

* Office Use Only

Hosanna Home
P.O. Box 125 Lafayette, AL 36826
(334)749-2130 Office (334)203-1830 Fax

Letter Sent: _____
Interview Date: _____
Accept/Decline: _____

This information is confidential. It will not be held against you or used to judge you in any way. Please answer all questions honestly and **completely, not doing so will result in a declined application.** After completing the application, please write a 5 page story of your life so that we may know how to best help you.

Please be aware we are a spiritually based 12 month recovery program. We are faith based. Your room and board will be provided for through generous donations from people who care for you. We do require a \$500.00 curriculum fee which is non---refundable to provide for training materials and drug tests needed throughout the year. While in our care you will be responsible for any medical or dental care needed. If you are serious in your desire to get help, please call us regularly to see if we have an opening available for you. Your contact with us will keep your application valid. If we do not hear from you we will only hold an application 30 days, after that you would have to reapply.

If you are accepted into the program the following documents will be needed before/upon your arrival:

Medical Physical including pap and liver enzymes _____

Blood work Tests & Test Results:

TB: _____ HIV/AIDS: _____ Hepatitis A, B, & C: _____

Birth Certificate: _____ Social Security Card: _____ Valid Picture I.D. _____

Psychological Evaluation: _____

***** **No Psychopathic Drugs Are Allowed While In Program** *****

Personal Information:

Application Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Date of Birth: _____ Age: _____

Social Security: _____ Ethnicity: _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

Drivers License Number: _____ State: _____ Type: _____ Valid? _____

Education:

Highest Grade Completed: _____ Graduated/GED: Yes _____ No: _____

Emergency Contact:

Name & Phone Number of Person to Contact in an Emergency: _____

What is their relationship to you? _____

Marital Status:

Single: _____ Married: _____ Engaged: _____ Divorced: _____ Separated: _____ Widowed: _____

Number of times married: _____ Years married each time: _____

Does your Wife support your decision to get help? _____

Wife's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Names of Children and Ages: _____

Parents:

Names of Living Parents: _____

Address: _____ State: _____ Zip: _____

Father's contact phone: _____ Mother's phone: _____

Father's E---mail: _____ Mother's E---mail: _____

Names of Deceased Parents: _____

When did they die? _____

How did they die? _____

Siblings:

Names and **ages** of siblings including yourself **in the order of birth:** _____

Hobbies & Interests: _____

Medical:

Please request any and all medical/psychological information from previous health provider, physicians, and counselors and submit upon arrival. Physical: _____ Psych Evaluation: _____

Medicare Number: _____ Medicaid Number: _____

Primary Health Insurance Carrier Name & Number: _____

Physician's Name & Phone Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Allergies: Yes _____ No: _____ List of allergies: _____

Current Medical Problems – Please be complete & specific: _____

Please list all past surgeries or medical hospitalizations: _____

Medications Currently Taking Prescribed and Non---Prescribed: _____

List any physical limitations you may have as indicated by a physician: _____

Have you ever been to counseling / psychiatrist? Yes_____ No_____ How long? _____
Have you ever been the victim of physical abuse? Yes_____ No_____ How long? _____
Have you ever self---mutilated? Yes_No____ If yes, how & how recent? _____

Have you ever been the victim of sexual abuse? Yes_____ No_____ As a child?_____ As an Adult?

Do you have or have you ever contracted a sexually transmitted disease? Yes_____ No_____

Which STD?_____ Date Contracted:_____ Treatment:_____

CurrentStatus:_____

Sexual Preference: Heterosexual_____ Homosexual_____ Bisexual_____

Have you ever been involved in a homosexual relationship? _____

Diet:

Are you on a special diet? Explain: _____

Do you have food allergies? _____

Have you ever been diagnosed with an eating disorder? Please explain: _____

Legal Information:

Probation Officer:

Name: _____

Address: _____

Phone: _____

Fax: _____

E---Mail: _____

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

E---Mail: _____

List ALL arrests and results: _____

List pending court cases, dates and allegations: _____

List any outstanding warrants for your arrest: _____

Substance Abuse:

List All Alcohol & Drugs You Use or Have Used:

Drug: _____ How Often: _____ How Much: _____ Last Used: _____
Drug: _____ How Often: _____ How Much: _____ Last Used: _____
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When was the last time you used drugs? _____ Alcohol?

How old were you when you first started using drugs? _____ Alcohol?

Do you use tobacco/smoke cigarettes? Yes _____ No _____ When did you smoke last?

Please note His Place is a smoke free facility. Are you willing to quit? Yes _____ No _____

Have you ever been in an alcohol, drug, or detoxification program before? Yes _____ No _____

Please list the facilities: _____

Was it a religious or non---religious program? _____

Explain how it helped or hindered your recovery? _____

How involved were your family in your recovery process? _____

How willing are they in being involved in it now? _____

Spiritual:

What life controlling problems do you see in your life that you need or want to resolve? _____

Do you feel that you have a need for God? _____

Have you ever committed your life to God? _____

What is your present relationship with God like? _____

Do you read the Bible? _____
Are you open to Biblical solutions to your problems? _____
Are you a member of any church or specific religion? _____
Type of Religion: _____ Denomination: _____

Financial:

Explain current financial obligations: _____

Amount of current income and sources: _____

Please explain why we should take you into our recovery program: _____

What would you like to see happen in your life while you are with us? _____

Are you ready for your life to be changed? _____

How willing are you to do whatever it takes to make the change? _____

If you want to tell us more about yourself, please feel free to share with us anything you may find important for us to know in order for us to better understand your circumstances: _____

Applicant's Signature: _____ **Date:** _____

Hosanna Home Director: _____ **Date:** _____