



WOMEN'S DIVISION – APPLICATION

Date of Application: \_\_\_\_\_

CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last Address: \_\_\_\_\_ Apt, Lot, Bldg. #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_ Any DUI's? \_\_\_\_\_

Do you have a picture ID? ( ) No Do you have a birth certificate? ( ) No
( ) Yes ( ) Yes

Who referred you here? \_\_\_\_\_

List dates you have previously stayed here: \_\_\_\_\_

Next of Kin:

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

Emergency Contact Information:

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

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

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

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

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

Physical characteristics: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Ethnicity: ( ) Hispanic/Latino
( ) Non-Hispanic/Non-Latino
( ) Don't Know

Race: ( ) American Indian or Alaska Native
( ) Asian
( ) Black or African American
( ) Native Hawaiian or Pacific Islander
( ) White
( ) Other or Don't Know

Veteran: ( ) No
( ) Yes

FOR OFFICE USE ONLY
Date of Admission: \_\_\_\_\_
Date of Graduation: \_\_\_\_\_
Date of Dismissal: \_\_\_\_\_

**FAMILY STATUS**

**Marital Status:** ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

Do you have children? Y N Do you have custody of your children? Y N

Do you have an open CPS (Child Protection Services) case? Y N

Case Manager's name: \_\_\_\_\_

Case Manager's phone number: \_\_\_\_\_

	Child's FULL name	Date of Birth	Age	Child's Father's Name
1.				
2.				
3.				
4.				
5.				

**Children, NOT living with you:**

	Child's FULL name	Age	City & State of residence	Child's Father's Name	Guardian's Name
1.					
2.					
3.					
4.					
5.					
6.					

List any serious family relationship problems:

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**HOUSING INFORMATION**

- Housing Status:**  Literally Homeless  
 Imminently Losing Housing  
 Unstably Housed and At-Risk of Losing Housing  
 Stably Housed

How long have you been homeless? \_\_\_\_\_

How many times have you been homeless in the past 3 years? \_\_\_\_\_

**Prior Night's Residence:**

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Transitional housing for homeless persons
- Permanent housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental, no ongoing housing subsidy
- Owned, no ongoing housing subsidy
- Rental, with ongoing housing subsidy
- Owned, with ongoing housing subsidy
- Staying or living with a family member
- Staying or living with a friend
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation (e.g. vehicle, abandoned building, bus station, etc.)
- Safe haven
- Other \_\_\_\_\_

**Length of Stay in Prior Night's Residence:**

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than a year
- One year or longer

**SPIRITUAL**

How would you best describe your relationship with God? \_\_\_\_\_

Are you saved?  Yes  No

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

**HEALTH AND WELLNESS**

**General Health Status:** ( ) Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor

**Medical Problems:** ( ) No  
( ) Yes, Please describe all medical problems \_\_\_\_\_

**Disabling Conditions:** ( ) No  
( ) Yes, Please describe \_\_\_\_\_

**Are you currently receiving any medical treatment?** ( ) No  
( ) Yes-All the treatment I need  
( ) Yes-Some treatment, but I need more

**Please list any medications you are taking or should be taking:** \_\_\_\_\_

**Who is financing your medical needs?** \_\_\_\_\_

**Have you been treated for any mental health problems (including depression)?**  
( ) No  
( ) Yes, When? \_\_\_\_\_

**Please list diagnosis(es) and any medications prescribed for mental health problems:** \_\_\_\_\_

**Have you committed any suicidal action in the last five years?** ( ) No  
( ) Yes, describe \_\_\_\_\_

**Do you have ANY Known Allergies? (Y / N) Medical**\_\_\_\_\_ **Food**\_\_\_\_\_

**Are you a smoker?** ( ) No  
( ) Yes

**Date of last TB test:** \_\_\_\_\_ **Do you have TB?** ( ) No ( ) Yes ( ) Don't know

**Date of last HIV test:** \_\_\_\_\_ **Do you have HIV?** ( ) No ( ) Yes ( ) Don't know

**Other Conditions:**  
( ) Illiterate or marginally literate  
( ) HIV/AIDS related  
( ) Tuberculosis  
( ) Developmental disability

