

Faith House Application

Thank you for submitting your application to Faith House. Once your application has been reviewed, we will contact you if we have any questions and notify you if you have been placed on the waitlist.

As space becomes available, we will reach out to schedule an in-person meeting. This meeting will give you the opportunity to meet members of our team, learn more about our program and its expectations, and ask any questions you may have.

If you have any questions before then or need to update vital information on your application, please feel free to contact the Faith House at 301-695-6633 x230.

Application Date* _____(mm/dd/yyyy)

Have you ever applied to Faith House before? ☐ Yes ☐ No

Legal Name – Please Include Your Full Middle Name*

First*

Middle*

Last*

Nickname, Aliases, or Other Name used to Receive Services Previously – Such as Maiden Name

Best Phone Number to Reach You

NUMBER (XXX) XXX-XXXX

EXT.

Is it safe to leave a message at this number? ☐ Yes ☐ No

Date of Birth* _____(mm/dd/yyyy)

Age – At the Time of Application* _____

Social Security* (*** _ ** _****)

Primary Language*

- ☐ Spanish
- ☐ English
- ☐ Don't Know/Refuse to Answer
- ☐ N/A
- ☐ American Sign Language
- ☐ Other

Secondary Language*

- ☐ Spanish
- ☐ English
- ☐ Don't Know/Refuse to Answer
- ☐ N/A
- ☐ American Sign Language
- ☐ Other

Gender* ☐ Male ☐ Female ☐ Other

Race*

- ☐ African American
- ☐ Asian
- ☐ Bi-Racial
- ☐ Caucasian
- ☐ Hawaiian or Pacific Islander
- ☐ Multi-Racial
- ☐ Native American
- ☐ Other
- ☐ Don't Know/Refuse to Answer
- ☐ N/A

Ethnicity*

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Don't Know/Refuse to Answer
- ☐ N/A

Current Address**ADDRESS**

Address Line 1

Address Line 2

CITY

STATE

COUNTY

ZIP CODE

ZIP

EXT

Marital Status

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single Parent
- ☐ Domestic Partner
- ☐ Common Law
- ☐ Don't Know/Refuse to Answer
- ☐ N/A

Email**Have you served in the military?** ☐ Yes ☐ No

Dates of Military Service

Who referred you to Faith House?*

Emergency Contact's Name

First

Middle

Last

Emergency Contact's Relationship to You

Emergency Contact's Phone

NUMBER (XXX) XXX-XXXX

EXT.

Emergency Contact's Email

Family Information

Do you have anyone age 17 and under in your care? * ☐ Yes ☐ No

How many children in your care would be coming to live with you at Faith House?

- ☐ One
☐ Two
☐ Three
☐ Four or more

Do you have custody of the children in your care?

- ☐ Yes ☐ No ☐ Pending – Legal paperwork filed in court and awaiting a hearing

Name of first child in your care?

First

Middle

Last

First child's birthday _____(mm/dd/yyyy)

Name of second child in your care?

First

Middle

Last

Second child's birthday _____(mm/dd/yyyy)

Name of third child in your care?

First

Middle

Last

Third child's birthday _____(mm/dd/yyyy)

Name of fourth child in your care?

First

Middle

Last

Fourth child's birthday _____(mm/dd/yyyy)

Do you have children 17 or under not in your care? ☐ Yes ☐ No

If you have children 17 and under not in your care, please list their full names, ages, and birthdays.

If you have children 17 or under not in your care, please explain the situation, who is caring for them, and are you/would you seek visitation or custody?

If you have children 17 or under not in your care, would your child/children ever come visit you overnight at Faith House? ☐ Yes ☐ No ☐ Not yet but eventually

Help Us Get to Know You

Please describe your current situation.*

What do you hope to accomplish while at Faith House?*

Explain why you think you are ready to receive help and make changes in your life.*

What do you see as the most significant barriers to making those changes?*

What do you see as your greatest strength?*

Residence History

In what type of housing are you currently residing?*

- ☐ Car
- ☐ Emergency Shelter
- ☐ Friends
- ☐ Incarceration
- ☐ Market Rate Rental
- ☐ Public Housing
- ☐ Relatives
- ☐ Section 8
- ☐ Sober Living Program
- ☐ Subsidized
- ☐ Transitional Shelter
- ☐ Other (Please Explain) _____

How many times have you experienced homelessness in the past three years, including this current episode?*

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

Reason(s) for your current state of homelessness?*

- ☐ Domestic violence – current
☐ Domestic violence – past
☐ Family concerns
☐ Legal concerns
☐ Mental health concerns
☐ Physical health concerns
☐ Recovery from substance use disorder
☐ Other (Please Explain) _____

Have you ever had Tenant/Landlord disputes filed against you? * ☐ Yes ☐ No

Please explain all tenant/landlord disputes, including dates and name of the property (such as apartment complex).

