



RESIDENT APPLICATION

Applicant's Name: _____
First Middle Initial Last Name

Social Security Number: _____ - _____ - _____ D.O.B. _____ / _____ / _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Phone Number: _____

Marital Status: Single Married Separated Divorced† Widowed
(Circle Answer)

Number of Children: _____ Names & Ages: _____

Do you have custody of your children? Yes No
(Circle Answer)

Do you have a trusted person to care for them while you are in the Redeeming Joy program? Yes No
(Circle Answer)

Ethnicity/Race: Black/African American Asian Hispanic White Multiracial

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Relationship: _____

E-mail Address: _____



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Highest grade level completed: _____ Did you graduate or do you have your G.E.D.? _____

How is your physical health at present? Poor Satisfactory Good Very Good
(Circle Answer)

Are you having any problems with your sleep? Yes No
(Circle Answer)

Are you having any difficulty with appetite or eating habits? Yes No
(Circle Answer)

Do you have any felony convictions? Yes No
(Circle Answer)

If yes, please explain:

Do you have any outstanding legal issues? Yes No
(Circle Answer)

If yes, please explain:

Are on parole? Yes No
(Circle Answer)

If yes, please provide state, county and parole officers name and contact information:

Do you have a personal relationship with God? Yes No
(Circle Answer)

Are you aware that part of our program church attendance is required? Yes No
(Circle Answer)

Are you comfortable with exploring more about God? Yes No
(Circle Answer)

What are your greatest strengths?



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What would a perfect day look like for you?

What do you dream of doing one day?

Are you willing to participate in counseling? Yes No

(Circle Answer)

Are you willing to attend substance abuse support classes and groups? Yes No

(Circle Answer)

(Even if you have not had an issue with “drugs” it still can be helpful with other addictive behaviors)

Are you willing to meet with a mentor? Yes No

(Circle Answer)

Are you willing to attend church and participate in Bible study? Yes No

(Circle Answer)

What would you like us to know about yourself?

Please circle all medical conditions that you currently have or have had previously:

Anemia	Heart Problems	Epilepsy/Seizures
Stoke	Diabetes	Migraines
HIV/AIDS	Fibromyalgia	Hepatitis A
Hepatitis B	Hepatitis C	Irritable Bowl Syndrome
Insomnia	Asthma	Other STDs



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Cancer	UTI	Fistula
Hearing Loss	Tuberculosis	Blackout Spells/Fainting
Emphysema	Chicken Pox	Broken Teeth/Dental Problems

Please circle if you have been diagnosed with any of the following:

ADD/ADHD	Dissociative Identity Disorder	Anxiety/Panic Attacks
Bulimia	Schizophrenia	Anorexia
Multiple Personality Disorder		Depression
Borderline Personality Disorder		Oppositional Defiant Disorder
Bipolar Disorder	Attachment Disorder	PTSD
Premenstrual Dysphoric Disorder		

Any chance you may be pregnant? Yes No

Have you ever tried to commit suicide? Yes No

Have you ever cut, burned, or otherwise harmed yourself? Yes No

Have you ever required medical treatment for self-harm (stitches, hospital stay, mental health facility. Etc?)

Have you ever experienced rape? Yes No	Age? _____
Have you ever experienced domestic violence? Yes No	Age? _____
Have you ever experienced sexual abuse? Yes No	Age? _____
Have you ever questioned your sexuality? Yes No	Age? _____

Do you smoke? Yes No

In the past six months, have you received any treatment from a doctor? Yes No

Do you have any outstanding medical issues that will require regular care? Yes No

List any allergies that you have:

Any dietary restrictions/limitations:



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Were these restrictions/limitations recommended by a doctor? Yes No

Have you been in any in/outpatient therapy in the last 2 years? Yes No

Have you participated in a drug treatment program? If so, please list your drug(s) of choice, when you received treatment, and how long you have been clean and or how long you have been using:

All personal information is confidential and treated appropriately. Please print your name and sign below once you have read and understand this application.

Print Name _____

Date _____

Signature _____