



APPLICATION FORM FOR ONLINE PROGRAM

Steps in being accepted to the Women's Refuge program:

1. Please read the list of requirements you must have to attend the program www.womensrefugevb.org, and if you see that you meet these requirements, continue to Step 2.
2. We recommend you first download the application to your device. Please take your time as this application helps us to determine how best we can help you. Upon completion, save and email the application, along with a photo of yourself to womensrefugevb@att.net. In the subject line, your name & "online app" would be helpful. Or print it and fax it to 772-770-2779 or send by mail to PO Box 1484, Vero Beach, FL 32961.
3. Once the application is received, our counseling staff will review it, and usually within 48 hours, you will be contacted.
4. After the interview, the counseling staff will make a decision whether the applicant is appropriate for this program at this time.

THIS APPLICATION IS FOR OUR **ONLINE PROGRAM**

DATE

NAME

(Last) (First) (Middle)

ADDRESS (Street)

(City) (State) (Zip)

EMAIL (IF AVAILABLE)

DATE OF BIRTH

AGE

PHONE NUMBER

HEIGHT

WEIGHT

MARITAL STATUS: Single Married Separated Divorced Widowed

HUSBAND'S NAME

PHONE#

NUMBER OF CHILDREN: Boys Ages Girls Ages

EDUCATION LEVEL: Less than High School High School GED College
Church Name & Location

MEDICAL INFORMATION

Do you have any medical illnesses? Yes No Explain

Are you receiving any medical care or prescribed medication at this time?

Yes No If yes, please give doctor's name and name of drugs

Do you have any mental or physical handicaps? Yes No If yes, please explain:

Have you ever been in a psychiatric hospital, a treatment center or residential program?

Yes No If yes, who, when, and where?

Have you ever been involuntarily admitted? Yes No If yes, when, and where?

Results of treatment by professional:

Have you ever had moderate to severe depression? Yes No

If yes, what were the symptoms?

As a result of the depression, did you see a counselor? Yes No

If you have seen a counselor, give the name, email address, phone number and physical street address:

Have you ever had thoughts of suicide? Yes No If yes, did you ever actually attempt to commit suicide? Yes No

Did you actually have a plan? Yes No

LIFESTYLE AND BELIEFS

Do you smoke? Yes No How much?

Do you drink alcohol? Yes No How frequently

Date of last usage

Do you use drugs? Yes No Have you ever used drugs? Yes No

Date of last usage

What kind of drugs have you used? Marijuana Cocaine Amphetamines

Barbiturates PCP Heroin Other

Your age at first use of any of the above _____ years old.

Have you been hospitalized or treated by programs or counseling for the use of any of these drugs? Yes No Where?

When?

How Long?

Does your husband or anyone you currently live with use any drugs listed above? Yes No

Which ones?

Civil or Criminal Offenses:

Date _____ Charge _____

Conviction _____ Sentence _____

Have you any case pending? Yes No What?

Do you have any outstanding warrants for your arrest? Yes No

Are you on parole or probation? Yes No

Who is your parole or probation officer?

Phone # _____

Have you ever been involved in homosexuality? Yes No

If yes, date of last relationship _____

Have you ever been involved in occult activities? Please check all that apply: witchcraft
satan worship yoga astrology ouija boards new age
fortune telling other

To what extent have you been involved in these activities?

Have you been in counseling for your participation in these activities? Yes No

With whom did you counsel? (name, email, phone number and physical street address)

Do you believe that the above involvements are lies of Satan and that none of them are related to God's will for your life? Yes No

Are you a Christian (believer in Jesus Christ)? Yes No

Date on which you accepted the Lord. Give a brief testimony:

EMPLOYMENT HISTORY

Are you employed presently? Yes No

What is your present occupation and where do you work?

If not employed presently, when and where were you last employed?