Domestic violence victim, When? \_\_\_\_\_

**ADDICTION**

- Do you have any addictions?**  No  
 Yes-to drugs  
 Yes-to alcohol  
 Yes-to drugs and alcohol

**List drug(s) and/or alcohol(s) of choice:** \_\_\_\_\_

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**Age started:** \_\_\_\_\_ **How often did you use/drink?** \_\_\_\_\_

**Date of last use:** \_\_\_\_\_ **Longest period of sobriety:** \_\_\_\_\_

**Have you ever been to an alcohol or drug rehabilitation center before?**

- No  
 Yes - List where, when and for how long: \_\_\_\_\_
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**CRIMINAL BACKGROUND**

**Do you have any convictions?**  No  
 Yes - list offense(s) and date(s): \_\_\_\_\_

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**Have you ever been incarcerated?**  No  
 Yes - list facility(ies) and date(s): \_\_\_\_\_

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**Probation/parole officer (if applicable):** Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Court cases pending:** \_\_\_\_\_

**Have you ever been convicted of a violent crime?**

- No  
 Yes - describe crime and when committed:
- 

**Did you file a tax return last year?**  No  Yes **Do you have copy of the return?**  No  Yes

**Vehicle:**

Do you own a vehicle? Y N Is it in your possession? Y N

If you answered yes to either question,

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State, License/Tag # \_\_\_\_\_

Is this vehicle paid for? Y N If No, Finance Company name: \_\_\_\_\_

Monthly car payment: \$ \_\_\_\_\_ Is your vehicle insured? Y N

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**FINANCIAL INFORMATION**

**Have you received income from any source within the past 30 days?** ( ) No  
 ( ) Yes – describe below

Source	No	Yes	Amount	Date Started	Date Ended
Earned Income (Employment Income)					
Unemployment Insurance					
Supplemental Security Income (SSI)					
Social Security Disability Income (SSDI)					
Veteran Disability Payment					
Private Disability Insurance					
Workers Compensation					
Temporary Assistance for Needy Families					
General Assistance					
Retirement income from SS					
Veteran's Pension					
Pension from former job					
Child Support					
Alimony or other spousal support					
Other Source, Describe:					

**Total Monthly Income:** \_\_\_\_\_**Have you received any non-cash benefits from any source within the past 30 days?**

( ) No

( ) Yes – describe below

Source	No	Yes	Gateway ID	Password
Food Stamps, Value: \$ _____ Date Benefits Load: _____				
Medicaid Health Insurance Program				
Medicare Health Insurance				
Veterans Administration (VA) Medical Services				
Other Source, Describe:				

**Do you have any outstanding bills?** ( ) No  
 ( ) Yes – describe Below

Creditor	Monthly Payment	Due Date	Amount Past Due	Date of Last Payment

**EDUCATION/WORK EXPERIENCE**

**Level of school completed:**

- ( ) None
- ( ) Nursery School to 4<sup>th</sup> Grade
- ( ) 5<sup>th</sup> Grade to 6<sup>th</sup> Grade
- ( ) 7<sup>th</sup> Grade to 8<sup>th</sup> Grade
- ( ) 9<sup>th</sup> Grade
- ( ) 10<sup>th</sup> Grade
- ( ) 11<sup>th</sup> Grade
- ( ) 12<sup>th</sup> Grade, No Diploma
- ( ) High School Diploma
- ( ) GED
- ( ) Post-Secondary School (College, Technical School, etc.)

