



WOMEN'S REFUGE OF VERO BEACH

RESIDENTIAL PROGRAM APPLICATION

Thank you for your interest in applying! This application is a thorough tool for both you and us to know if the Refuge residential program is where God wants you to be right now. As you take your valuable time to complete this, we pray that doing so will be helpful and meaningful to you in your decision to come.

How to Apply

1. **Read** our [eligibility requirements](#) (link to our website) to see if you qualify for our residential program. If you have any questions, feel free to call our office at 772-770-4424, Monday-Friday, 9-5.
2. **Print** and then **fill out** this application. Your application will remain strictly confidential. Please complete everything that applies to you; feel free to use "n/a" when something doesn't apply, such as spousal information if you're single.
3. **Send** it to us, along with a basic photo, using one of these methods:
 - E-mail to info@womensrefugevb.org, or
 - Fax to 772-770-2779, or
 - Mail to The Women's Refuge of Vero Beach, P.O. Box 1484, Vero Beach, FL, 32961.
4. Our counseling staff will review your application and call you to schedule an informal interview by phone, virtually, or, in person. We'll tell you more about the program and give you a chance to ask us questions. Afterwards, we'll let you know if our program is appropriate for you at this time. Upon acceptance, we'll email you a helpful guide that tells next steps to coming to the Refuge.

IDENTIFICATION DATA

DATE: _____ How did you hear about the Refuge? _____

APPLYING FOR: Two-Week Program _____ Three-Month Program _____ Other: _____

FULL NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

Do you live at the address above, and will you return there after leaving the Refuge? No _____ Yes _____

Explain if needed: _____

E-MAIL _____ PHONE NUMBER () _____

DATE OF BIRTH _____ - _____ - _____ AGE _____ HEIGHT _____ WEIGHT _____

MARITAL STATUS: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

HUSBAND'S NAME: _____ PHONE NUMBER () _____

HUSBAND'S EMAIL: _____

CHILDREN: # of Girls: _____ Ages _____ # of Boys: _____ Ages _____

If you have dependent children, will someone care while you're at the Refuge? Yes _____ No _____

CHURCH: Name, Location and Pastor: _____

Currently attend? _____ Regularly? _____ Occasionally? _____ Years Attended: _____

PREVIOUS REFUGE CONNECTION? Have you ever received services from the Women's Refuge or been in the residential program? No _____ Yes _____ If yes, when, and for how long? _____

Were you going by the same name at that time? No _____ Yes _____ Previous name: _____

HEALTH INFORMATION and PERSONAL HISTORY

Rate your health: Very Good _____ Good _____ Average _____ Declining _____ Other _____

Weight changes recently? Lost _____ Gained _____

Please list all important current or past illnesses or injuries or disabilities: _____

Please list any life-dependent, medically related diet restrictions, such as necessary for diabetes: _____

Are you presently taking prescription medication? No _____ Yes _____ Please list all medications to include name, dosage, and frequency as well as why you take each one: _____

Are you currently or have you ever been under the care of a psychiatrist or a mental healthcare provider?

No _____ Yes _____ Name and location of your current or most recent mental healthcare provider: _____

Note: If you are accepted, we'll ask you to send us a summary of care that they will provide for you.

Have you ever had thoughts of suicide in the past? Yes _____ No _____ When? _____

Did you have a plan? No _____ Yes _____ Did you ever try to commit suicide? No _____ Yes _____

Please explain: _____

Do you sometimes have thoughts of suicide *now*? Please explain: _____

TREATMENT CENTER HISTORY

Have you ever been admitted to a psychiatric hospital, addiction treatment center, residential program, or a treatment center of any kind? Please list all below.

Name of Facility:	Reason for Admission:
Dates:	Involuntarily admitted? Yes No
Name of Facility:	Reason for Admission:
Dates:	Involuntarily admitted? Yes No
Name of Facility:	Reason for Admission:
Dates:	Involuntarily admitted? Yes No

COUNSELING AND PASTORAL CARE HISTORY

Have you ever seen a counselor or pastor for any issue, including depression, anxiety or addiction? Yes No Please list below.

Note: If you are accepted, we'll ask you to send us a summary of care that they will provide for you.

Counselor or Pastor:	Reason for Counseling:
Dates:	Outcome:
Counselor or Pastor:	Reason for Counseling:
Dates:	Outcome:
Counselor or Pastor:	Reason for Counseling:
Dates:	Outcome:

Emotional Life: Do you sometimes have anxious or depressed thoughts? No ____ Yes ____ If yes, please describe the symptoms you currently have or that you've experienced in the past: _____

Describe the feelings you most often have when you're upset or uncomfortable: _____

How early in your life do you remember such feelings? _____

PERSONAL HISTORY

Substance History: Do you drink alcohol? No ____ Yes ____ Approx. drinks per week: _____

