



E.L.I.'s House Application

E.L.I.'s House is a Christian community, centered in love, providing long-term housing, trauma informed therapy, healthcare and vocational resources to equip women and children to thrive.

We are unable to accept children over the age of 9 or women who have no children.

Date: ___/___/___

Are you a convicted Sex Offender: ___Yes ___No

Are you currently on prescribed Suboxone: ___Yes ___No

Have you been diagnosed with Paranoia Schizophrenia and/or Multiple Personality Disorder (DID): ___Yes ___No

Do you have a disability that requires a Cane, Walker or Wheelchair: ___Yes ___No

If you answered **Yes** to any of the above questions, unfortunately, E.L.I.'s House will not be able to accommodate you at this time.

**** You must have parental rights to at least one of your children to be eligible for E.L.I.'s House****

Are you between the ages of 18-33: ___Yes ___No

Are you a US citizen? ___Yes ___No

Instructions:

It is important for the applicant to **PERSONALLY** complete the entire application with no help from others. All questions **MUST** be answered accurately and thoroughly for it to be processed.

Personal Information:

Name: _____

Maiden Name or Aliases: _____

DOB: ___/___/___ Age: _____ (Must be 18 years of age)

Social Security #: _____ - _____ - _____

Cell Phone:() _____ - _____

Preferred method of contact: **Call:** leave message ___ **Text Email**
No message ___

Email: _____

Current Address: _____

City: _____ State: _____

Length of Residency: _____

Previous Address: _____

City: _____ State: _____

Length of Residency: _____

Current Living Situation:

Non-Housing (Street, Car etc.)
Hotel/Motel
Jail/Prison
Hospital
Psychiatric Facility
Mother Transient-Children w/Family/Friends
Mother/Children w/ Family/Friends

Emergency Shelter
Domestic Violence Situation
Substance Abuse Treatment Facility
Rental Housing
Own Home
Transitional Housing for Homeless Persons
Other: _____

Are you currently safe? ___ YES ___ NO

If you are currently residing in a facility, including jail or prison, please provide the following information: Name of Facility:

Representative's Name and Contact Information: _____

Date of Admissions: ___/___/___ Anticipated Release Date: ___/___/___

Emergency Contact Information:

1. Name: _____ Phone: _____
Relationship: _____

Identification:

Do you currently have a copy of the following:

Birth Certificate	YES/NO
Social Security Card	YES/NO
Drivers License	YES/NO
ID	YES/NO

Military Status:

Have you served in the United States military? ___ Yes ___ No
Are you currently enlisted in the United States military? ___ Yes ___ No
If yes, what branch? _____
Years of service _____

Religion:

E.L.I. 's House is a Christ-Centered faith-based program.

Where do you see yourself spiritually: _____

Have you ever been exposed to or participated in witchcraft or wicca activities:

___ Yes ___ No

If Yes, please explain: _____

Medical Information:

Please provide the information below for all medications you are currently taking or Prescribed.

Medication	Reason for Taking Dosage	Time/Day	Date Prescribed

Please Provide the information below for all medications you have taken in the past 6 months.

Medication	Prescriber Name Contact Name Contact Phone Number	Reason Prescribed

I agree to give E.L.I.'s House written permission to verify all medications listed and their associated prescriber. Signature:

_____ Date: _____

Please check Yes or No to indicate if you have ever been diagnosed with or experienced the following.

	Yes	No	Date Last Tested Yes No	Date Last Tested
Hepatitis A			Tuberculosis (TB)	
Hepatitis B			HIV/AIDS	
Hepatitis C				

History of seizures: ___ Yes ___ No

Please list any other health diagnoses not listed above (Chronic diseases or illness).

