

Application for Admission Harvest House

www.harvesthousedayton.com

Biblically-based home that offers a wide range of services to support young women from various economic backgrounds.

Harvest House is committed to providing excellent services that allow the young women we serve to recognize their self-worth and heal destructive habits. Application for Admission

Name _____
Address _____
City State Zip _____ Date of Birth _____
Email _____ Phone _____

Social Security # _____ Medicaid _____
Drivers License / ID _____ State issued _____ Expiration _____
Do you own a vehicle _____ Is it insured? Proof Yes No
Do you have medical insurance? Yes No
Insurance _____ Name of Company _____
Insurance Contact Information _____

Describe you recent living situation over last four months: (Select all that apply)
On street Staying with Friends Staying with family Shelter Group Home
Foster Care Own Place Jail or Prison With spouse Hospital or Treatment
Facility Other:
If other, please list: _____
_____ How did you learn about Harvest House? _____

Education:
(Check highest completed:) High School 9 10 11 12 College 1 2 3 4
Learning disadvantages / disability: _____
Do your future plans include completing:
high school GED vocational training college degree
Is there anyone in your life currently who could help you achieve your goals?
Yes No If yes, who? _____

Would you like to reconcile with them? Yes No If no, why not? _____

Family History Information (include contact information if known)
Briefly describe relationship with ...

Father: _____

Mother _____

Siblings _____

Extended Family / Dependent Children _____

References: List three references who are aware of your situation and could verify your need and willingness to work with the program.

Name of reference 1 _____ **How you know them** _____
Phone _____ **Email** _____
How long have they known you? _____

Name of reference 2 _____ **How you know them** _____
Phone _____ **Email** _____
How long have they known you? _____

Name of reference 3 _____ **How you know them** _____
Phone _____ **Email** _____
How long have they known you? _____

Resources

How do you currently support yourself? _____

What debts do you currently have? _____

What regular income do you receive? _____

Do you receive government assistance? Yes No **If yes, what?** _____

Legal

Are you on probation or parole? Yes No **If yes, who do you report to and phone number?** _____

Mental Health

Did you receive or are you receiving treatment for wanting to hurt yourself or others? _____

Who provided your treatment? _____

Are you currently being treated by a physician? _____