**If you were enrolled in post-secondary education, what degree(s) have you earned?**

- ( ) None
- ( ) Associates Degree
- ( ) Bachelors Degree
- ( ) Masters Degree
- ( ) Doctorate Degree
- ( ) Other Graduate/Professional Degree
- ( ) Certificate of Advanced Training or Skilled Artisan

Name of school(s): \_\_\_\_\_ Date(s) of graduation: \_\_\_\_\_

Degree(s) or certificate(s): \_\_\_\_\_

**Are you currently in school or working on any degree or certificate?** ( ) No  
 ( ) Yes

Name of school: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Degree(s) or certificate(s): \_\_\_\_\_

**Have you received any vocational training or apprenticeship certificates?**

- ( ) No
- ( ) Yes – List \_\_\_\_\_

**Job History:**

Employer	Position	Date Started	Date Ended

**Please list any other skills or work experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEEDS AND EXPECTATIONS**

What do you see as the chief problem(s) in your life that you wish to resolve? \_\_\_\_\_

\_\_\_\_\_

What things have you done in an effort to resolve your problems? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of the Rescue Mission of Middle Georgia? \_\_\_\_\_

\_\_\_\_\_

Do you feel that you are open to whatever the biblical solution might be to your problems? \_\_\_\_\_

\_\_\_\_\_

Is there any other information that you believe would be helpful to RMMG? \_\_\_\_\_

\_\_\_\_\_

Are you able to and do you commit to a minimum of one year of uninterrupted program at the Rescue Mission of Middle Georgia? If not, why? \_\_\_\_\_

\_\_\_\_\_

If applicable, have you obtained written permission from any legal supervision you may have ( child support , probation , etc. ) granting you permission to complete our life recovery program? \_\_\_\_\_

\_\_\_\_\_



Do you commit to refrain from the pursuit of romantic relationships , unless already legally married, while here at the Rescue Mission of Middle Georgia?\_\_\_\_\_

Are you physically and mentally able to fully participate in **ALL** aspects of our life recovery program , including work therapy assignments, while here at the Rescue Mission of Middle Georgia?\_\_\_\_\_

Please LIST your three most important goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly describe your present situation: \_\_\_\_\_

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Briefly describe your abuse history: \_\_\_\_\_

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**PRESENT Abuser's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Physical Marks (birthmarks, scars, tattoos): \_\_\_\_\_

What is the abuser's relationship to you (husband, boyfriend, etc.)? \_\_\_\_\_

How long have you had the relationship with the abuser? \_\_\_\_\_ When did the abuse start? \_\_\_\_\_

Frequency of abuse: \_\_\_\_\_ As a result of the abuse, have you ever sought medical treatment? Y N

If so, when? \_\_\_\_\_ Hospital? \_\_\_\_\_

Did you tell the medical practitioner you were hurt by your abuser? Y N

Have you ever notified law enforcement officials concerning the abuse? Y N If yes, when? \_\_\_\_\_

How many times of times notified law enforcement? \_\_\_\_\_

How many times has the abuser been arrested for abuse? \_\_\_\_\_

Prior to this, how many times have you left the abuser? \_\_\_\_\_, and for how long? \_\_\_\_\_

Is the abuser the father of your children? Y N

Describe his relationship with your children: \_\_\_\_\_

Describe his family background: \_\_\_\_\_

**PRIOR Abuser's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Last Known Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Physical Marks (birthmarks, scars, tattoos): \_\_\_\_\_

What is the abuser's relationship to you (husband, boyfriend, etc.)? \_\_\_\_\_

How long have you had the relationship with the abuser? \_\_\_\_\_ When did the abuse start? \_\_\_\_\_

Frequency of abuse: \_\_\_\_\_ As a result of the abuse, have you ever sought medical treatment? Y N

If so, when? \_\_\_\_\_ Hospital? \_\_\_\_\_

Did you tell the medical practitioner you were hurt by your abuser? Y N

Have you ever notified law enforcement officials concerning the abuse? Y N If yes, when? \_\_\_\_\_

How many times of times notified law enforcement? \_\_\_\_\_

How many times has the abuser been arrested for abuse? \_\_\_\_\_

Prior to this, how many times have you left the abuser? \_\_\_\_\_, and for how long? \_\_\_\_\_

Is the abuser the father of your children? Y N

Describe his relationship with your children: \_\_\_\_\_

Describe his family background: \_\_\_\_\_