

**SAFE Family Ministries**  
**Application for Residency**

Return Completed Application to:

Date: \_\_\_\_\_

**SAFE Family Ministries**

PO Box 935

Chehalis, Washington 98532

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver license # \_\_\_\_\_ State \_\_\_\_\_ Birth Certificate? Yes No (circle)

Present location \_\_\_\_\_ How long? \_\_\_\_\_

Referred by \_\_\_\_\_ Referral contact phone \_\_\_\_\_

**Personal Data:**

Do you have family in Lewis County? Yes No Religious affiliation Yes No

Do you attend church? Yes No If yes, church name and affiliation: \_\_\_\_\_

Church Address: \_\_\_\_\_

Are you: married / divorced / separated / Widow / single / live together

Partner name? \_\_\_\_\_ How long? \_\_\_\_\_

Date of marriage \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's location: address \_\_\_\_\_ City \_\_\_\_\_

State \_\_ Zip code \_\_\_\_\_

Date of divorce/separation/death \_\_\_\_\_

Educational History: Highest grade completed \_\_\_\_\_ GED graduated?

Name of school: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Vocational training/certificates earned: (please list) \_\_\_\_\_

Do you have children? \_\_\_\_ Do you have custody of your children? \_\_\_\_\_ If no, do you have a visitation arrangement to see your children? \_\_\_\_

Do you have pending court case(s)? \_\_\_\_ Do you have an open CPS case? \_\_\_\_\_

**Visitors/Correspondence:**

Please list all persons who may visit or correspond with you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment history:**

Job skills: \_\_\_\_\_  
\_\_\_\_\_

What kind of work do you enjoy most? \_\_\_\_\_

What kind of work do you enjoy least? \_\_\_\_\_

Current or last place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job title/description: \_\_\_\_\_

Duties: \_\_\_\_\_

Start date: \_\_\_\_\_ Date left job: \_\_\_\_\_ Pay rate: \_\_\_\_\_

**Legal History:**

Have you been convicted or served time in jail or prison    yes    no    If yes please list the crime(s) you were charged with \_\_\_\_\_

Name of Probation Officer \_\_\_\_\_ phone \_\_\_\_\_

Name of Parole Officer \_\_\_\_\_ phone \_\_\_\_\_

Do you have any evictions on your record? Yes No

Do you have judgments against you? Yes No    Do you have unpaid tickets, child support, credit cards, loans, utility bills (water, electric, etc.)?    If yes please list and explain: \_\_\_\_\_

Other legal issues? \_\_\_\_\_

**Background Check Agreement:**

All Names/Aliases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your signature below states that all the above information is true and you agree to authorize SAFE Family Ministries to run a criminal background check on you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Issues:**

Are you currently under treatment for any medical conditions? Please list/explain

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Mental Health Provider: \_\_\_\_\_

Phone # of Mental Health Provider: \_\_\_\_\_

Name of Dental Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any medications you are currently using:

Name	Dosage	Frequency	Prescribed for	Prescribed by

Have you ever been tested for:

Hepatitis A    Yes   No                      Do you have Hepatitis A?    Yes   No  
 Hepatitis B    Yes   No                      Do you have Hepatitis B?    Yes   No  
 Hepatitis C    Yes   No                      Do you have Hepatitis C?    Yes   No

Have you or any family members been diagnosed with any of the following?