• Do you smoke or vape? No ____ Yes ____ Which one and how often per day? _____

• Your age at first use of *any* drugs or alcohol: _____ Explain: _____

• Please indicate if you've ever used the following drugs: Oxycontin Cocaine
Amphetamines PCP LSD Barbiturates Heroin Medical Marijuana

If recreational marijuana, what form? _____ If CBD products, what form? _____

• Any other mind-altering substance not prescribed to you: _____

****Please draw a circle around any substances above that you've used within the past six months.**

Date(s) of your last usage of any above: _____

• Does your spouse, partner, or anyone you live with smoke, drink, or use any drugs listed above?
No ____ Yes ____ Please explain: _____

• If you consider yourself a recovering alcoholic or recovering addict of any kind, please explain: _____

Occult, Cult or World Religion History: Please indicate if you've participated in the following:

Tarot Cards ____ Palmistry ____ Astrology ____ Ouija or seance ____ Satan worship ____ Witchcraft ____

Paganism ____ New Age or Pantheism or Universalism ____ Yoga with mantra chanting ____ Any group
that oppresses or abuses its members ____ Any religion that does not believe that Jesus is God ____

Other: _____ To what extent have you been
involved in any of the above? _____

Have you ever received counsel for your participation in any of the above? No ____ Yes ____ If yes,
which person or persons counseled you? _____

Do you now believe that all the activities above are lies of Satan and that none of them are related to
God's will for your life? No ____ Yes ____ Explain as needed: _____

EDUCATION AND EMPLOYMENT

YOUR EDUCATION—High school graduate? Yes ___ No ___ If no, year completed: _____

COLLEGE—List college, major and degree: _____

CAREER—Describe any training you've had, or professional certifications earned: _____

Will you be attending a college or career training program while at the Refuge, once you've completed our initial two-week phase? No ___ Yes ___ Please explain: _____

JOB HISTORY

List your most recent job or position (including if homemaker) and your previous two jobs:

Current Job and Title:	Approximate dates at this job:
Hours per week:	Are you satisfied at your job? Explain:
Previous Job and Title:	Approximate dates at this job:
Hours per week:	Reason for Leaving:
Previous Job and Title:	Approx. Job Dates:
Hours per week:	Reason for Leaving:

CAREER GOALS OR CALLING: From your experience, what type of work have you enjoyed the most—and why? _____

CIVIL OR CRIMINAL MATTERS

Do you have any court cases pending? No ___ Yes ___ Explain: _____

Do you have any outstanding warrants for your arrest? No ___ Yes ___ Have you been charged with or convicted of any crime or offense? No ___ Yes ___ Date: _____ Charge and Conviction: _____ Sentence served? _____ Are you on parole or probation? No ___ Yes ___ If yes, who is your parole or probation officer? Name and Phone #: _____

FINANCES

Do you have any financial indebtedness? No ___ Yes ___ Please list approximately how much debt you have, and describe any excessive financial pressure you're currently experiencing: _____

Can you or someone you know be financially responsible for your monthly program fee? Yes ___ No ___
Please explain: _____

Will you need to get an outside job while at the Refuge once you've completed our initial two-week phase? No ___ Yes ___ If yes, please explain: _____

YOUR FAITH STORY, REASON FOR APPLYING, AND MORE

Are you a Christian, a believer in Jesus Christ? No ___ Yes ___ Who is Jesus Christ, and what does He mean to you and your life? _____

Please tell how you became a Christian and describe your walk with Christ to this point. Use an additional page if you'd like: _____

Have you recently suffered the loss of anyone who was close to you? No ___ Yes ___
Have you recently suffered loss in the form of a relational, financial, or health reversal? No ___ Yes ___
Describe the significant losses in your life, whether persons, places, or things: _____

List three of the biggest fears in your life: _____

List three of the biggest problems you face in life: _____

What do you believe is your *chief* problem to be resolved while at the Refuge? _____

Are you open to God's solution to the problems you've listed above? No ____ Yes ____ Explain if necessary: _____

What have you already tried? _____

Are you usually appreciated and liked by others? No ____ Yes ____ What do you think makes you likable? _____

What do others appreciate about you? _____

What do you think makes a person worthwhile or successful? _____

How would you say that your opinion of success lines up with God's evaluation of success? _____

Are you prejudiced against any groups, races, or nationalities? No ____ Yes ____ Please explain: _____

When deciding between right and wrong, what guides what you do, say, or think? _____

Please indicate if you've participated in sexual activity outside of the marriage relationship, whether or not it included intercourse: Pornography ____ Premarital sex ____ Adultery ____ Homosexuality ____ Polyamory ____ Incest ____ Prostitution ____ Other: _____

Have you experienced sexual abuse or physical battering as an adult? No ____ Yes ____ You may briefly describe here, or you may want to explain at the Refuge. _____

MARRIAGE

Spouse first name: _____ How old were you and your spouse when you got married? ____

Is your spouse currently employed? No ____ Yes ____ Occupation: _____

Do you and your spouse agree on money management? No ____ Yes ____ Do you agree on most parenting decisions? No ____ Yes ____ Describe your spouse and your present relationship and communication with him: _____

