





# Humble House Ministries, Inc.

Panama City (850) 640-2022, Humblehouseministriesinc@gmail.com

Tallahassee (850)-999-2490, Humblehousetally@gmail.com

humblehouseministries.org

*A faith based, Biblically oriented, addiction recovery ministry*



Renting Own Home Other: \_\_\_\_\_

What is your current living address, if applicable?

\_\_\_\_\_

*Street Address* *City* *State* *Zip*

**LEGAL STATUS:** (Note: A prior criminal history will not necessarily disqualify you)

Have you ever been registered as a sex offender/predator? Y or N (Circle One)

Have you ever been charged with child neglect or abuse? Y or N (Circle One)

If yes, please explain: \_\_\_\_\_

Are currently on probation? Y or N (Circle One) If yes, please provide:

\_\_\_\_\_

*Charge/Offense* *Probation Start* *Probation Ends*

If not currently on probation, have you been convicted of any felonies within the last 10 years? Y or N (Circle One)

If yes, please provide:

\_\_\_\_\_

*Nature of Offense* *Date of Conviction* *Sentence Received*

\_\_\_\_\_

*Nature of Offense* *Date of Conviction* *Sentence Received*

Are you, or will you, be required to pay any fines, probation fees, court costs or restitution? Y or N (Circle One)

If yes, please state what and how much monthly:

\_\_\_\_\_ \$ \_\_\_\_\_

*Type* *Monthly Amount*

\_\_\_\_\_ \$ \_\_\_\_\_

*Type* *Monthly Amount*

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Are you initiating or undergoing any civil proceedings (*divorce, child custody, lawsuits, etc.*)?

Y or N (Circle One)

If yes, please provide more information:

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## EMPLOYMENT HISTORY:

What is your current employment status?

Unemployed Working Part Time Working Full Time Self Employed (Circle One)

Please list any trade or professional skills you possess that could be of value to an employer:

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Please list your previous three jobs and job duties:

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## MEDICAL & MENTAL HEALTH HISTORY:

Do you currently have any physical health problems you are dealing with?

Y or N (Circle One)

If yes, please explain:

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Have you had any serious illnesses, injuries, or surgeries in the past? Y or N (Circle One)

If yes, please state when and what:

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Are there any physical limitations as to what jobs you may perform? Y or N (Circle One)

If yes, please state what: \_\_\_\_\_

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**Will you be required to have any surgeries or medical procedures performed in the future?**

**Y or N (Circle One)**

**If yes, please state when and what:**

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**Have you been diagnosed with any mental health problems now or in the past? Y or N**

**(Circle One) If yes, please state when and what:**

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**Will you be required to meet any medical/mental health appointments in the future? Y or N (Circle**

**One) If yes, please state when and what:**

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**Please list all the medications you are currently prescribed:**

Times a Day:	Name of Medication:	Milligrams:	Times a Day:
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_____	_____	_____	_____
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Times a Day:	Name of Medication:	Milligrams:	Times a Day:
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_____	_____	_____	_____
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Times a Day:	Name of Medication:	Milligrams:	Times a Day:
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_____	_____	_____	_____
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## FINANCIAL INFORMATION:

Are you currently receiving any of the following, and if so, how much monthly: (Circle One)

Food Stamps--- Y or N \$ \_\_\_\_\_ Unemployment--- Y or N \$ \_\_\_\_\_

SSI Disability -Y or N \$ \_\_\_\_\_ SSI Retirement--Y or N \$ \_\_\_\_\_

Job Retirement/Pension--- Y or N \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

*(Please indicate what)*

Are you currently under court orders to pay child support? Y or N

If yes, how much monthly? \$ \_\_\_\_\_

## EDUCATIONAL BACKGROUND:

Please circle the highest amount of education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 (H.S. Grad) GED

Years of College: 1 2 3 4 Received: Associates Bachelors Masters Doctorates

Major/Field of Study: \_\_\_\_\_

## FAMILY STATUS: (Circle One)

Never Married

Married

Separated

Divorced

Widower

Spouses Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact: Y or N (If no, list reason:) \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Do you have plans to reconcile with your spouse at a later date? (Circle One)

Y or N or Do not know.

## CHILDREN:

Please list any children you have:

\_\_\_\_\_  
*Name Age Name Age*

\_\_\_\_\_  
*Name Age Name Age*

\_\_\_\_\_  
*Name Age Name Age*

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Where are your children located? \_\_\_\_\_

Who are they located with? \_\_\_\_\_

## RELATIONSHIPS:

Are you currently in a relationship? Y or N Is the relationship with a male or female? (Circle One)

Your responses will be kept private and secure.

Assigned sex at birth? male or female Gender? male or female? (Circle One)

Sexual Orientation: straight, lesbian, bi, or prefer not to disclose. (Circle One)

Notes: \_\_\_\_\_

\_\_\_\_\_

## RELIGIOUS BACKGROUND:

Do you consider yourself a Christian? Y or N (Circle One)

If no, what religious beliefs, if any, do you profess:

\_\_\_\_\_

Do you consider yourself Saved? Y or N or Do not know (Circle One)

If no, why not:

\_\_\_\_\_

If yes, please explain what you believe it takes to go to heaven.

