

## Applicant Screening Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_

DOB \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth \_\_\_\_\_

City

State

### **Marital Status:**

Single      Yes   No

Married    Yes   No

Divorced   Yes   No

Separated   Yes   No

Widow      Yes   No

Number of Children: \_\_\_\_\_

Place of Birth \_\_\_\_\_

City

State

County

Reason for seeking help at "The House of Refuge" \_\_\_\_\_

How did you become aware of The House of Refuge? \_\_\_\_\_

### **EDUCATIONAL BACKGROUND:**

Completed High School                      Yes   No

Completed GED.                                Yes   No

Vocational or Technical Training        Yes   No

College    Yes   No      If yes how many years? \_\_\_\_\_

Special Skills \_\_\_\_\_  
\_\_\_\_\_

Are you employed if yes where \_\_\_\_\_  
\_\_\_\_\_

Do you have any cases pending (If yes explain) \_\_\_\_\_  
\_\_\_\_\_

Do you have a Felony (If yes explain) \_\_\_\_\_  
\_\_\_\_\_

What type of felony \_\_\_\_\_

Do you use drugs or alcohol? If yes explain what kind. \_\_\_\_\_  
\_\_\_\_\_

When the last time used \_\_\_\_\_

Do you have any medical conditions (if yes explain) \_\_\_\_\_  
\_\_\_\_\_

Do you take any kind of mental health medications (if yes explain) \_\_\_\_\_  
\_\_\_\_\_

Are you willing to stay in the program for 12 months? \_\_\_\_\_  
\_\_\_\_\_

Do you have any family that can help support you in this program? \_\_\_\_\_  
\_\_\_\_\_

Are you willing and able to work \_\_\_\_\_

(Please send E-Mail and fax information to [robtee26@bellsouth.net](mailto:robtee26@bellsouth.net) or Fax to 1-423-756-5919)

## REQUIREMENT AND REGULATIONS

Please initial each situation to acknowledge that you have read and agree to each of these requirement and (or) regulations.

1. Plan to attend all services: Sunday School, Sunday Morning worship, Sunday Evening Bible Study, Wednesday Mid-Day Bible Study, Wednesday Night Service, Men's Tuesday Night Bible Study (men only). Failure to do so will be a violation of the rules and you can be discharged from the program.\_\_\_\_\_
2. Drug test will be giving to client anytime the staff request one from client.\_\_\_\_\_
3. There is to be no overnight guest at the resident.\_\_\_\_\_
4. No drugs or alcohol is allowed on the property.\_\_\_\_\_
5. You must attend Transformation Project program every Monday, and Thursday Nights.\_\_\_\_\_
6. You must attend two or more AA Meetings per week.\_\_\_\_\_
7. There will be a "one on one" discussion with the Director to make sure that you are on the right tract with the program.\_\_\_\_\_
8. No loud music.\_\_\_\_\_
9. All residents must be employed or looking for employment while in the program.\_\_\_\_\_
10. All residents must donate some time at the church.\_\_\_\_\_
11. All residents must keep their resident clean at all time.\_\_\_\_\_
12. The staff can at anytime come in and inspect the property.\_\_\_\_\_
13. The program is a 12 month program.\_\_\_\_\_
14. No fighting or using foul language.\_\_\_\_\_
15. No smoking inside the residents.\_\_\_\_\_
16. No printed or video of photographs, and pornography permitted in the residents.\_\_\_\_\_
17. All residents will be fully informed of their rights, and responsibilities and limitations of those rights upon admission into the program.\_\_\_\_\_
18. All resident's privacy and confidentiality will be strictly upheld.\_\_\_\_\_
19. If any resident feel the need to have outside assistance, you have the right to call the appropriate advocacy representative.\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

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