Please list all Allergies:

Please Check Yes or No to indicate if you are able/willing to perform the following duties:

Housework	Yes	No	Yard Work Yes No Farm Work Yes	No
Cooking			Planting Barn Chores	
Dusting			Weeding Lifting 50 Lbs	
Laundry			Gardening Chicken Care	
Mopping			Watering	
Vacuuuming				

If you are unable to perform any of the above, please indicate the reason why: _____

Do you have any physical disabilities **NOT** requiring the assistance of a Cane, Walker or Wheelchair: ___Yes ___No

Insurance Information:

Health Insurance: _____ Policy Number: _____

Health Insurance: _____ Policy Number: _____

Dental Insurance: _____ Policy Number: _____

Behavioral Health Insurance: _____ Policy Number: _____

Mental Health History:

	Yes	No	Yes No	Yes	No
Anxiety			Antisocial Personality Disorder	PTSD	
Bipolar			Borderline Personality Disorder	Schizophrenia	
Depression			Multiple Personality Disorder		
DID			OCD		

List any other mental Health diagnoses not listed above (eating, self Harm).

Have you ever had thoughts of hurting yourself and/or others? ___Yes ___No

If yes, when was the last time you experienced these thoughts? ____/____/____

Does anyone in your family have a history of mental health illness? ___Yes ___No

If yes, please provide the following information:

1.Name of family member Diagnosed:_____

Mental health illness: _____

2. Name of family member diagnosed:_____

Mental health illness: _____

3.Name of family member diagnosed:_____

Mental health illness: _____

4.Name of family member diagnosed:_____

Mental health illness: _____

Please check Yes or No to indicate the mental health services you have received in the past

	Yes	No	Yes No	Yes	No
Case Management Name:			Medication Names: Inpatient Treatment Name:		
Counseling Name:			MentalHealth Court Where: Outpatient Treatment Name:		
Hospitalization Where: When:			Mobile Crisis Name: Other:		

Substance Abuse:

Alcohol Use

Have you ever used alcohol? ___Yes ___No If yes, for how long? _____

Age of first Drink? _____

Do you feel you're addicted to alcohol? ___Yes ___No

Have you ever been in treatment for alcohol abuse? ___Yes ___No If so, how many times? _____ Please provide the name of your most recent treatment facility: _____

Did you complete the treatment? ___Yes ___No If No, why not? _____

Does anyone in your family have a history of alcohol abuse? ___Yes ___No

Have you ever done any 12 Step Work? ___Yes ___No

Drug Use

Have you ever abused drugs? ___Yes ___No

Do you feel like you are addicted to drugs? ___Yes ___No

Please provide the information below for all drugs you have used:

Drug	Method of Administration	Age of First Use	Frequency of Use	Quantity Used	Date Last Used	Longest Period Clean

Have you ever been in a drug treatment or recovery program? ___Yes ___No

If Yes, How many times? _____

Please provide the name of your most recent treatment facility: _____

Did you complete the treatment? ___Yes ___No If No, Why? _____

Does anyone in your family have a history of drug abuse? ___Yes ___No

Are you willing to consent to drug screening prior to admission as well as during the program: ___Yes ___No

Are you willing to go to detox, if necessary, prior to admission: ___Yes ___No

Tobacco Use

Do you currently use tobacco or nicotine products? ___Yes ___No

If Yes, would you be willing to stop using tobacco or nicotine products? ___Yes ___No

Violence/Abuse History:

Please circle Yes or No to indicate if you have experienced the situations below as a child or adult

	As a Child	As an Adult
Have you ever been a victim of domestic violence?	Yes / No	Yes / No
Have you ever been a perpetrator of domestic violence?	Yes / No	Yes / No
Have you ever been a victim of sexual assault, rape, or incest?	Yes / No	Yes / No
Have you ever been perpetrator of sexual assault, rape, or incest?	Yes / No	Yes / No

Does anyone in your family have a history of domestic violence? ___Yes ___No

Legal History:

Are you currently on probation or parole? ___Yes ___No

If yes, for what charges? _____

Do you have any community service hours: ___Yes ___No

If yes, number of hours: _____ per Week / Month

Probation Officer: _____ Probation office: _____

Phone Number: () _____ - _____

Do you have any current charges? ___Yes ___No

If yes, what are the charges: _____

Do you have any pending charges ___Yes ___No

If yes in what: County: _____ State: _____

Court Date(s): _____

Do you have any possible outstanding warrants? ___Yes ___No

Have you ever been convicted of:

