



faith home restoration

Application

Mail to: Amy J. Crawford, 1511 White Post Rd. Cedar Park, Tx 78613 (512) 552-3259

Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Phone #: _____ Social Security # _____ - _____ - _____

Driver's License State ____ ID# _____ Expiration Date _____ Date of Birth _____ Age _____

Referral Information

Who is the Referral/contact person? _____ Telephone # (____) _____ - _____

Employment - Please list 3 employers, the dates that you worked there and why you left.

| Employer | Dates Employed | Reason for Leaving |
|----------|----------------|--------------------|
| | | |
| | | |
| | | |

Are you currently employed? Yes ___ No ___ Full-Time Part-Time Temporary Permanent

What other types of work have you done? _____

What is your long-term goal for employment and plan to reach that goal? _____

Underline the following that prevents you from finding work:

- History of Drug/Alcohol Abuse
- No Work History
- Child Care
- Physical/Mental Health
- Criminal History
- No Resume
- Transportation
- Education
- Other _____

What is your last year completed: _____ Do you have your diploma or GED? _____

Other types of training or education: _____

What is your educational goal? _____

Have you experienced any of the following in the last year? **Circle all that apply:**

- Birth of a Child
- Marriage
- Separation
- Divorce
- Legal Problems
- Loss of Job
- Death of Friend/Family
- Severe Illness
- Loss of Housing

Have you been sexually, mentally or physically abused? Yes _____ No _____

Please describe treatment received for this: _____

Family & Support Network

Do you have children? Yes _____ No _____

Names & Ages _____

Who do you rely on when you need help? _____

Family Members _____ Local Church _____

Support Groups _____ Others _____

Legal Issues

Do you have legal problems? (i.e. Divorce, Child Custody, CPS, etc.) Yes _____ No _____

If Yes, explain _____

Are there any warrants out for your arrest? Yes _____ No _____

If yes, what for? _____

Have you ever been convicted of a felony? Yes _____ No _____ Misdemeanor? Yes _____ No _____

If yes, what for and when? _____

Have you ever been on Probation/Parole/Incarcerated? Yes _____ No _____

Are you on probation/parole now? _____

If yes, who is your probation /Parole Officer and Contact Information: _____

Open Travis County CPS Case? Yes ___ No ___ Caseworker & Phone # _____

Medical and Dental Conditions/Mental Health

Are you being treated for a medical condition? Yes _____ No _____

If so, what is the condition? _____

Are you being treated for a mental health condition? Yes _____ No _____

Are you taking any medications? Yes _____ No _____ If so, list medications and reason for taking:

| Medication | Reason for Taking | Dosage |
|------------|-------------------|--------|
| | | |
| | | |
| | | |
| | | |

Medical Insurance

Do you have health care coverage? Yes _____ No _____ Name of Policy or Plan _____

Alcohol/Drug Use

Do you have a history of drug addiction or alcoholism? Yes _____ No _____

If in recovery, how long have you been clean and sober? _____

What support services are you using to assist in recovery? **Circle all that apply.**

AA NA Al-Anon Sponsor Therapy Counseling Celebrate Recovery None

Please explain all that apply _____

Tobacco Usage Do you smoke? Yes _____ No _____

Transportation Do you own a car? Yes _____ No _____

If yes, does it have current liability insurance, license, registration form and inspection sticker?

Yes _____ No _____

References:

1) Name _____ Telephone #(_____)_____-_____

Address _____

Relationship _____ Years Known _____

2) Name _____ Telephone #(_____)_____-_____

Address _____

Relationship _____ Years Known _____

Financial Information

| Monthly Income | Amount | Debts & Loans | Amount |
|-------------------|--------|---------------|--------|
| Employment | | Unpaid Rent | |
| Unemployment | | Car | |
| Food Stamps | | Insurance | |
| Social Security | | Medical Bills | |
| SSDI (Disability) | | Phone | |
| Other | | Loans | |
| Other | | Fines | |

FAITH FOR THE FUTURE

God says, "I know what I'm doing. I have it all planned out –plans to take care of you, not abandon you, plans to give you the future you hope for. When you call on me, when you come and pray to me, I'll listen." Jeremiah 29:10-11 The Message He also says, "Delight yourself also in the Lord, and He will give you the desires and secret petitions of your heart." Psalm 37:3-5 Amplified

What are the desires of your heart for your life for then next month? _____

...The next six months? _____

Now tell us how we can help you reach your destiny. _____

In your own words describe your spiritual journey: _____

How do spiritual practices impact your daily life? _____

Do you have a personal relationship with Jesus Christ? Yes _____ No _____

If so, tell us about how this relationship began: _____

I understand that I am providing Faith Home Restoration, Inc this information on a volunteer basis and that it is strictly confidential. I give *Faith Home Restortion Inc.*, a Texas Non-Profile Corporation, permission to verify all information.

Signature _____ Date _____