

# The TreeHouse

## Application for Residence

Living at The TreeHouse will require studying the written word 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 Free residential ministry and 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?

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

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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.

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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:

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Have you ever received a DUI? \_\_\_\_\_ Other driving offenses? \_\_\_\_\_

Explain:

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Have you ever been convicted of any felony? \_\_\_\_\_

Explain and list what class of felony:

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Have you ever received any domestic violence charges? \_\_\_\_\_

Are you a registered sex offender? \_\_\_\_\_

If so what tier and what county?

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Do you have a Parole/probation officer(s)? Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Do you have any pending wants 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
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Are you aware that The TreeHouse is not a licensed, professional drug/alcohol treatment program or a medical or mental health facility? Yes \_\_\_\_\_ No \_\_\_\_\_

The TreeHouse Handbook says, "The TreeHouse is not a medical facility and is unable to provide medical supervision. Therefore, you must be physically able to participate in every component of daily life and activities. If your health deteriorates to the point where you are no longer able to participate, or medical conditions require regular medical supervision, you must move out."

Do you understand that you must be physically able to participate? 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?

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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.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_