

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



Please circle the program you are interested in. During interview, the staff will determine which program we feel you would better qualify for.

**Transitional Housing in Panama City FL
Recovery Program: Panama City, FL or Tallahassee, FL (Circle One)**

For staff only: Interview Date: ____/____/____

CONTACT INFORMATION: **Date:** ____/____/____

Last Name *First Name* *MI*

COURT APPERANCES:

Do you have any upcoming court appearances? Y or N (Circle One)
If yes, please provide:

Date *Location* *Reason*

Judge *Public Defender /Lawyer* *Phone #*

Public Defender Email: _____

_____/____/____
Date of Birth *Age* *White, Black, American Indian, Asian, Hawian or Other: _____*
Race (Circle One)

Cell Phone # *Other Phone #* *Email*

Who do we contact in case of an emergency?

Name *Relationship to you*

Street Address *City* *State* *Zip*

Cell Phone # *Other Phone #* *Email*

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Do you have a Social Security Card? Y or N (Circle One)

Social Security #: _____

Do you have a picture ID Y or N (Circle One) Type: _____

_____ Is License Valid? Y or N (Circle One)
Driver's License # State

RESIDENCY INFORMATION:

Are you currently incarcerated in a correctional facility? Y or N (Circle One)

If yes, what facility? Phone #? Staff contact? Booking #?:

Are you recently (last 6 months) released from a correctional facility? Y or N (Circle One)
If yes, what facility and how long was your incarceration:

What is your current housing status? (Circle One)

Homeless Staying with Friend/Relative Staying in Hotel/Motel
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: _____

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

<i>Charge/Offense</i>	<i>Probation Start</i>	<i>Probation Ends</i>
_____	_____	_____

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:

<i>Nature of Offense</i>	<i>Date of Conviction</i>	<i>Sentence Received</i>
_____	_____	_____
_____	_____	_____

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:

_____	\$ _____
<i>Type</i>	<i>Monthly Amount</i>
_____	\$ _____
<i>Type</i>	<i>Monthly Amount</i>

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

If yes, please provide more information:

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:

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:

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

If yes, please state when and what:

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

If yes, please state what: _____

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:

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:

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:

Please list all the medications you are currently prescribed:

Times a Day:	Name of Medication:	Milligrams:	Times a Day:
_____	_____	_____	_____

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Times a Day:	Name of Medication:	Milligrams:	Times a Day:
_____	_____	_____	_____

Times a Day:	Name of Medication:	Milligrams:	Times a Day:
_____	_____	_____	_____

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: _____

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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
------	-----	------	-----

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)

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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?

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:

Type or Name of Drug *Amount Used* *How Often* *Date of Last Usage*

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Type or Name of Drug *Amount Used* *How Often* *Date of Last Usage*

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

Beer/Wine/ Liquor: _____
Amount Consumed *How Often* *Date of Last Usage*

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

If yes, how much do you smoke per day: _____

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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:

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

Did you graduate? Y or N (Circle One)

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

Did you graduate? Y N

INTERVIEW QUESTIONS:

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

If yes, when?

Where did you hear about our program?

What situations have led you to seek our help here?

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

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

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:

Have you ever been involved in the Escort Service?

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

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?

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