

# THE HOUSE OF REFUGE APPLICATION QUESTIONNAIRE

Date Application Received: \_\_\_\_\_  
Date Entered \_\_\_\_\_ Time \_\_\_\_\_  
Date Filled Out \_\_\_\_\_ Date Left \_\_\_\_\_

## PERSONAL INFORMATION:

\_\_\_\_\_  
Name (last) (First) (Middle) (Names Called) (Race) (S.S No.)

\_\_\_\_\_  
PRESENT ADDRESS (Street, Route, P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

Forward Mail To: (Leave this blank until you are ready to leave from the House of Refuge

\_\_\_\_\_  
(P.O. Box or Street No.) (City) (State) (Zip)

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Number of Brothers \_\_\_\_\_ Sister \_\_\_\_\_ Your position in Family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) \_\_\_\_\_

EMERGENCY NOTIFICATION: (Names) \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
(CITY) (State) (Zip)

\_\_\_\_\_  
PARENTS ADDRESS \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
ARE PARENTS DIVORCED \_\_\_\_\_ (Reason) \_\_\_\_\_

\_\_\_\_\_  
IS MOTHER LIVING \_\_\_\_\_ IS FATHER LIVING \_\_\_\_\_

\_\_\_\_\_  
DO YOU OWN HOME \_\_\_\_\_ PROPERTY \_\_\_\_\_ A CAR \_\_\_\_\_ (YEAR) \_\_\_\_\_

\_\_\_\_\_  
DO YOU POSSES A DRIVER'S LICENSE \_\_\_\_\_ WHAT STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

\_\_\_\_\_  
HAVE YOU STAYED IN CENTERS THAT OFFERED HELP WITH YOUR PROBLEMS OF DRUGS, ALCOHOL  
OR CIRME OTHER THAN JAIL OR PRISON?

\_\_\_\_\_  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

\_\_\_\_\_  
Do You Consider Yourself an Alcoholic \_\_\_\_\_ A Drug Addict \_\_\_\_\_

## MARTIAL STATUS:

\_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widower \_\_\_\_\_

\_\_\_\_\_  
Husband or Wife's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Husband or Wife's Address: \_\_\_\_\_ Phone \_\_\_\_\_

How Long Separated \_\_\_\_\_ How Long Divorced \_\_\_\_\_ Has Ex-Husband/Wife Remarried \_\_\_\_\_

Reason for Separation or Divorce \_\_\_\_\_

How Long Married \_\_\_ Number Times Married \_\_\_ How Many Children by Present Husband or Wife \_\_\_

List Names and Ages \_\_\_\_\_  
\_\_\_\_\_

Do You Have Contact with These Children \_\_\_\_\_

Do You Have Other Children \_\_\_\_\_ How Many \_\_\_\_\_

Do You Have Contact with Any of These Children \_\_\_\_\_

If Yes, List Names and Ages \_\_\_\_\_  
\_\_\_\_\_

Widow/Widower: Date Husband or Wife Died \_\_\_\_\_ Cause of Death \_\_\_\_\_

Does Husband/Wife Work \_\_\_\_\_ (If Yes, Where & What) \_\_\_\_\_

How Much Income \_\_\_\_\_

**EDUCATION:**

Grade School \_\_\_\_\_ High School \_\_\_\_\_ Graduated \_\_\_\_\_ College \_\_\_\_\_ Graduated \_\_\_\_\_  
(Yrs) (Yrs) (Yrs) (Yrs) (Yrs)

College Degree \_\_\_\_\_ Major/Minor \_\_\_\_\_ Post Grad. \_\_\_\_\_  
(Type) (Degree)

Trade Schools \_\_\_\_\_ Graduated \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Graduated \_\_\_\_\_ Year \_\_\_\_\_

Name of College or Trade School \_\_\_\_\_

Specialized Training \_\_\_\_\_

IV. Occupation Experience Usual Occupation \_\_\_\_\_ Years at  
Trade \_\_\_\_\_

Now Working at Usual Occupation \_\_\_\_\_ If No, Why  
Not \_\_\_\_\_

Other Jobs  
Held \_\_\_\_\_

Occupation Trained For \_\_\_\_\_

Special Skills (cooking, barber, printing, mechanic, etc.,) \_\_\_\_\_

Are You Working \_\_\_\_\_ Where & What \_\_\_\_\_

**HEALTH:**

Have You Ever Been Tested for HIV Virus \_\_\_\_\_ Date \_\_\_\_\_ Where \_\_\_\_\_

