

The TreeHouse

Application for Residence

Living at The TreeHouse will require studying the Bible and spending time in a group Bible study. With the exception of going to pre-scheduled classes or meetings, you will exclusively spend your time at The TreeHouse.

You will surrender your cell phone, your electronic devices, any weapons, money card/debit card and food stamp card plus all medication to the Director. The Director or House Manager will make the necessary phone calls for you during the first 2 weeks of your stay. You will receive your mail after the 14 days. We are a Tobacco/Nicotine-Free residential ministry, you will be asked to sign an agreement, and will be subjected to a screening.

Intake Date _____ Move-In Date _____

Name _____ Telephone Number _____

Address _____

How long at this address? _____

Age _____ DOB _____ Marital Status (circle one) S M W D SEP

Spouse/Significant Other

Name _____

Age _____ Address _____

How long have you been together? _____

Do you have children together? _____

Names and ages:

Emergency Contact Person:

Name _____

Address _____

Telephone Number _____

Relationship to this person _____

When was the last time you spoke to this person? _____

Emergency contact person #2:

Name _____

Address _____

Telephone Number _____

Relationship to this person _____

When was the last time you spoke to this person? _____

What brings you to seek admission to The TreeHouse? How long have you been dealing with this issue?

Are there any other problems that seem to grow out of this one?

What former help have you sought for this issue? (circle all that you have tried)

- | | | |
|---------------|---------------------|---------------------|
| Psychiatrist | prayer | Christian Scientist |
| Chiropractor | Healing Evangelist | Spiritualist Leader |
| Psychologist | Social Worker | Counselor |
| Pastor | Medicine | Priest |
| Group Therapy | Hypnosis by another | Self-Hypnosis |

Other: _____

Are you aware that this ministry believes and teaches that with a personal relationship with Christ you can overcome your life-controlling problems?

Have you committed your life to Jesus Christ? Yes _____ No _____

Are you aware that you will be taught per our interpretation of scripture and that we will not debate your religious beliefs or permit you to teach them to any other resident in the program(s)?

Yes _____ No _____

In your own words, please describe what you think The TreeHouse is all about and what you think you will be doing while you are here.

Do you have a driver's license or state ID? _____ State where issued: _____

Driver's License or State ID#: _____

U.S. Citizen? _____

Do you receive disability income? _____

What is the nature of your disability? _____

Do you have a court date pending? _____

Nature of the charges:

Have you ever received a DUI? _____ Other driving offenses? _____

Explain:

Have you ever been convicted of any felony? _____

Explain and list what class of felony:

Have you ever received any domestic violence charges? _____

Are you a registered sex offender? _____

If so, what tier and what county?

Do you have a parole/probation officer(s)? Name _____

Address _____ Telephone number _____

Do you have any pending warrants or warrants for your arrest right now? _____

If yes, from what County and State?

Can you continue to stay in your current living situation for another month? _____

Are you a veteran? _____ Do you receive veteran's benefits? _____

Have you been diagnosed with any communicable diseases? (i.e. aids, hepatitis, STDs, etc.) _____

If yes, please describe: _____

When was the initial diagnosis? _____

By what physician or facility? _____

What is the Treatment Plan?

Current physician treating you for this illness: _____

Current medication being taken for this illness: _____

List any other health concerns:

Do you have any allergies?

Medication Name

Medication Dose

Prescribed By

For What Reason

Are you aware that The TreeHouse is not a licensed, professional drug/alcohol treatment program or a medical or mental health facility? Yes _____ No _____

How long have you been clean and sober? _____

Indicate which of the following substance(s) you currently use or have used in the past:

Past	present		Past	Present
___	___	Heroin	___	___ LSD
___	___	Opiates	___	___ Inhalants
___	___	Alcohol	___	___ Benzodiazepine
___	___	Barbiturates	___	___ PCP
___	___	Amphetamines	___	___ Over the Counter
___	___	Methamphetamines	___	___ Crack
___	___	Marijuana/Hash/THC	___	___ Other
				Specify _____

What negative consequences have you experienced from drinking or drug usage?

Do you ever have blackout periods of time that you are unable to account for? _____

Do experience any of the following? (circle any that apply)

- | | |
|-------------------------------|------------------|
| Frequent or recurrent illness | addictions |
| Sleeplessness | bizarre behavior |
| Anger | depression |
| Fear | hearing voices |
| Seizures | mood swings |
| Supernatural power | nightmares |

Please elaborate on any of the above you've circled.

Did you graduate high school or receive a GED? _____

If not, what grade did you complete? _____

Any college?

Have you ever attempted suicide? If so when? How and how many times?

Describe how you see yourself right now.

I hereby authorize The Jeremiah Tree Ministry and/or its agents to have a criminal background report performed on me, including a national criminal background search for outstanding wants and warrants. Records searched will include those maintained by both public and private organizations and all public records for the purpose of confirming the information I submitted and whether or not I have outstanding legal matters to resolve before entering the premises.

The following is my full and complete legal name and all information is true and correct to the best of my knowledge:

Print First Name _____

Print Full Middle Name _____

Print Full Last Name _____

Signature _____

Date _____

Witness _____

Date _____