



APPLICATION FORM

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

1. Please complete the initial application below.
2. Counseling Staff will review the application and contact you regarding the next step.

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 _____

Will your children have a place to stay if you come to the Refuge? Yes __ No __

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 name and 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 boyfriend use any drugs listed above? Yes ___ No ___

What? _____

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 # _____

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, what was last date and place of employment? _____

In the following chart, please list the required information regarding your job history of the last five years:

Type of Job	Name of Company	Period of Employment	Part-time? Hours Per Week	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Of all the jobs you have held, what type of work do you enjoy 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 seeking employment or attending school after arriving? Yes___ No___

List the three biggest problems you face in your life.

a. _____

b. _____

c. _____

How did you hear about the Women's Refuge? _____