\_\_\_\_\_

What Church or other house of worship do you prefer to attend:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Location*

Who, if anyone, influenced you spiritually growing up?

\_\_\_\_\_

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## CHEMICAL SUBSTANCE ABUSE INFORMATION:

Are you capable of passing a drug urinalysis test right now? Y or N (Circle One)

Are you capable of passing a breathalyzer test right now? Y or N (Circle One)

When was the last day you used? \_\_\_\_\_

What was the last drug you used? \_\_\_\_\_

What was/is your drug of choice? (Including prescription narcotics & marijuana)

Please list the following:

_____	_____	_____	_____
<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

_____	_____	_____	_____
<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

_____	_____	_____	_____
<i>Type or Name of Drug</i>	<i>Amount Used</i>	<i>How Often</i>	<i>Date of Last Usage</i>

Do you drink alcohol? Y or N (Circle One) If yes, please provide:

Beer/Wine/ Liquor: _____	_____	_____
<i>Amount Consumed</i>	<i>How Often</i>	<i>Date of Last Usage</i>

Do you smoke tobacco? Y or N (Circle One)

If yes, how much do you smoke per day: \_\_\_\_\_

Would you be willing to attend a smoking cessation class and quit smoking? Y or N (Circle One)

Have you ever been in a substance abuse or rehab facility before? Y or N (Circle One)

If yes, please provide the following:

_____	_____	_____ / _____
<i>Name of Facility</i>	<i>Location (City, State)</i>	<i>Checked In (mm/yy) Length of Stay</i>

Did you graduate? Y or N (Circle One)

_____	_____	_____ / _____
<i>Name of Facility</i>	<i>Location (City, State)</i>	<i>Checked In (mm/yy) Length of Stay</i>

Did you graduate? Y N (circle one)



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## INTERVIEW QUESTIONS:

**Have you ever been in our program before? Y or N (Circle One)**

**If yes, when?**

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**Where did you hear about our program?**

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**What situations have led you to seek our help here?**

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**What do you believe you must do to prevent your situation from just happening again?**

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**If accepted, what do you hope to get out of this program for the long term?**

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**What do you believe will be your biggest challenge in successfully completing this program?**

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**Have you ever heard of Backpage? If yes, please explain:**

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**Have you ever been involved in the Escort Service?**

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**Have you ever had an abortion? Y or N (Circle One) If yes, date: \_\_\_\_/\_\_\_\_**

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**My signature below certifies that the information I have provided is true and accurate to the best of my knowledge. I understand that providing false information or omitting information requested may be grounds for my application to be denied or for later dismissal from the program.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Office Use Only:**

**Accepted? Y or N (Circle One) Y or N (Circle One) If yes, acceptance date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If no, reason why?**

\_\_\_\_\_  
**Additional Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CLIENT FINANCIAL AGREEMENT

This agreement outlines the financial terms and conditions between \_\_\_\_\_ (name of client) and Humble House Ministries, Inc. for entrance into the recovery program.

It costs Humble House Ministries, Inc. approximately \$2,000 monthly to provide adequate care for one resident in the recovery program. The literature and supplies given to a resident upon entrance accrue cost as well. If you are unable to pay this amount, please discuss during the interview what you can pay. We can base income on a sliding scale or work with the family regarding their budget. Therefore, a non-refundable intake fee of \$250.00 is due at the time of admission into Humble House Ministries addiction recovery programs. I am aware that I am responsible and that it is essential to have a clear and concise financial agreement in place to avoid any misunderstandings or disputes related to monetary transactions between myself and Humble House Ministries, Inc.

For women coming into our transitional program, we ask for a \$250.00 intake fee and \$150.00 weekly. If you are unable to pay any of the fees, please discuss during the interview.

We offer scholarship opportunities for those who are unable to pay, those are automatically applied after intake and at the beginning of every month. However, should a resident come into funds while still under scholarship, the resident will become financially responsible for back pay and current program fees at a discounted rate of \$150.00 weekly. Types of funds include but are not limited to: SSI, income tax return, settlement, disability, retribution, sale of assets, etc.

**Please be sure to sign the form on the next page.**

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## CLIENT FINANCIAL AGREEMENT

I, \_\_\_\_\_ have read the above regarding the financial agreement, understand and agree to abide by this financial agreement. If you are unable to pay, please write this in the "notes" section and we will discuss. We have never turned anyone away due to inability to pay fees.

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

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

Name of responsible parties for intake fee: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of responsible parties for program fees: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need us to contact them for you? Yes or No (Please Circle)

Notes if you are unable to pay or if you are unable to pay the full amount, please list below what you are able to pay.

Can you cover the cost of the intake fee of \$250.00? Yes or No (Please circle)

Are you able to cover the full cost of the program fee at \$2,000 monthly? Yes or No (Please circle)

If you are unable to pay the full amount, please tell us the amount you can pay. \$ \_\_\_\_\_ monthly/weekly?

If you are not able to pay, please let us know why in the section below.

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God is good and we will not turn anyone away if they are unable to pay. We believe God will take care of your costs through our gracious donors.