of Attendance? _____.

Did you graduate? _____ If not, last grade completed? _____

Have you ever been in any special education classes? _____ If so, please list: _____

Do you plan on obtaining a GED or home school while at Agape House TLH (yes or no)? _____

Which? _____

Pregnancy

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Is the birth father aware of your pregnancy? _____

What involvement do you anticipate the birth father having with you during your pregnancy?

Are you considering parenting _____ placing _____ undecided _____ your child? (*Please indicate choice with an "X"*)

Agape House firmly believes in allowing you to make the choice between adoption and parenting. We believe that while you are here God will give you direction for your lie and that of your unborn child.

Medical

Do you have any allergies? _____ List: _____

List any and all medications that you take:

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you on a special diet? _____ Explain: _____

If yes, was this diet prescribed by a doctor? _____ Drs. name and phone # _____

Do you have, or have you ever had, a problem with food or eating? Explain _____

Have you been diagnose with an eating disorder or been treated for one by a physician? _____.

Dr's. name and phone # _____

List any physical limitations that you may have as indicated by a physician: _____

Reason: _____

List all past surgeries or medical hospitalizations (include dates): _____

Financial

Do you have any outstanding debts? _____ Explain: _____

Will you be responsible for paying your debt while at our home? _____

Would the finances for your personal needs while at Agape House TLH be sponsored by a church, ministry, family or individual?

_____ If so, whom? _____

Agape House TLH provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of the individual or their sponsoring agency to cover these expenses. Arrangements should be made prior to residency. If none of the above is available to you please inform the intake coordinator during your interview.

Legal Background

Have you ever been arrested? _____ How any times? _____ Dates, charges, etc: _____

Do you have any pending court dates? _____ Explain: _____

Are you currently incarcerated? _____ How Long? _____ Length of time remaining? _____

Name of Attorney or Legal Representative: _____

Telephone # _____

Have you ever been on probation or parole? _____ Are you now? _____

How often do you report? _____ In person or through mail? _____

Name of probation or parole office: _____

Address: _____

Telephone Number: _____

Substance Abuse

Have you ever experimented with the following substances? (circle)

Alcohol	Hallucinogenic (Acid, LSD, etc.)	Morphine
Opium	Amphetamines (uppers)	Crank
Heroin	Barbiturates (Downers)	Crystal Meth
Ectasy	Cocaine	Marijuana
Tobacco	Crack	Meth Amphetamines
Inhalants (Glue, Paint Thinner, etc.) Other: _____		

Drug of Choice:

- 1) _____ Length of Use _____
- 2) _____ Length of Use _____
- 3) _____ Length of Use _____
- 4) _____ Length of Use _____

Habit cost per day? _____ Longest Period Clean? _____

Have you ever been in an alcohol, drug or detoxification program before? _____ (Please list facilities below)

Was it religious or non-religious? _____

<u>*Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Counseling

Have you ever been diagnosed or treated for (please mark yes or no): DID/Dissociate Disorder _____ ADD _____ ADHD _____ Schizophrenia _____ BI-Polar Disorder _____ Borderline Personality Disorder _____?

*Have you ever been to counseling? _____ (Please list facilities/persons below)

*Have you ever received psychiatric care or been in a psychiatric hospital? _____ (Please list facilities...)

<u>*Date of Entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please sign release forms with the above *facilities/programs/ counselors and have your records forwarded to Agape House of Walworth.*

Have you ever been a victim of rape _____ or incest _____? How old were you? _____

Have you ever been a victim of sexual abuse? _____ physical abuse _____ or ritual abuse _____?

Have you ever been involved in prostitution? yes _____ No _____ Lesbianism? Yes _____ No _____

Have you ever tried to commit suicide? _____ why? _____

When? _____

Have you ever self-mutilated? Yes _____ No _____ How? _____

Family

Do you and your parents get along? _____

Do you live with them? Yes _____ No _____

Are they Christians? _____ For How long? _____

Denomination and name of Church: _____

Spiritual

Have you ever witnessed or been involved in the following occult activities? (circle)

- | | | |
|---|--------------------------|-----------------|
| Astroprojection | Horoscopes | White Magic |
| Divination | Levitation | Yoga |
| Fortune Telling | Rituals | Voodoo |
| Quiji Board | Séances Sacrifices | Channeling |
| Palm Reading | Spiritism | Spell Casting |
| Witches Coven | Tarot Cards | Witchcraft |
| Dungeons and Dragons | Psychic Consultations | Satanic Worship |
| Chanting | Putting Curses on Others | |
| Programming (Color, number, location, etc.) | | |

Write a brief explanation of your involvement with each: _____

Have you ever been abused in any of these activities? Explain _____

Have you ever been involved in any of the following groups? (circle)

- | | |
|---------------------|---------------------------|
| Christian Science | Mormonism |
| Eastern Religions | Scientology |
| Jehovah's Witnesses | Transcendental Meditation |
| Brotherhood | New Age Movement |

Write a brief explanation of your involvement with each: _____

Have you ever committed your life to God? _____

Date: _____ Place: _____

Are you a member of any church or religion? _____ Which one? _____

Do you feel that you have a need for God? _____ Explain: _____

What is your present relationship with God? _____

Why would you like to come to Agape House TLH of Walworth? _____

What would you like to see happen in your life while in this home? (Please list at least 3 goals) _____

I have read the Agape House of Walworth's Resident Handbook and I agree to submit to the rules and the staff of Agape House of Walworth. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal to or dismissal from the program.

Signature: _____

Date: _____

Medical Insurance Information Form

Section A

1. Name, address and telephone number of your physician

2. Do you have current individual insurance coverage? Y/N: _____

Dental _____ Vision _____ Medical _____

3. Are you covered by your parent/legal guardian's policy? Y/N: _____

Please call your insurance provider for assistance in answering the following questions. If you do not have Insurance, please proceed to Section B of this form.

4. Name of insurance provider: _____ Policy number: _____

Group number _____

5. Does your policy provide medical coverage outside of your network for both emergency and non-emergency visits? Y/N _____
What percentage does it cover? _____ If not, please specify: _____

6. What is your Dr. visit co-pay inside of the network? _____
What is your Dr. visit co-pay outside of the network? _____

7. *Do you have prescription drug coverage? Y/N _____
*If yes to above, are prescriptions covered outside of the policy network? Y/N _____ What %? _____

8. Will your insurance policy cover all of the following possible medical needs while at Agape House? Please check those that are covered:

Emergency Room _____ Hospitalization _____

Lab Work _____

Agape House will require your insurance, prescription and social security cards upon arrival into the program. (No copies Please).

Section B

I, _____ (print name), have read the above medical information and I agree to fully comply with the medical policies of Agape House and state that the above information is completely accurate. I also understand that the total of all medical expenses acquired while staying at Agape House are my responsibility to pay in full.

Applicant's signature

Date