

R	esident Applica	tion			
To be filled out by the Applicant and (chec	k one)Applicant's	Parent	Applicant's Legal Guard	dian.	
	Source				
How did you hear about House of Timothy	?				
House of Timothy Website Facebook Instagram Family Friend		Former House of Timothy Resident Therapist DCF Counselor Church			
Other (Please Explain):					
	Personal				
Applicant:					
Legal First and Last Name	Ei	mail Address			
Mobile Phone Number Ho	me Phone Number		Work Phone Number		
Age Date of Birth	Country of Citizensh	nip	Employer		
Current Physical Address: ### Street		pt # City	State	Zip Code	
Mailing Address: ### Street	A	pt # City	State	Zip Code	
Permanent Address: ### Street	A	pt # City	State	Zip Code	
Are you adopted? Yes	No If Yes, when? _				
Have you lived in a foster home? Yes	No If Yes, when?		through		



Brothers and Sisters:								
First Name	Relations	hip Age		First Name		Relationship	Age	
			_				<u> </u>	<u></u>
			_			· · ·		_
			_			. <u></u>		_
			_					_
			_					<u></u>
Parent or Legal Guardia	n:							
Turchi or Logar Cuaruna	••							
Legal First and Last Name				Email A	ddress			
Mobile Phone Number		Home P	hone Nui	mber	<u> </u>	Work Phone Nui	mber	
			Country	of Citizenship	<u> </u>	Employer		
Current Physical Address:	### Stre	 eet		Apt #	City		State	Zip Code
Mailing Address:	### Stre	 eet			City		State	Zip Code
Permanent Address:	### Stre	 eet		Apt #	City		State	Zip Code
Relationship to Applicant:	Father	Mo	ther	Stepfather				
	Stepmot	her Gu	ardian	Other:				_
Marital Status:	Single	End	aged	Married	Rem	arried		
	Widowe		arated	Divorced				

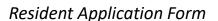
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## 2<sup>nd</sup> Parent/Legal Guardian(as applicable)

Legal First and Last Name				Email A	ddress			
Mobile Phone Number			Home Phone Nu	umber		Work Phone Nu	mber	
			Countr	y of Citizenship		Employer		
Current Physical Address:	###	Street		Apt #	City		State	Zip Code
Mailing Address:	###	Street		Apt #	City		State	Zip Code
Permanent Address:	###	Street		Apt #	City		State	Zip Code
Relationship to Applicant:		Father Stepmother	Mother Guardian	Stepfather Other:				
Marital Status:		Single Widowed	Engaged Separated	Married	Remo	arried		
			Edu	cation				
Current Grade Level:	_		-					
School		<u> </u>	City, State		Grades	Years		
			City, State		Grades	Years		
School			City, State		Grades	Years		

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# Physical, Emotional, Mental, and Behavioral History

The following information is necessary 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:
Please check	any of the issues below that are applicable to the applicant:
1	Medical conditions or health issues (E.g. Diabetes, heart problems, etc.)
2	Diagnosis by a mental health professional
3	Taking medication under a doctor's direction
4	Diagnosed as physically or mentally challenged
5	Restricted diet
6	Allergies (E.g. food, seasonal, animal, etc.)
7	Back problems
8	Health problems that hinder you from doing any physical work, including heavy lifting
9	Eating disorder (Anorexia, Bulimia, etc.)
10	Substance abuse
11	Same-sex experience
12	Cult or occult activities
13	Hospitalized for emotional or behavioral problems
14	Attempted suicide
15	History of self-harm
16	History of violent behavior



17	Physical or sexu	al abuse					
18	Exposure to por	rnography					
19	Problems with s	Problems with sexual addiction					
For items ch	eck above, please e	explain. For any medications, please include dosages.					
	Date(s)						
Item #	Date(s)	Care Provider (if applicable)					
Item #	Date(s)	Care Provider (if applicable)					

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Item #	Date(s)	Care Provider (if applicable)	
  tem #	Date(s)	Care Provider (if applicable)	
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Please let us know of course of care.	anything else House of Timothy sho	ould be aware of that might affect the applicant's
Church Information (if a	any):	
Dates Attended		City, State
Dates Attended	Name	City, State
	Short Fss	avs

Carefully read the following questions and answer them honestly and thoughtfully on a separate sheet of paper. 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. What is your reason for wanting to come to House of Timothy?
- What character qualities do you want help changing if you come to House of Timothy? 4.
- 5. 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.



## **Signatures**

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.

x	
(Applicant Signature)	(Month, Day, Year)
(Printed Name)	
X	
(Parent/Guardian Signature)	(Month, Day, Year)
(Printed Name)	
Please mail your completed application to:	
House of Timothy, Inc.	
Attn: Resident Applications	
PO Box 3682	
Orlando, FL 32802	
5.1d.1d.5, 12 52552	
Or submit via email to:	
admissions@houseoftimothy.org	

Please allow 2-3 business days after submitting your application for an Intake Coordinator to schedule an in-person interview, House tour, and/or video conference to discuss next steps.