Transportation

Do you have a valid driver's license? * ☐ Yes ☐ No ☐ Suspended ☐ Expired

Do you have a valid state ID? ☐ Yes ☐ No ☐ Expired

Drivers License or ID – State Issued

Do you have a vehicle?* ☐ Yes ☐ No

Vehicle's Year _____

Do you have valid car insurance in your name?

☒ Yes ☐ No ☐ In someone else's name

Is the car registered in your name?

☐ Yes ☐ No ☐ In someone else's name

Are the registration and tags current?

☐ Yes ☐ No

State Issuing the License Plate _____

Health & Wellness

How would you rate your general health overall?* ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you smoke?* ☐ Yes ☐ No

Do you vape?* ☐ Yes ☐ No

Are you pregnant?* ☐ Yes ☒ No

If you are pregnant, please provide your due date, information regarding prenatal care, and any complications you might be experiencing.

Do you have allergies?* ☐ Yes ☐ No

If you have allergies, please explain.*

Do you have health insurance?* ☐ Yes ☐ No ☐ Pending

Do you currently have dental insurance?* ☐ Yes ☐ No ☐ Pending

Have you had a seizure?* ☐ Yes ☐ No

Are you taking any medications currently?* ☐ Yes ☐ No

Please list all the medications you take currently.*

Have you been diagnosed with a disability?* ☐ Yes ☐ No

Please explain your diagnosed disability, including any accommodations you may need.*

Have you been hospitalized at any time in the last 12 months?* ☐ Yes ☐ No

If hospitalized in the past 12 months, please explain when and why.*

Have you been diagnosed with a chronic health condition?* (i.e. diabetes) ☐ Yes ☐ No

Please explain your chronic health condition(s).*

Are you able to walk up and down stairs?* ☐ Yes ☐ No

Have you ever been treated or diagnosed with a mental health concern?* ☐ Yes ☐ No

If you have been treated with a mental health concern, please explain.*

Are you currently receiving psychotherapy or any other treatment for this diagnosis?* ☐ Yes ☐ No

If you are not currently receiving psychotherapy or any other treatment for this diagnosis, would you consider doing so? ☐ Yes ☐ No

Please explain your thoughts surrounding psychotherapy or any other treatments for this diagnosis.

Are you currently prescribed medication for your mental health diagnosis?* ☐ Yes ☐ No

Do you take your prescribed mental health medications as prescribed?* ☐ Yes ☐ No

Have you ever harmed or attempted to harm yourself?* ☐ Yes ☐ No

Have you ever harmed or attempted to harm someone else?* ☐ Yes ☐ No

If you attempted to harm someone else, please explain.*

Please rate your current ability to deal with your emotions/feelings?*

- ☐ My emotions/feelings are always under control.
- ☐ I sometimes struggle with feelings of sadness or anger.
- ☐ I often struggle with feelings of sadness or anger.

Please explain your emotions/feelings and how you manage them.

Substance Use History

Are you currently free from drugs, alcohol, and controlled substances?*

☐ Yes ☐ No ☐ Not Yet – But I would Like to Be

Do you have a history of misusing drugs or alcohol?* ☐ Yes ☐ No

How old were you when you first used a substance? _____

Applicants must be able to verify that they currently have at least 90 days of successful sobriety from drugs and alcohol, including 90 days free from maintenance medications (i.e. methadone, suboxone, sublocade, etc.).

Have you ever been treated in a recovery program for substance use disorder?*

☐ Yes ☐ No

How many times in the past three years have you been treated in a recovery program for substance use disorder?*

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5+

Are you currently being treated in a recovery program for substance use disorder?*

☐ Yes ☐ No

Where are you currently in recovery treatment, or where did you receive recovery treatment? Explain your recovery journey.*

Recovery Program Entry Date – Most Recent.* _____(mm/dd/yyyy)

Recovery Program Completion Date – Most Recent.* _____(mm/dd/yyyy)

How many months of successful sobriety do you have now?* _____

Please explain what you do to maintain your sobriety currently.

