



Application for Acceptance

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hosanna House is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hosanna 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.

Date _____
First Name _____ Middle _____ Last _____
Name you go by _____
Home Phone _____ Other Phone _____
Present Address _____ City _____ State _____ Zip _____
Parent/Guardian (If applicable) _____ Home Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Referred by: DHS _____ Court _____ Parents _____ Church _____ Radio _____ Other _____

Information About You:

Date of Birth ____/____/____ Age _____ Race _____
Social Security Number _____ - _____ - _____ City and State of Birthplace _____
Driver's License Number _____ Expiration Date _____
Height _____ Weight _____ Eye Color _____ Hair Color _____
Is your driver's license active? Yes or No Do you have your own vehicle? Yes or No

Marital Status:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
How many times have you been married? _____
Dates of the marriages:
1. From _____ To _____ 3. From _____ To _____
2. From _____ To _____ 4. From _____ To _____

Relationship Status:

Are you currently involved in a relationship (either casual or serious)? Yes or No
Are you willing to forgo contact and involvement with this relationship during your stay in the 6 month Hosanna House program? Yes or No _____

Children:

Do you have children? Yes or No (Circle One) How many? _____ *If no, please skip to next section.*

List Names and Ages

1. _____ Age _____ 4. _____ Age _____
2. _____ Age _____ 5. _____ Age _____
3. _____ Age _____ 6. _____ Age _____

Who has custody of your children? _____

Will your coming to Hosanna House have any effect on the custody status of your children? Yes or No

If so, please explain _____

Are you on any type of government or financial assistance? Yes or No If yes, list type and amount: _____

Will your coming to Hosanna House have any effect on this assistance? Yes or No (please circle)

If so, please explain _____

Pregnancy: (circle one)

How many pregnancies have you had? _____ Miscarriages _____ Abortions _____

Are you pregnant at this time? Yes or No *If no, please skip to next section-medical.*

Has a doctor confirmed your pregnancy? Yes or No

Due Date: _____ Is the biological father aware of your pregnancy? Yes or No

What involvement do you anticipate the birth father will have during your pregnancy? _____

Which option are you considering for the child? Parenting Placing for Adoption Undecided
Hosanna House firmly believes in allowing you to make the choice between adoption and parenting. We believe that God will give you direction for your life and that of your unborn child.

Medical:

List any and all medications that you are currently taking:

<i>Medication</i>	<i>Dosage</i>	<i>Reason</i>	<i>For how long?</i>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

Hosanna House does not have the medical personnel to monitor the prescription of psychotropic drugs (i.e. anti-depressants, tranquilizers, anti-anxiety, etc). If you are on these medications, we will need a statement from the attending physician explaining fully the need for this (these) prescriptions.

Do you have any allergies? Yes or No

Please describe _____

Are you on a special diet? Explain: _____

If yes, was this diet prescribed by a doctor? Yes or No Doctor's Name _____

Phone _____ Address _____

Do you have or have you ever had a problem with eating? Yes or No

Have you been diagnosed with an eating disorder or treated by a physician? Yes or No

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

- 1. _____
- 2. _____
- 3. _____

List all past surgeries or medical hospitalizations including dates:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Financial:

Do you have any outstanding debts? Yes or No Explain:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

What arrangement will you make for their payment while you are at the home? _____

Legal Background:

Have you ever been arrested? Yes or No How many times? _____ Date _____

If yes, what was the charge(s)? _____

Do you have any pending court dates? Yes or No Explain _____

Have you ever been to jail/prison? Yes or No How many times? ____ For how long? _____

Dates of incarceration (From-To): _____

Are you currently incarcerated? Yes or No How long? _____ Length of time remaining _____

Name of attorney or legal representative _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Have you ever been on probation or parole? Yes or No Are you now? Yes or No

How long? _____ Length of time remaining _____ How often do you report? _____

In person or through the mail? _____

Name of probation or parole officer _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Please list any homeless shelters, mental hospitals, or any type of emotional, physical or mental rehabilitation program that you have ever been to or participated in?

Name of Facility	Reason	Date of Entry	Date of Exit
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Substance Abuse:

Circle the substances you have experimented with:

- | | | |
|--|----------------------------------|---|
| Alcohol | Hallucinogenic (Acid, LSD, etc.) | Morphine |
| Tobacco | Crank | Opium |
| Marijuana | Crystal Meth | Heroin |
| Cocaine | Meth Amphetamines | Hydrocodone |
| Crack | Ecstasy | Oxycodone (oxycotin, percocet, percodon, etc.) |
| Inhalants (glue, paint thinner, gas, etc.) | | Barbiturates (downers-xanax, vicodin, valium, etc.) |

What is the last date that you used any of the above listed substances? _____

Do you currently drink alcohol more than one time per week? Yes or No

Do you currently have more than 2 drinks of alcohol in one sitting? Yes or No

Do you **currently** use a drug, or drugs, or any type of substance that is not either over-the-counter medicine or prescribed to you personally by a doctor? Yes or No

Drug of Choice:

List below any and all substances that you are currently using (either daily or occasionally) that are not either over-the-counter medicine or prescribed to you by a doctor:

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 any type of substance abuse or detoxification program before? Yes or No

If yes, list facilities:

Entry Date	Program Name	Religious/ Non Religious	City/State	Reason for Leaving	Date of Discharge

Education:

What is the highest level of school that you have completed? (Circle One)

Middle School High School Some High School College Some College

Name of last school attended? _____

Date of last attendance or graduation? _____ Did you receive a degree? Yes or No

Have you ever been in any special education classes? Yes or No

Is so, please list: 1. _____ 2. _____

Would you like to obtain a GED while at Hosanna House? Yes or No

Would you like information on taking college courses while at Hosanna House? Yes or No

Current Work Status:

Are you currently employed? Yes or No Full-time or part-time? _____

Company: _____ Your position: _____

Location (City, ST): _____ Phone Number: _____

Beginning date of this job : _____ Supervisor Name: _____

May we contact them if necessary? Yes or No

Previous work experience:

Please list your last four jobs beginning with the most current:

Company: _____ Your position: _____

Location (City, ST): _____ Phone Number: _____

Dates of employment: From _____ To _____

Supervisor Name: _____

May we contact them if necessary? Yes or No

Company: _____ Your position: _____

Location (City, ST): _____ Phone Number: _____

Dates of employment: From _____ To _____

Supervisor Name: _____

May we contact them if necessary? Yes or No

Company: _____ Your position: _____

Location (City, ST): _____ Phone Number: _____

Dates of employment: From _____ To _____

Supervisor Name: _____

May we contact them if necessary? Yes or No

Company: _____ Your position: _____

Location (City, ST): _____ Phone Number: _____

Dates of employment: From _____ To _____

Supervisor Name: _____

May we contact them if necessary? Yes or No

