



Residential Application for Men

PERSONAL INFORMATION

Date: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone Number: _____ Email: _____

FAMILY INFORMATION

Are you married? _____ If not, are you in a relationship? _____

Spouse's/Partner's Full Name: _____

Do you have children? _____ How many? _____

What is your relationship with your children like? _____

BACKGROUND INFORMATION

What are you mainly struggling with? _____

What are you seeking help for? _____

Do you smoke and/or struggle with substance abuse? _____

If yes, please explain: _____

What is your current living situation? _____

EDUCATIONAL INFORMATION

What is the highest level of schooling you have completed? _____

Have you ever served in the military? _____

EMPLOYMENT INFORMATION

Primary Occupation: _____ Length of Employment: _____

Current Employer(s): _____

Secondary Occupation(s): _____

MEDICAL INFORMATION

Do you have any medical conditions? _____ If yes, please explain: _____

Are you currently taking any medications? _____ If yes, please list each medication and what it is for: _____

How long have you been taking each medication? _____

Do you have any physical limitations that would prevent you from working a full-time job?

If yes, please explain: _____

SPIRITUAL INFORMATION

Do you attend a church? _____

If so, what church do you attend? _____

What is your pastor's name? _____

Is your pastor aware of your problem? _____

How often do you read the Bible? _____

How often do you pray? _____

Please share any additional information that you think we should know: _____