Do you have a sponsor? ☐ Yes ☐ Not Yet – But Interested ☐ No

Substance Use History – Please identify which substances you used and the approximate date of last use. If you never used that substance, you may leave it blank.

Date of Last Use of Alcohol: _____(mm/dd/yyyy)

Please describe your alcohol use, including form, frequency, and length of use. If none, you may leave it blank.

Date of Last Use of Prescription Medications – Other Than as Prescribed: _____(mm/dd/yyyy)

Date of Last Use of Marijuana: _____(mm/dd/yyyy)

Date of Last use of Spice: _____(mm/dd/yyyy)

Please describe your marijuana use, including the form (i.e. CBD, Gummies, Joint/Blunt, Vape, etc.), frequency, and length of use.

Do you have a medical marijuana card? ☐ Yes ☐ No

Date of Last Use of Methamphetamine: _____(mm/dd/yyyy)

Please describe length of methamphetamine use. If none, you may leave it blank.

Date of Last Use of Cocaine: _____(mm/dd/yyyy)

Please describe length of cocaine use. If none, you may leave it blank.

Date of Last Use of Heroin: _____(mm/dd/yyyy)

Please describe length of heroin use. If none, you may leave it blank.

Spiritual History

Describe your faith/religious background.*

Are you actively involved in a faith community?* ☐ Yes ☐ No

If you are actively involved in a faith community, for how long and where are you involved?

Legal History

Have you ever been arrested?* ☐ Yes ☐ No

Do you have any open charges, warrants, and/or protective orders against you?*

☐ Yes – Open charges ☐ Yes – Warrant ☐ Protective order against me ☐ No

List all crimes for which you have been arrested with the city, state, and approximate dates.*

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Are you currently on probation or parole?* ☐ Yes - Probation ☐ Yes – Parole ☐ No

If you are on probation or parole, please list the city, state, officer's name, and officer's number.*

Are you a convicted sex offender?* ☐ Yes ☐ No

If you are convicted sex offender, in which county and state are you registered?*

Education

Which is your highest level of education completed?*

- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ GED
- ☐ AA
- ☐ BA/BS
- ☐ Post Graduate
- ☐ Other

If you received a higher education degree, please list your major.

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Have you ever been diagnosed as having a learning disability?* ☐ Yes ☐ No ☐ Not Sure

If you have been diagnosed with a learning disability, please explain and include when and by whom were you evaluated?

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Do you have any professional or vocational certificates?* ☐ Yes ☐ No

Please list your professional or vocational certificates and whether they are current or expired.

Are you currently involved in school or program?* ☐ Yes ☐ No

Name of school or program in which you are involved.

Start date for school: _____(mm/dd/yyyy)

Employment

Are you currently employed?* ☐ Yes ☐ No

If no, please explain any reasons it may be difficult to find employment.*

If yes, where are you employed?*

Start Date of Current Employment* _____(mm/dd/yyyy)

Pay per hour* \$ _____

How many hours a week do you usually work?*

- ☐ Less than 20
☐ 20-25
☐ 25-30
☐ More than 30

Which shift(s) do you usually work?*

- ☐ First Shift – Days
☐ Second Shift – Evenings
☐ Third Shift – Overnights

How are your children cared for while you are at work?

Financial Information

What is your current monthly income? Please include all sources of income from employment, child support, alimony, SSI, TCA, and any other assistance received.

Do you currently have a monthly income?* ☐ Yes ☐ No

Current monthly income \$_____

Please explain how you earn/receive your income.

Do you collect any non-cash benefits?* ☐ Yes ☐ No

What is the total of your monthly non-cash benefits? \$_____

What are your current monthly debts?

Do you have any debts?* ☐ Yes ☐ No

What is the total of all your monthly debts? \$_____

Please explain your monthly debt payments.

Do you have a checking account?* ☐ Yes ☐ No

How much money do you have in your checking account currently?* \$_____

Do you have a savings account?* ☐ Yes ☐ No

How much money do you have in your savings account currently?* \$_____

What is your current credit score (may be approximate)? _____



Is there anything else you would like to share?

By signing this document, the applicant agrees all information provided is accurate. Any intentional misrepresentation or falsification may result in the inability to be admitted into Faith house or actions up to or including dismissal from Faith House.

Applicant's Printed Name*:

Applicant's Signature*:

Date Application Submitted (Today's Date)* _____(mm/dd/yyyy)