Violent Crime: ___Yes ___No

Arson: ___Yes ___No

Have you been convicted of a felony? ___Yes ___No

If yes, charges: _____

Date: _____ Location: _____

Are you currently incarcerated: ___Yes ___No

If yes: DOC# _____ Location: _____

Release Date ____/____/____

List the 5 most recent convictions/charges:

Date	County Charge	Outcome/Sentencing

Education History:

What is the highest level of education you have completed? _____

If you did not complete high school, do you have a GED? ___Yes ___No

If No, are you interested in obtaining your GED? ___Yes ___No

What is the name of the last school you attended? _____

What city and state is it in? _____

Financial Information:

Checking Account: ___Yes ___No

Debit Card: ___Yes ___No

Savings Account: ___Yes ___No

Please check Yes or No to indicate if you receive the following benefits. If yes, Please list the amount.

Program	Yes / No Amount Per Month
WIC	
SNAP Benefits	
Families First	
Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
Child Support	
Other:	

Relationship Background:

Please Circle One:

Marital Status: Single / In a Relationship / Married / Separated / Divorced / Widowed

How do you feel about giving up romantic relationships for the duration of your recovery program?

Children's Information:

Are you currently pregnant: ___Yes ___No

If yes, how many weeks: _____ Due date: _____

Have you ever had an abortion: ___Yes ___No

Are you currently on any contraceptive: ___Yes ___No

If yes, what? _____

Are you a mother with parental rights to at least one of your children? ___Yes ___No

Name(s) of your children:

1. _____ Age: _____ Sex: _____

Status of Custody: _____

2. _____ Age: _____ Sex: _____

Status of Custody: _____

3. _____ Age: _____ Sex: _____

Status of Custody: _____

4. _____ Age: _____ Sex: _____

Status of Custody: _____

How many children would you have coming with you to E.L.I.'s House? _____

Do you currently have a parenting plan? ___Yes ___No

If yes, would you be willing to share a copy with the Director of Women's Programming? ___Yes ___No

Please list any know allergies:

Please Provide below for all the medications your child

Medication	Pharmacy Dosage AM/PM	Reason Prescribed

Personal Narratives:

How do you feel about a 2 year commitment? _____

How do you feel about living in a community setting? _____

How do you feel about the necessary rules and restrictions as a resident? _____

What are your expectations of E.L.I.'s House? _____

What are your concerns about moving to E.L.I.'s House? _____

Why would you like to be considered for residency in our Program? _____

Are you willing to participate in employment, volunteering, education courses and all other faith-based activities offered?
___YES ___NO

Is this your first time applying to become a guest @ E.L.I.'s House? ___YES ___NO

How did you hear about E.L.I.'s House

Friend

Family

Staff/Board

Another Organization

Internet Search

Church

Other: _____

Name of Referral: _____

Applicant's Certification and Agreement

I, _____, personally completed this application without assistance or input from others. I confirm all information to be true and accurate. I authorize E.L.I.'s House to use the information I provided to make a decision regarding my acceptance into this program.

Applicant's signature Date of Completion

I, _____, understand job opportunities are offered but not guaranteed. If I am accepted, I agree to follow all program guidelines. Upon admission, I agree to sign the resident handbook containing behavioral agreements, policies, and procedures as well as an updated release of information.

Signature Date

I, _____, understand that alcohol and drug screenings will be conducted prior to admission and consistently during residency. I agree to complete these screenings upon request and understand that testing positive for alcohol or drugs could result in discharge from the program.

of Date Signature

APPLICATION & ADMISSION PROCESS

Once your application is received, you will be contacted via phone call by our Director of Operations or Director of Women's Programming. During this conversation, our staff will verify whether or not you meet our program requirements and if E.L.I.'s House is a good fit for your needs. If approved, you will be added to our waiting list of pending applicants. When openings become available, pending applicants will be contacted based on the date their application was received. A face to face interview will be conducted in order for E.L.I.'s House to obtain additional information necessary to determine the applicant's acceptance or denial to our program. Applicants must be able to pass an alcohol and drug screen prior to admission. Please, if you have further questions, don't hesitate to contact E.L.I.'s House. Thank you for your interest in our program and we look forward to working with you!