

## 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? \_\_\_\_\_

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

**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...)

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

*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? \_\_\_\_\_

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

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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