



CHARIS HOUSE APPLICATION

The Charis House program requires a strong commitment from you to be successful. The environment is extremely structured and requires adherence to strict rules, procedures, and guidelines as well as participation in daily classes.

Completing this application is the first step in applying. This information is confidential; it will not be held against you nor used to judge you in any way. **Answer all questions, adding additional pages if necessary. Failure to disclose information or providing false information will result in denied admission or later dismissal from the program.**

Phase I of the *Charis House* is 12 months; a firm commitment to complete Phase I is required. The Charis House is not a medical/mental health facility. We cannot accept ladies that are pregnant, nor are we equipped for those suffering with major mental disorders, on-going physical problems requiring regular monitoring by a physician, or taking particular types of medication. You are not a candidate for this program if you have excessive unresolved legal issues or if you are unable to maintain the busy, daily structured schedule required of clients.

Space in the program is limited. Apply only if you are serious in your desire to get help. After submitting the application, contact us regularly to see if an opening is available. Your contacting us keeps your application valid. Applications are held for 60 days; if we do not hear from you within 60 days of initial intake, you will be required to reapply.

Legibly complete the application. Fill in all spaces, circling Yes or No when asked, and providing information as required.

PERSONAL INFORMATION			
Name (Last, First, Middle/Maiden):			Today's Date:
Address:			Homeless? Yes/No
Date of Birth:	SSN:	Phone:	Picture ID Type:
What is the highest level of education completed?		Would you like to further your education (i.e., GED, Trade School, College)? Yes/No	
Describe your work experience:			
Do you have a monthly income? Yes/No		Source of Income:	
Have you applied for or do you receive an SSI check? Yes/No		Do you receive income for a dependent child? Yes/No	

BACKGROUND	
Do you have outstanding warrants? Yes/No	Do you have pending court dates? Yes/No If yes, when?
Note: All court appearances must be taken care of before entering the Charis House	
Are you on probation? Yes/No	If yes, list your probation officer's name:
List the offense(s):	Length of probation?
If you are currently incarcerated, what is your expected release date?	
If incarcerated, are you presently in county jail or state prison?	

MEDICAL/HEALTH INFORMATION

Medical conditions, allergies, disabilities?	Are you taking meds for this? Yes/No
Do you have any special food or dietary needs?	
Have you been tested for STD's (HIV, RPR, TB, etc.)? Yes/No	If Yes, when and where?
Results:	

MEDICAL/HEALTH INFORMATION (continued)

Do you have Hepatitis C? Yes/No
Do you have health issues that need or may need medical attention? Yes/No <i>If yes, a doctor's clearance is required.</i>
Do you need a Pap Smear or Mammogram? Yes/No <i>If yes, this must be completed before entering the Charis House</i>
Do you need glasses? Yes/No <i>If yes, have eyes checked and glasses/contacts bought before entering the Charis House</i>
Have you ever had a mental health evaluation? Yes/No. If yes, provide the diagnosis and the doctor's name:

Note: Please ask for confidential waiver to be signed for release of information. _____

Have you ever been diagnosed with depression, anxiety, bi-polar disorder, schizophrenia, PTSD, personality disorders, ADD/ADHD, or any other mental issue in the past? Yes/No If Yes, what and when?	
Were you diagnosed as a child, or before you began using drugs/alcohol?	
Were you placed on medication for any of the above diagnoses, or other diagnoses? Yes/No	
If yes, list medications:	
Have you ever binged/purged with food in the past, or been diagnosed with an eating disorder? Yes/No	
Have you ever engaged in cutting or self-mutilation? Yes/No	
Have you ever been so angry that you harmed yourself or tried to harm others? Yes/No	
Have you ever been hospitalized for mental health issues? Yes/No	
Do you have a family history of mental health issues? Yes/No	
Have you thought about or tried to commit suicide? Yes/No If Yes, when? What happened?	
Did these thoughts start before or after you began drug use? Do you still have those thoughts? Yes/No	
Have you ever experienced abuse to include: verbal, physical, mental, or sexual?	
Are you prescribed to take any medications for mental or physical health? Yes/No	
List all medications you are presently taking for mental and physical health:	
Doctor(s) Name:	
Have you ever had panic attacks, or been so depressed you didn't want to live? Yes/No	
Are you taking your prescribed medications? Yes/No	Are you stable on medications? Yes/No

Note: Before entering into this program, each client must be stable with medication.