Diabetes [ ] Heart Disease [ ] Tuberculosis [ ] Schizophrenia [ ] Bipolar Disorder [ ]  
 Fibro Myalgia [ ] Chronic Substance Abuse [ ] HIV/AIDS or AIDS Related Complex  
 [ ] Other immune disorder [ ] If yes, please explain \_\_\_\_\_

In the past 10 years have you had a medical diagnosis or treatment for Acquired Immune Deficiency disorder? Yes No If yes please explain

\_\_\_\_\_

\_\_\_\_\_

Have you ever used illegal/street drugs? If so please list \_\_\_\_\_

\_\_\_\_\_

Have you been treated for addiction? Yes No How many times? \_\_\_\_\_

Inpatient treatment? Yes No Outpatient treatment? Yes No Detox? Yes No

Please list where treated, length of treatment, Dates of treatment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**No Drug/Alcohol Agreement:**

I, \_\_\_\_\_, agree not ever to use or bring on the premises of SAFE Family Ministries any alcohol, or any drugs not prescribed by a physician specifically for me. Narcotic prescriptions of any kind are not allowed on the premises. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sexual History:** Do you have any history of

Sexual Violence Yes No                      Incest Yes No                      Sexual Assault                      Yes No  
 Harassment                      Yes No                      Rape Yes No                      Domestic Violence                      Yes No

Please list reasons why you would like to be considered for residency at SAFE Family Ministries? \_\_\_\_\_

\_\_\_\_\_

Please list your goals for your next year: \_\_\_\_\_

**PROGRAM FEE AGREEMENT**

**Financial understanding:** All monthly fees for the program are the responsibility of the resident. While at SFM resident will work with program financial staff to pay for outstanding debts and fines. Resident will also develop a savings plan for transition.

I receive a fixed monthly income in the amount of \$\_\_\_\_\_

Source of Income \_\_\_\_\_

I have a payee Yes / No If yes, my payee is \_\_\_\_\_

Payee phone \_\_\_\_\_ Address \_\_\_\_\_

I have the ability to pay the Program Fee: Yes / No

If Yes, how? \_\_\_\_\_

If No, what is the plan for obtaining funding? \_\_\_\_\_

Proof of income provided \_\_\_\_\_ SFM Staff initials \_\_\_\_\_

I receive food stamps: Yes / No Monthly Food Cost Resident \$150 / Child \$50

I receive medical benefits: Yes / No

**Entrance Fees:**

There is an initial program fee is due upon acceptance into the program. This includes the resident’s monthly program fee based on the fee scale below, a one-time program binder fee of \$25.00, and a \$13.00 background check fee. All unused program fees are non-refundable.

Fee Scale Beginning October 1, 2017

Description	Monthly Fee	
Monthly program fee for a single person	\$375.00	
Additional room for a child	\$125.00	
Additional child in a shared room (per child)	\$50.00	
Private half bath	\$50.00	

I, \_\_\_\_\_, understand and agree that my monthly program fee will be \$ \_\_\_\_\_. In addition, it is understood that this may change if my room assignment(s) and/or accommodations changes.

I, \_\_\_\_\_, understand and give SAFE Family Ministries authorization to use my EBT card and password to purchase food on my behalf while at SFM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SFM Staff Signature \_\_\_\_\_

**AGREEMENT/RELEASE FORM**

**CONFIDENTIALITY AGREEMENT:**

I, \_\_\_\_\_, agree that from the time I come into SAFE Family Ministries, will deem all conversations, talks, and information as confidential which shall not leave the premise by phone, conversations, letters, or any other form of communication.

Initials: \_\_\_\_\_

**PHOTO SUBJECT RELEASE:**

I do hereby give permission to SAFE Family Ministries, it's agents, and others working under it's authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, and/or educational purposes.

I hereby certify that I am of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Initials: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of the individual named in this application. I have read the release and agree to the terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD SAFETY RELEASE:**

I, \_\_\_\_\_, agree to assume full responsibility of the child/children named in this application. I further agree that SAFE Family Ministries are held harmless for any injuries on said property.

Initials: \_\_\_\_\_

**AUTOMOBILE INSURANCE RELEASE:**

I, \_\_\_\_\_, understand that I am responsible for all of my transportation needs, along with assume all liability for transportation. I understand that if I ride in a vehicle without liability insurance, I hold Safe Family Ministries harmless, should and accident occur and/or personal injuries credit.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_