Anything else that'd be helpful for us to know about him? _____

How would you describe your sexual adjustment after marriage? Normal ____ Difficult ____

CHILDREN

Describe your present relationships and communications with your children, stepchildren, and grandchildren. If you'd like, you may list with their gender and age, no names (i.e., Son, 14) _____

FAMILY OF ORIGIN PROFILE

Who primarily raised you? Who do you consider to be your mother and/or father? Please explain: _____

Are your mother and father still married to each other (or, if at least one parent is deceased, did your parents remain married to each other throughout their lives)? Yes ___ No ___ Explain as needed: _____

Describe your adult relationship with your mother: _____

What kind of person was your mother as you were growing up? _____

How did your mother praise you—what would she typically say? _____

How did your mother criticize you—what would she say? _____

Describe your adult relationship with your father: _____

What kind of person was your father as you were growing up? _____

How did your father praise you—what would he typically say? _____

How did your father criticize you—what would he say? _____

As a child, were you closer to your mother, or to your father? _____

Which parent(s) could you talk to about a threatening matter, if either? _____

Did either parent express love or show affection? Explain: _____

FAMILY OF ORIGIN (continued)

Did either parent show favoritism to you or any your siblings? Describe: _____

Would you say your parents were mostly: Circle One: 1) balanced and fair with you and your siblings,
2) overly- protective, 3) overly permissive, or 4) inconsistent and unpredictable? Explain. _____

When you were punished as a child, what was mild, and what was severe? _____

Which punishment was most typical? _____

If you also had a stepparent(s) or another adult who figured into your childhood or helped to raise you
(and who you've not already described above), how were you treated by them? Describe: _____

How would you describe your relationship with this person today? _____

How were your brothers or sisters treated by this person? _____

SIBLINGS: How was your relationship with your siblings throughout your childhood? _____

Please describe your *present* relationship with your brothers and sisters: _____

CHILDHOOD AND YOUNG ADULTHOOD

What was your home atmosphere like growing up? _____

During your childhood, were there any events, feelings, thoughts, or attitudes you were not supposed to
reveal? _____

Do you still believe there are feelings, thoughts, or attitudes from your childhood that you aren't
supposed to talk about? If so, please explain: _____

EARLY CHILDHOOD: What's one of your best memories as a young child, and how old were you?

What's one of the worst memories you have as a child, and how old were you? _____

Did anything significant happen to you prior to school? _____

What did you say or believe about life when in grade school? _____

Describe yourself from ages 6-12: _____

How many close friends did you have from ages 6-12? _____

ADOLESCENCE: Any significant changes in your attitudes toward yourself or others in junior high school? _____

What did you say and believe about life as a teenager? _____

What is one of your best memories of your high school days? _____

What is one of your worst memories of your high school days? _____

How did you get along in high school? Did you have many friends or activities? _____

Did you date in high school? _____ Any steadies? _____

Did you have any sexual relationships or sexual developmental problems during high school? _____

Were you ever sexually abused as a child—at *any* time before age 18? No ___ Yes ___ You may describe briefly here, or you may choose to explain more at the Refuge. _____

YOUNG ADULTHOOD: Describe your life from your late-teen years through your early twenties, as you were beginning college or career: _____

How did you get along with peers? Did you (or do you now) have many friends during young adulthood? _____

Were you (or are you now) sexually active during young adulthood? No ___ Yes ___ Please explain as you're able to: _____

PLEASE COMPLETE THESE STATEMENTS WITH AT LEAST ONE ANSWER:

I am... _____

I like... _____

I am happy... _____

I am unhappy.... _____

God is _____

A happy home... _____

I want... _____

I dislike... _____

I become angry... _____

My greatest failures are... _____

My chief sins are... _____

I can... _____

I can't... _____

**PLEASE LIST THREE PERSONAL REFERENCES
WHO ARE *NOT* RELATED TO YOU:**

Note: When we contact them, we usually ask how they know you and if they think you coming to the Refuge would benefit you. Please make them aware that we will be contacting them.

Name _____ Phone number (_____) _____

Email address: _____

Years known: _____ How you know them: _____

Name _____ Phone number (_____) _____

Email address: _____

Years known: _____ How you know them: _____

Name _____ Phone number (_____) _____

Email address: _____

Years known: _____ How you know them: _____

Please read and sign: *My application is true and accurate to the best of my knowledge. I have been informed by the Refuge that my information will be kept confidential (see pg. 1 of this application).*

Signature _____ **Date** _____

Congratulations, applicant! You've gotten to the end of an in-depth application. We hope that even addressing these questions has been a blessing to you, and we pray that you will now follow through to submit your application to us. When you do, we'll join our prayers with yours, that the Lord will show all of us His will concerning you and the Refuge. We all can rest, knowing that He loves us and will show us the way He would have us to go.

— In Christ, the Staff of the Women's Refuge of Vero Beach