Please list the required information regarding your job history for the last five years:

| Job and Company Name | Dates | Hours Per Week | Reason for leaving |
|----------------------|-------|----------------|--------------------|
|----------------------|-------|----------------|--------------------|

What type of work have you enjoyed the most, and why?

Do you have any financial indebtedness? Yes No If so, how much?

What is your total monthly income?

Can you be financially responsible for the monthly program fee? Yes No

Will you be working attending school, managing home and children after arriving Yes No

PERSONAL PROFILE

1. List the three biggest problems you face in your life.

a.

b.

c.

2. What is your past and present relationship with your parents or others who reared you?

your brothers and sisters?

your husband or boyfriend?

your children?

3. What was your home atmosphere like?

4. Are you prejudiced against groups, races or nationalities?

5. Are you appreciated and liked by others? What do others appreciate about you? What makes you likeable?

6. In your opinion, what constitutes success? In other words, describe what makes a person worthwhile or successful?

7. How does your opinion of success compare to God's evaluation of success?

8. List your three biggest fears – the things you dread most or the worst things that could ever happen to you.

a.

b.

c.

9. Describe how you decide between right and wrong or the basis or method you use in deciding what to do, say, or think.

10. Who is Jesus Christ, and what does He mean to you and your life?

Finish the following sentences with two or three sentences each.

1. I am...

2. I like...

3. I am happy...

4. I am unhappy...

5. God is....

6. A happy home...

7. I want...

8. I dislike....

9. I become angry...

10. My greatest failures are...

11. My chief sins are...

12. I can

13. I can't

PERSONAL HISTORY

Presenting Problem:

What is your chief problem to be resolved?

Are you seeing or have you seen anyone for counseling previously?

Are you open to God's solution to the problem?

Relationships and Parents:

Are your parents married, living together now?

What kind of person was your mother?

What kind of person was your father?

How did your mother praise you – what did she say?

How did your mother criticize you – what did she say?

How did your father praise you – what did he say?

How did your father criticize you – what did he say?

If you had a stepparents how were you treated by him or her?

How were your brothers or sisters treated by your parents or stepparent?

As a child, were you closer to your mom or dad?

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

Did either parent express or show love?

Was favoritism shown to other siblings by your parents?

Were either or both of your parents overprotective? Describe.

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

Which punishment was most common?

Early Life:

What is the worst memory you have of your early life as a child? How old were you?

What was your best memory as a child? How old were you?

What feelings, thoughts, or attitudes were you not to reveal in your childhood?

Do you now feel that there are thoughts or attitudes or feelings that you should not talk about concerning your childhood?

Were there any significant events that happened to you, prior to school?

How did you relate to siblings?

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

Describe yourself from ages 6-12.

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

Were you ever sexually abused as a child?

Were there any significant changes in your attitudes toward yourself or others in middle school?

High School:

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

When did you start dating? Any steadies?

What is your best memory of your high school days?

What is your worst memory of your high school days?

Were there any sexual development problems or sexual relationships during high school?

Did you complete high school?

How did you get along in high school? Many friends?

After High School:

Briefly describe your college years.

Did you complete college?

Were you sexually active during college?

How did you get along in college? Many friends?

Marital Status and Occupation:

At what age were you married?

If married, how would you describe your sexual adjustment?

What is your occupation?

What is your spouse's occupation?

Are there any excessive financial pressures at this time?

Do you agree on money management?

Do you have children? Yes No

MENTAL AND EMOTIONAL HEALTH:

Do you ever feel depressed or anxious? Yes No

Describe the feeling you most often have when you feel upset or uncomfortable. How early in your life do you remember such feelings?

Have you experienced sexual abuse as an adult? Yes No

Describe the significant losses in your life, whether persons, places or things

List three character references of people who are not family-related to you:

1. Name
Email
Phone #

2. Name
Email
Phone #

3. Name
Email
Phone #

I certify the above is true and accurate to the best of my knowledge. I realize this information will be kept confidential.

Signature _____

Date _____