

Hosea's House Ministries Admission Application/Assessment

Applicant Information

Name: _____
 First M.I. Last Date of Application

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced

If married, list Maiden Name: _____ Driver's License #: _____

Current Age: _____ Date of Birth: _____ S.S.# _____

Primary Contact #: _____ Secondary Contact #: _____

Email address: _____

Please explain why you are seeking shelter at Hosea's House? _____

Household Information

Do you have children? ___ Yes ___ No

If yes, please list the names, sex, ages and birthdates of each minor child.

Name	M/F	Age	Birthdate

Do you have custody of all children listed above? ___ Yes ___ No

If no, please list name(s) of custodial parent/guardian: _____

What relation is the custodial parent/guardian to applicant: _____

Are you currently in a relationship? ___ Yes ___ No

If yes, please describe status of relationship: _____

Income/Employment

Are you currently employed? ___ Yes ___ No

If yes, list name and address of employment:

Are you employed: ___ Full Time ___ Part-time Hours per week: _____

Wages: _____ weekly _____ bi-weekly _____ monthly

Hours of work: _____

If you are not employed, why? _____

When was your last date of employment? _____

What type of work? _____

If not employed, please list all forms of income for household:

Type	Amount	Type	Amount
Food Stamps	\$	Child Support	\$
K-TAP	\$	K-Chip	\$
SSI/SSDI	\$	Unemployment	\$
Other	\$		

Personal Information

Education

Did you graduate from high school?: ___ Yes ___ No

If no, highest Grade completed: _____

Have you attended college?: ___ Yes ___ No

Degree: _____

Technical Training: _____

Housing

Have you ever live in subsidized (income-based) housing? ___ Yes ___ No

If yes, where? (city/state): _____

List address for last residence: _____

Have you ever been evicted? Yes No

Do you have any outstanding balances with landlords? Yes No

If yes, how much do you owe?: _____

Transportation

Do you own or have access to a vehicle? Yes No

If yes, please list make/model of vehicle: _____

License plate #: _____ Color: _____

If no vehicle, please list other forms of transportation (public, friend, family, etc.)

Criminal Background

Do you have any past or pending criminal charges? Yes No

Do you have a felony charge? Yes No

If yes, what is/are the charge(s)? _____

Have you ever been turned down for housing/employment because of your criminal background?
 Yes No

Are you required to register as a sex offender? Yes No

Substance Abuse

Are you being treated for now or in the past substance and/or alcohol abuse? Yes No

Are you currently in treatment? Yes No

If yes, list dates of treatment: _____

Please list Program or Treatment Facility: _____

How long have you been drug and/or alcohol free? _____

Has alcohol or substance abuse affected your ability to work? Yes No

Religion/Faith Background

What is your religious background? _____

Do you attend church? Yes No

If yes, how often? Rarely Sometimes Regular

Applicant's Signature

Date

Plan of Action (Goals and Action Steps)

Your plan of action (goals) is designed specifically for you and your family's needs. Your action steps are things you need to do to accomplish your goals.

What do you hope to accomplish during your stay with us at Hosea's House? Please list at least 3 items and list them in order of importance to help you reach self sufficiency:

- 1. _____
- 2. _____
- 3. _____

What steps are needed to accomplish each goal listed above?

Goal 1:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Goal 2:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Goal 3:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Applicant's Signature

Date

Plan of Action/Goals & Objectives

Status/Progress Update

To be completed during monthly meetings with assigned ministry representative.

Goal 1:

Progress to date: _____

Challenges to meeting goals/objectives: _____

Possible Next Steps: _____

Goal 2:

Progress to date: _____

Challenges to meeting goals/objectives: _____

Possible Next Steps: _____

Goal 3

Revised 1/2014

Progress to date: _____

Challenges to meeting goals/objectives: _____

Possible Next Steps: _____

Resident Signature

Date

Ministry Representative

Date

I, _____ give Hosea's House permission to conduct a background check.

Address (City, State, Zip) _____

Social Security Number _____

Date of Birth _____

Signature _____

Witness _____