



Resident Application Form
House of Timothy
P.O. Box 3682
Orlando, FL 32802
407.906.GROW

Application must be filled out by applicant if over the age of 18. Please hand-write neatly; do not type.

Date: _____

I. Personal

Name: _____

Age: _____ Date of Birth: _____ Country of Citizenship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

Marital Status: Single Engaged Married Widowed Separated Divorced

Do you have any children? Yes No

(If yes), what are their names and ages? _____

Who should we contact in the case of an emergency?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

Who has agreed to be your sponsor?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

How did you learn about House of Timothy? Please circle one (or more if applicable):

House of Timothy Website – Facebook – Instagram – Family – Friend – Former House of Timothy Resident – House of Timothy Presentation-Therapist – Counselor – Church – Other? Please explain:

II. Family

Parent(s) or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

Parents' Marital Status: Single Engaged Married Widowed Separated Divorced

First name and age of your brothers and sisters: _____

Are you adopted? Yes No

(If yes) When were you adopted? _____

Have you lived in a foster home? Yes No

(If yes) When? _____ For how long? _____

III. Education

List all High Schools, Colleges, Universities or Bible Schools you have attended:

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grad. Date</u>
--------------------	-----------------	-----------------------	-------------------

Degrees: _____

IV. Occupation

Are you currently employed? Yes No

(If yes) Name of company: _____

Your position: _____

Have long have you been employed there? _____ Full-time Part-time

Approximately how many other jobs have you had? _____

Have you been in the military? Yes No (If yes) For how long? _____

V. Physical, Emotional, Mental, and Behavioral History

The following information is necessary in order for us to understand the care you need. Please answer honestly. Unwillingness to disclose the following information may disqualify you from entering the program. Please give brief explanations to any item you mark yes; use additional paper as necessary.

Height: _____ Weight: _____

1. Do you have any medical conditions or health issues? (E.g. Diabetes, heart problems, etc.) Yes No

(If yes) Explain: _____

2. Have you been given any diagnosis by a mental health professional? Yes No

(If yes) What is the diagnosis? _____

3. Are you taking medication under a doctor's direction? Yes No

(If yes) What is the medication and dosage? _____

4. Have you ever been diagnosed as physically or mentally challenged? Yes No

(If yes) Explain: _____

5. Is your diet restricted? Yes No

(If yes) Explain: _____

6. Do you have any allergies? (E.g. food, seasonal, animal, etc.) Yes No

(If yes) Explain: _____

7. Do you now or have you ever experienced problems with your back? Yes No

(If yes) Explain: _____

8. Do you have health problems that hinder you from doing any physical work, including heavy lifting? Yes No

(If yes) Explain: _____

9. Have you ever had an eating disorder? (Anorexia, Bulimia, etc.) Yes No

(If yes) Explain: _____

10. Have you ever had a problem with substance abuse? Yes No

(If yes) Explain: _____

11. Have you ever been involved in a same-sex experience? Yes No

(If yes) Explain: _____

12. Have you ever been involved in a cult or involved in occult activities? Yes No

(If yes) Explain: _____

13. Have you ever been hospitalized for emotional or behavioral problems? Yes No

(If yes) Explain: _____

a. How many times have you been hospitalized? _____

b. What were the dates of each hospitalization? _____

14. Have you ever attempted suicide? Yes No

a. When was your most recent attempt? _____

b. How many times before did you attempt suicide? _____

15. Have you ever been hospitalized for thoughts of suicide? Yes No

(If yes) Explain: _____

16. Do you have a history of self-harm? Yes No

(If yes) Explain: _____

17. Do you have a history of violent behavior? Yes No

(If yes) Explain: _____

18. Have you ever been abused physically or sexually? Yes No

(If yes) Explain: _____

19. Have you had any exposure to pornography? Yes No

(If yes) Explain: _____

20. Have you ever had a problem with sexual addiction? Yes No

(If yes) Explain: _____

VI. Financial

1. Are you paying child support? Yes No

(If yes) Explain: _____

a. How do you plan to manage this child support if in the program? _____

2. Do you have any outstanding bills or debts? Yes No

(If yes) Explain: _____

a. How do you plan to manage these bills/debts if in the program? _____

3. Are you receiving government assistance? Yes No

(If yes) Explain: _____

4. Do you have medical or health insurance? Yes No

(If yes) Explain: _____

VII. Church Information

1. Names and/or types of churches that you attended while growing up, if any: _____

2. How old were you when you attended? _____
3. Name and location of the local church that you attend now, if any: _____

 - a. How long have you been attending there? _____

VIII. Program Expectations and Requirements

1. Have you read the **Program Expectations and Requirements**? Yes No
2. Are you willing to abide by the **Program Expectations and Requirements**? Yes No

IX. Short Essays

*Carefully read the following questions and answer them honestly and thoughtfully. All answers must be completed on separate paper. Do not write answers on this form. Answers must be completed thoroughly. Applications with incomplete answers will **not** be considered for review.*

1. How would you describe your relationship with God?
2. Describe your past and present relationship with your mother and father (do this separately for each parent).
3. If you are engaged, married, or divorced, please describe your current relationship with your fiancé, spouse, or ex-spouse.
4. What is your reason for wanting to come to House of Timothy?
5. What character qualities do you want help changing if you come to House of Timothy?
6. If you have been convicted of a crime, please explain the circumstances. If you have ever been incarcerated, please explain the circumstances. If you are currently on probation or parole, please explain the details.

Please read the following statement and sign below.

I affirm that all the information on this application is true and correct. I understand that the falsification or withholding of any information on this form is grounds for dismissal from the House of Timothy program.

Signature _____ Date _____

I have read, understand, and agree to the information contained in the
“**Program Information and Expectations**” document provided.

Initials: _____ Date: _____

I have read the information contained in the
“**Dos & Don'ts**” document provided. Initials: _____ Date: _____

PLEASE MAIL YOUR APPLICATION TO:

House of Timothy, Inc.
Resident Application
P.O. Box 3682
Orlando, FL 32802

*Emailed applications will be accepted Monday –
Friday from 9:00AM to 5:00PM and can be emailed
to connecto@houseoftimothy.org*

Please call 7-10 days after sending your application and ask to speak with the Intake Coordinator. He or she will proceed with the application process with you. It is your responsibility to call after you send this application. You will not be contacted until you have called.