**The Fathers House**

P O Box 129

Bismarck, AR 71929

Phone 501-384-2265 Fax 501-865-3039

**Brief Program Description**

2025

The Fathers House helps people with life-controlling problems such as drug or alcohol addiction by providing Christian discipleship and residential care for those who qualify.

Referrals are made by judges, lawyers, hot lines, probation officers, ministers, police, hospitals, youth agencies, Correctional Institutions, friends, family and concerned others.

The Fathers House was formed by a group of people that believe it is a calling and mandate from God to help people that sincerely want to better their lives and overcome life controlling problems.

We believe that it is Gods will for all humanity to be in relationship with him, and that He has given a provision through his Son Jesus Christ to live above our addictions. That through the discipleship process and the power of the Holy Spirit we can overcome the obstacles and challenges of life; even though sometimes our choices have caused the conflict. We believe that in serving humanity we are in essence serving God himself.

The Fathers House is a faith based ministry with the goal of temporary furnishing a safe environment and atmosphere where people can start the healing process in their lives, families and communities.

**The Father’s House**

Client Application

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Last First Middle

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number, Street Name and Apartment/Lot Number

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone # (\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Cell Phone #: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_

***Education:*** ***Housing Situation:*** ***Marital Status:***

□ 4+ Years of College □ Live with Spouse □ Single

□ 1-3 Years of College □ Live with Parents □ Married

□ 1+ Yrs of Trade School □ Live with Relatives □ Divorced

□ H.S. Diploma □ Live with Friends □ Engaged

□ GED □ Incarcerated □ Separated

□ Dropped out of H.S. □ Homeless □ Widowed

□ Still Attending H.S. □ Live Alone □ Other

□ Current Grade □ Other

***Race: English Skills:***  ***Citizenship:***

□ White □ I Read English □ United States

□ Black □ I Write English □ Other

□ Hispanic □ I Speak English

□ American Indian

□ Asian

□ Middle Eastern

□ Other\_\_\_\_\_\_\_\_\_\_

***Religion:*** ***Denominational Preference:***

□ Protestant □ Assemblies of God □ Evangelical Free □ Missionary Alliance

□ Catholic □ Baptist □ Lutheran □ Non-Denominational

□ Other □ Church of God □ Presbyterian □ Inter-Denominational

□ Evangelical Covenant □ Methodist □ Other

I Need Help With The Following: (Check All That Apply):

□ Alcohol Addiction □ Anxiety □ Aggression □ Self-Mutilation

□ Drug Addiction □ Anger □ Abandonment □ Terminal Illness

□ Tobacco Addiction □ Depression □ Eating Disorders □ Suicidal Thoughts

□ Gambling □ Grief □ Forgiveness □ Death of a Loved One

□ Pornography □ Fear □ Emotional Stress □ Family Relationships

□ Same Sex Attraction □ Guilt □ Self Esteem □ Parenting

1

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number/Name City/State/Zip

Phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_

***Medical History :( Check All That Apply to your current or past condition):***

□ ADD □ Diabetes □ High Blood Pressure □ Rape

□ ADHD □ Drug Abuse □ HIV Virus □ Respiratory Problems

□ Alcohol Abuse □ Eating Disorder □ Homicidal Thoughts □ Schizophrenia

□ Anorexia □ Flashbacks □ Insomnia □ Sexual Abuse

□ Asthma □ Hallucinations □ Mental Illness □ Seizures

□ Back Problems □ Head Trauma □ Multiple Personalities □ Suicide Attempts

□ Bi-Polar □ Hearing voices □ Nervous Condition □ Suicide Contemplate

□ Bulimia □ Heart Trauma □ Paranoia □ Suicide Thoughts

□ Depression □ Hepatitis □ Physical Abuse □ Tuberculosis

□ Venereal Disease

***Substance Abuse :( Check All That You Have Used)***

□ Alcohol □ Crack □ Huffing/Sniffing □ Mushrooms

□ Amphetamines □ Ecstasy □ LSD □ PCP

□ Barbiturates □ GHB/MDMA □ Marijuana □ Over the Counter Drugs

□ Cocaine □ Heroin □ Meth □ Prescription Drugs

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the date you last had used ***ANY*** of the above substances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug of Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_ Method of Use: □ Inject □ Snort □ Smoke □ Oral □ Other

Do you use Tobacco? □ YES □ NO

If yes, check all that apply: □ Cigarettes/Cigars □ Chew/Snuff

***Treatment History:***

Have you ever been in a residential treatment facility □ YES □ NO How many?