Please understand you MUST be mentally and physically healthy enough to participate in the busy, daily, structured schedule that is maintained by Charis House clients. If you are accepted to the program under the pretense that you are able to participate in all daily activities and then are unable to do so, you will be dismissed. You may re-apply when you no longer have restrictions.

Do you take over-the-counter medications? Yes/No. If yes, list meds:	
What are they for?	
Do you have any dental needs? Yes/No	
Do you have any medical problems that have been on-going and need monitoring by a physician? Yes/No	
Have you ever had an abortion? Yes/No	Are you, or could you possibly be pregnant? Yes/No (Safe Harbor 439-2511)
Do you smoke cigarettes? Yes/No	
Are you willing to stop? Yes/No	
<p>Note: <u>As a deterrent to tobacco use</u>, clients struggling with nicotine addiction may use "patches", gum, candy, and/or lozenges supplied by their family during the first 30 days of residency at the Charis House.</p> <p>After the initial 30 days, NO FORM OF NICOTINE WILL BE ALLOWED.</p>	

MEDICAL/HEALTH INFORMATION (continued)	
List all Drugs/Alcohol Abused:	
What is your drug/substance of choice?	
At what age did you begin using drugs/drinking alcohol?	Last used?
What programs have you participated in?	
Did you complete the programs? Yes/No	
If No, what was the circumstance of your departure from the program?	
Longest amount of time being clean/sober?	

FAMILY/PERSONAL RELATIONSHIPS			
Married? Yes/No	If Yes, Spouse's Name:		Married how long?
Children? Yes/No	If Yes, how many?	<i>List children's information below.</i>	
Name/Boy or Girl	Age	Custody of	Relationship
Mother Living? Yes/No - If Yes, Name and phone #:			Keep Contact? Yes/No
Father Living? Yes/No - If Yes, Name and phone #:			Keep Contact? Yes/No
Are you presently working a case plan with DCF or Families First to be reunified with your children? Yes/No			
Boyfriend/Girlfriend? Yes/No - If Yes, Name and phone number:			
Do you have any on-going relationships that would interfere with your focus on your recovery? Yes/No			
Comments:			
Who will you rely on to be a support system while you seek recovery? Complete the information below.			
Name	Relationship	Phone Number	

Note: MEN (OTHER THAN HUSBANDS, FATHERS, AND SONS) ARE NOT PERMITTED TO VISIT. THERE ARE NO EXCEPTIONS; DISMISSAL MAY RESULT FROM ANY DEFIANCE.

OTHER/MISCELLANEOUS
Are you willing to live in a multi-racial and multi-cultural controlled environment? Yes/No
Are you able and willing to commit to a full day of classes and work therapy? Yes/No
Do you have body piercings? Yes/No. If Yes, where?
Do you have tattoos? Yes/No. If Yes, where?
Are you willing to adhere to a dress code? Yes/No
<i>Note: Two earrings per ear are allowed. Additional body piercings, tattoos, and extreme hair color are not allowed while in this recovery program. The Charis House is a women's facility; only female attire is allowed (no male clothing). This is a Christian based organization and clients are expected to dress modestly.</i>

OTHER/MISCELLANEOUS (continued)
Participation in this program requires you be able to perform physical duties such as: working at the bargain center, housekeeping, yard work, and working in the children's ministry. You may also be required to sleep on a top bunk bed. These physical requirements include: standing for long periods of time, walking, squatting, bending, climbing, sitting, and lifting (up to 15 pounds), seeing, talking, and hearing. Can you perform these functions? Yes/No. If no, why not?
Describe your religious background:
What are your goals?
How can we help you reach your goals?
What are your strengths?
What are your weaknesses?
Do you willingly submit to authority? Yes/No
How did you hear about us?

Are there other comments or relevant information that needs to be disclosed? If yes, provide that information here.

To the best of my knowledge, I have been completely honest and open in completing this application; I have not withheld any important or relevant information. I understand that if I have not been completely honest and open in completing this application or if I have withheld relevant information, I can be denied admission. Or, if I've entered, I can be immediately dismissed from the program. _____ (Applicant's Initials)

Applicant Printed Name:

Date Submitted:

Applicant Signature:

For Office Use Only:

Counselor Comments:

Intake Counselor:

Decision:

Phone: 850.475.1116; Fax: 850.477.8111

Revised: 11/16