Do You Have HIV Virus \_\_\_\_\_ Have You Ever Shared Needles \_\_\_\_\_

Are You Homosexually Active \_\_\_\_\_ Are You Willing to be Tested For HIV VIRUS \_\_\_\_\_

List Medications your are Now Taking & How Long Have You Been Taking \_\_\_\_\_

Have You Ever Been Admitted to a Psychiatric Hospital \_\_\_\_\_ Committed \_\_\_\_\_ Voluntary \_\_\_\_\_

Where \_\_\_\_\_ Dates: \_\_\_\_\_

Where \_\_\_\_\_ Dates: \_\_\_\_\_

Where \_\_\_\_\_ Dates: \_\_\_\_\_

Have You Had Severe Emotional Upset \_\_\_\_\_ What \_\_\_\_\_

Do You Have Hospital Insurance \_\_\_\_\_ With Whom \_\_\_\_\_

Medicare No. \_\_\_\_\_ Other Ins. & No. \_\_\_\_\_

Will You Sign a Release of Information if we Need to Write for Helpful Social, Medical, or Psychiatric Reports \_\_\_\_\_ or Information \_\_\_\_\_

**DRINKING HISTORY:**

What Do You Drink \_\_\_\_\_

When Do You Drink \_\_\_\_\_

What Type of Drinker Are You \_\_\_\_\_

When Did You Take Your First Drink \_\_\_\_\_ First Time Drunk \_\_\_\_\_

How Long Have You Been Drinking \_\_\_\_\_ How Long an Alcoholic \_\_\_\_\_

Number of Times Drunk in the Past Year \_\_\_\_\_ Do You Have Blackouts \_\_\_\_\_

Have You Ever Had Hallucinations \_\_\_\_\_ Have You Ever Had DT's \_\_\_\_\_

Does Your Husband or Wife Drink \_\_\_\_\_ How Much \_\_\_\_\_ Is He/She An Alcoholic \_\_\_\_\_

Why Do You Want to Stop Drinking \_\_\_\_\_

**DRUG HISTORY:**

What Were the First Drugs You Did \_\_\_\_\_

Why Did You Do Those First Drugs \_\_\_\_\_

List Kinds of Drugs You Have Done \_\_\_\_\_

Age When You Started Doing Drugs on a Regular Basis \_\_\_\_\_

What Have Drugs Cost You? Per Day \_\_\_\_\_ Entire Drug Career \_\_\_\_\_

What Serious Health Problems Have Drugs Caused You \_\_\_\_\_

Why Do You Want to Quit Using Drugs \_\_\_\_\_

Have You Ever Been Hospitalized for Alcoholism or Drug Addition \_\_\_\_\_

If Yes, Tell Where, When and How Long \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Did You Attend Church as a Child \_\_\_\_\_ Age Started \_\_\_\_\_ Age Quit \_\_\_\_\_

**LEGAL:**

Have you ever been arrested? (if yes explain) \_\_\_\_\_

What are your charges? \_\_\_\_\_

Do you have any felony charges? (If yes explain) \_\_\_\_\_

How old are your felonies? \_\_\_\_\_

When is your next court date? \_\_\_\_\_

Do you have a P.O.? (If yes please give name and location) \_\_\_\_\_

Do you have a lawyer? (if yes name and phone#) \_\_\_\_\_

**Rules:**

1. No Cell Phones while in the program.
2. No radios that have ear phones on them. Clients must only listen to Gospel and Jazz Music.
3. No visitors at the resident only to pick client up for passes.
4. All Clients must turn in their pay checks on their schedule payday.
5. All Clients are responsible for doing all assigned chores that are giving by The House Man.
6. No Stealing
7. No Fighting
8. No client should be threatening any staff or other clients.
9. No assaulting any clients while in the program
10. No sexual activity while in the program
11. No possession of any alcohol or illegal drugs.
12. No profanity while in the program.
13. No disobeying or disrespecting other clients or staff while in the program.
14. No Lying or giving a false statement to staff.
15. No endangering the health and safety of yourself, staff, or other residents.
16. No illegal acts of any kind.
17. All rules are subject to change or amendment as seen fit by staff.

What would you like to accomplish by being accepted into the House of Refuge over the next 12 months.

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**Executive Director**

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**Client**