Have you ever been treated for mental disorders? □ YES □ NO \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated for sleep disorders? □ YES □NO

Has a psychiatrist ever treated you? □YES □ NO Last visit: \_\_/\_\_\_/\_\_\_

Has a psychologist ever treated you? □ YES □ NO Last Visit; \_\_/\_\_\_/\_\_\_

***Medications:***

List all Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All medication must be in a labeled prescription bottle at the time of entrance. If you r doctor gives you samples, ask your Pharmacist if they will assist you in this matter.**

MEDICAL INFORMATION CONTINUED:

List any medications you have taken in the past 2 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2

SPECIAL NEEDS:

Do you have any type of disability? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Do you require a special diet? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Do you have any medical restrictions? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Do you have any allergies? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Do you have any chronic conditions? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Do you have any other type of special needs? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

**If you have any medical restrictions or disabilities, you must supply us with documents from your physician at the time of entrance into the program. We reserve the right to require this documentation prior to acceptance.**

Primary Emergency Contact: Secondary Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANACE PROVIDER: ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Insurance Provider): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY DOCTOR INFORMATION:

Name (Doctors): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Psychiatrist/ Psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Treatment: \_\_\_/\_\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Reason for Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior Treatment Facilities:**

Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Treatment: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

3

Reason for Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been in the Father’s House Program? □ YES □ NO

If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you complete the program? □ YES □ NO

If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY: Please list your last 5 places of employment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | City/State | Duties | Dates Employed | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**LEGAL INFORMATION**:

**Current Legal Status:**

Are you currently on probation? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_

Are you currently on parole? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_\_

Do you currently have any court cases pending? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_\_

Are you currently under investigation for anything? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_\_

Do you currently have any outstanding warrants? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in any type of lawsuit? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_\_

Do you currently have any unpaid fines? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently required to pay any restitution? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently ordered to do any community service? □ YES □ NO Hours: \_\_\_\_\_\_\_\_\_\_\_

Are you currently required to pay child support? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Are you currently behind in child support payments? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive ant Social Security Income? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any Disability Income? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any Unemployment Income? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Do you receive any retirement income benefits? □ YES □ NO Amt: \_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other source of Income? □ YES □ NO TYPE: \_\_\_\_\_\_\_\_\_\_

**PAST LEGAL STATUS:**

Have you ever been arrested? □ YES □ NO

# of times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in a juvenile detention center? □ YES □ NO

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been sentenced to jail? □ YES □ NO

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in prison? □ YES □ NO

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been on probation? □ YES □ NO

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL ACTIVITY: (Check all that you have been involved with)**

□ Aiding and Abetting □ Incest

□ Armed Robbery □ Kidnapping

□ Arson □ Larceny

□ Assault □ Leaving the scene of an Accident

□ Attempted Assault □ Manslaughter

□ Attempted Burglary □ Murder

□ Attempted Rape □ No Contact Order

□ Attempted Robbery □ Order of Protection

□ Attempted Murder □ Parole Violation

□ Attempted Theft □ Possession of Stolen Property

□ Battery □ Probation Violation

□ Burglary □ Prostitution

□ Car Jacking □ Rape

□ Child Abuse/ Neglect □ Restraining Order

□ Child Molestation □ Robbery

□ Child Endangerment □ Sex with a Minor

□ Child Pornography □ Shoplifting

□ Concealed Weapon □ Solicitation of Prostitution

□ Criminal Sexual Conduct □ Stalking

□ Disorderly Conduct □ Terroristic Threats

□ Domestic Violence □ Theft

□ Driving without a License □ Truancy

□ Drug Manufacturing □ Underage Drinking

□ Drug Possession □ Use of Firearms in a crime

□ DUI □ Vandalism

□ DWI □ Vehicular Homicide

□ Embezzlement □ Violation of No Contact Order

□ Escape from Custody □ Violation of Order of Protection

□ Felony Conviction □ Violation of Restraining Order

□ Fleeing or Eluding Police □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Fraud □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Harassment □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAROLE/ PROBATION OFFICER INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip; \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any court dates pending? \_\_\_\_\_\_\_\_\_\_\_\_ If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Defense Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Prosecuting Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION: (Please provide complete information)**

**SPOUSE:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Married: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is she supportive of you being here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Living with: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Living with: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Living with: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Living with: \_\_\_\_\_\_\_\_\_\_

**MOTHER”S INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FATHER”S INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORRESPONDANCE:**

**Please list the names and addresses of people you expect to correspond with while in the program.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that all the information to the best of my knowledge is correct.

I agree to obey all rules and submit to staff to the best of my ability.

**Personal Property Agreement**

* I agree that if I leave the program pre-maturely for any reason other than

completion, I will be paid the balance of my account after any debt owed to the Father’s House and will receive the balance of my client account within 30 days after my departure.

* I understand that I am completely responsible for all my possessions. The Father's House will not be responsible for any of my belongings.
* **Any personal items left after my departure will become the property of The Father's House.**
* I understand and agree that any bills incurred while in the program will be charged to my client account.
* **I understand and agree that any and all checks and monies that I receive will be signed and given to The Father’s House, to be applied to program fees of The Father’s House program until all debt owed is paid. After program fees are paid any monies that I have collected in my client account will be paid upon my graduation or within 30 days after my departure from the program.**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

Intake Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_