



APPLICATION FORM

General/Personal Information:

Date of Application _____ / _____ / _____

Full Name: _____
(Last) (First) (Middle) (Maiden)

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____ Gender M F

Phone Numbers: _____
(Home) (Cell) (Other)

Address: _____
(Street Address) (Apartment/Unit #)

(City) (State) (Zip Code)

Education (Circle One): GED High School Diploma Highest grade level completed: _____

Marital Status (Circle One): Single Married Divorced Separated Widowed
Name of Spouse(s) or Ex-Spouse(s): _____

If not married, are you in a "romantic relationship"? (Circle One) Yes No
If so, for how long? _____ Are you living together? (Circle) Yes No

Name & age of anyone else living in your home: _____

Do you have children in your care? (Circle One) Yes No

If yes, please circle the age group of each. Under 3 yrs. 3-5 yrs. 6-12 yrs. 12-18 yrs. over 18 yrs.

If yes, do you have legal custody of this/these children? (Circle One) Yes No

Do you have a vehicle? (Circle one) Yes No

If yes, Make of car: _____ Model: _____ Year: _____

Work/Income Information:

Type of Employment/Trade Experience: _____ How Long: _____

Are you currently employed? (Circle) Yes No If yes:

Employer Address: _____

Employer Phone #: _____ Manager/Supervisor: _____

Hourly Wage: _____ Hours Per Week: _____ Day or Evening Hours? _____

Other Sources of Income & How Much (Spouse, Food Stamps, SS, TANF, Disability, Child Support, Etc.): _____

Health Information:

Please circle all that apply to you:

Health Problems Drug Problem Alcohol Problem Physical Problem
Mental Health Physical Disability Communicable Disease HIV/AIDS/Hepatitis
Learning Disability ADD Other: _____

Have you ever been in a drug and/or alcohol treatment program? (Circle One) Yes No

If yes, what program? When and where did you attend? _____

Do you currently take any prescription medication(s)? (Circle One) Yes No

If yes, what medication(s) and what purpose is it taken for? _____

Community Services / Groups / Programs:

Have you or are you applying for assistance from other organizations? If so, which ones? _____

Do you currently attend Bible studies, AA/NA, or any other group or program? (Circle One) Yes No

If yes, which one(s) and for how long? _____

If no, would you be willing to participate in a group or program setting? _____

Legal History:

Have you ever been convicted of a felony? Yes, No If yes, what charge(s)? _____

Are you on probation or parole? Yes No

If yes, probation/parole officer's name: _____ phone number: _____

DOC #: _____ Release Date: _____

Emergency Information:

Contact & Relationship: _____ Phone #: _____

Address: _____

Other Information: _____

Do you believe that God can help you in your current situation? _____

Why or why not? _____

Do you currently attend church anywhere? If so, where? _____

How did you get into the situation you are in now?

How did you learn about The Embassy?

What could The Embassy do to improve this situation?

What could you do to improve this situation?

Is there anything else you could share with us to better assist you?

Application Affirmation & Authorization to Verify Information: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize the release of such information as may be required for the determination of my eligibility. I understand that all programs, benefits and/or provisions extended to me are a privilege, and could be revoked at any time, and that the completion of this form is NOT a guarantee of assistance.

Signature