

# OUR FATHER'S HOUSE

## Application

### PERSONAL HISTORY

First Name & Middle Initial	Last name
Physical address	City, State, & Zip
Day Phone	Night phone
Social Security number	DOB
DL Number	State issued
Issue date	Expiration date
Marital status	
Spouse's name	phone
Children names	ages
Do you pay child support?	Amount
Court ordered?	Court name

*If additional space is needed, please turn this sheet over and use the back.*

Have you ever been arrested? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever had an experience with God? \_\_\_\_\_ If yes, explain, \_\_\_\_\_

Do you participate in drinking alcoholic beverages, smoking of any type, or any form of drug abuse?  
\_\_\_\_\_ If yes, explain: \_\_\_\_\_

Briefly describe yourself, using positive and negative traits: \_\_\_\_\_

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## PARENTS

Father's Name	Phone Number
Address (number, street, and apt)	City, State, & Zip
Mother's Name	Phone number
Address (number, street, and apt)	City, State, & Zip
Emergency Contact	Relationship
Phone Number	
Address	City, State, & Zip

## SIBLINGS

Name	Phone
Address	City, State, & Zip

## HEALTH HISTORY

Primary Care Doctor	Phone
Date of last visit	
Address	City, State, & Zip

# ARREST RECORD

Number of arrests:

Date	Where	Charge
Were you convicted? YES NO		Sentenced? YES NO

Date	Where	Charge
Were you convicted? YES NO		Sentenced? YES NO

Date	Where	Charge
Were you convicted? YES NO		Sentenced? YES NO

When is your next court date scheduled for? \_\_\_\_\_

Judges Name: \_\_\_\_\_

*Please list any additional arrests on a separate sheet of paper and attach to your application.*

CASES PENDING

1. Charges: \_\_\_\_\_

2. Disposition: \_\_\_\_\_

3. Name of Judge: \_\_\_\_\_

4. Name of Court and Address: \_\_\_\_\_

5. Prosecutors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

6. Defense Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

7. Parole/Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**FAMILY HISTORY**

*If additional space is needed, please turn this sheet over and use the back.*

Describe your parents in a brief summary:

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Describe your family's religious beliefs: \_\_\_\_\_

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Were your parents ever: Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ How old were you? \_\_\_\_\_

Describe how your parents' divorce, separation or death affected you: \_\_\_\_\_

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Describe the positive and negative effects that your childhood had on you: \_\_\_\_\_

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In what ways do you want to differ from your parent's \_\_\_\_\_

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Who fulfilled the decision-making and leadership roles in your parents' home? \_\_\_\_\_

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Did your parents train you in spiritual matters? \_\_\_\_\_

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Describe your relationship with your brothers and sisters during your childhood years: \_\_\_\_\_

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Including yourself, were there any chemical dependency problems, either drugs or alcohol in your family? \_\_\_\_\_ If yes, list relationship and what type of dependency: \_\_\_\_\_

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How has this problem affected you? \_\_\_\_\_

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*I acknowledge and state that all information provided in this application is true and correct to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

List all prescription medication you are currently taking : \_\_\_\_\_

List any over the counter medication you are currently taking: \_\_\_\_\_

Are you currently using any illegal, restricted or controlled substance except prescribed by a physician? \_\_\_\_\_ List substances: \_\_\_\_\_

Have you ever been tested positive for Tuberculosis also known as TB? \_\_\_\_\_  
If yes, when and at what doctor or clinic? \_\_\_\_\_

Have you ever tested positive for Human Immunodeficiency Virus (HIV) also known as AIDS?  
\_\_\_\_\_ If yes, when and at what doctor or clinic \_\_\_\_\_

Circle any of the following that you have ever been treated for or diagnosed with:

Cancer, Diabetes, Stroke, Hepatitis, High Blood Pressure, Seizures, High Cholesterol, Mental or Psychological Disorder, or any disorder of the Blood, Kidney, Liver Heart Gastrointestinal System, Respiratory System, or Nervous System If yes, explain: \_\_\_\_\_

**EDUCATION**

School	Years attended	Graduated?
High School		
College		
Vocation School		
Other Training		

**WORK HISTORY**

Company Name	Position
Supervisor	Phone number
Duties	
Company Name	Position
Supervisor	Phone Number
Duties	

**Other Skills:**

# LEGAL AGREEMENTS & RELEASE FORMS

## Medical Records Release Authorization

I, the undersigned, hereby authorize any **physician, medical practitioner, hospital, insurance provider, or any other medically related facility** to release any and all of my medical records, including but not limited to **medical history, treatment records, and any pertinent health-related information**, to the authorized representatives of **Our Father's House**.

I understand that this release of information is necessary to ensure that my medical needs are appropriately addressed during my participation in the program. I acknowledge that this authorization will remain **valid for a period of 36 months** from the date of signing, unless revoked in writing.

Additionally, I agree that a **photocopied or electronic version of this authorization shall be considered as legally valid as the original**. I retain the right to **request a copy of this authorization at any time** for my personal records.

By signing below, I confirm that I have read and understood the terms of this medical release and willingly grant permission for the disclosure of my medical records as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Mental Facility Hospitalizations:

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Date of stay	Location	Reason for stay	Diagnosis and treatment
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Date of stay	Location	Reason for stay	Diagnosis and treatment
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