



Resident Application Form

**Resident Application**

To be filled out by the Applicant and (check one)  Applicant's Parent  Applicant's Legal Guardian.

**Source**

How did you hear about House of Timothy?

- |                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> House of Timothy Website | <input type="checkbox"/> Former House of Timothy Resident |
| <input type="checkbox"/> Facebook                 | <input type="checkbox"/> Therapist                        |
| <input type="checkbox"/> Instagram                | <input type="checkbox"/> DCF Counselor                    |
| <input type="checkbox"/> Family                   | <input type="checkbox"/> Church                           |
| <input type="checkbox"/> Friend                   |                                                           |

Other (Please Explain): \_\_\_\_\_

**Personal**

**Applicant:**

<i>Legal First and Last Name</i>		<i>Email Address</i>	
<i>Mobile Phone Number</i>		<i>Home Phone Number</i>	<i>Work Phone Number</i>
<i>Age</i>	<i>Date of Birth</i>	<i>Country of Citizenship</i>	<i>Employer</i>
<i>Current Physical Address: ### Street</i>		<i>Apt #</i>	<i>City</i>
<i>State</i>		<i>Zip Code</i>	
<i>Mailing Address: ### Street</i>		<i>Apt #</i>	<i>City</i>
<i>State</i>		<i>Zip Code</i>	
<i>Permanent Address: ### Street</i>		<i>Apt #</i>	<i>City</i>
<i>State</i>		<i>Zip Code</i>	
<i>Are you adopted?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, when?</i> _____
<i>Have you lived in a foster home?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, when?</i> _____ <i>through</i> _____



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**Brothers and Sisters:**

First Name	Relationship	Age	First Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Parent or Legal Guardian:**

_____		_____	
Legal First and Last Name		Email Address	
_____	_____	_____	_____
Mobile Phone Number	Home Phone Number	Work Phone Number	
_____	_____	_____	_____
_____		_____	_____
		Country 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:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other: _____
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced



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

_____		_____	
<i>Legal First and Last Name</i>		<i>Email Address</i>	
_____		_____	
<i>Mobile Phone Number</i>	<i>Home Phone Number</i>	<i>Work Phone Number</i>	
_____		_____	
<i>Country of Citizenship</i>		<i>Employer</i>	
_____			
<i>Current Physical Address: ###</i>	<i>Street</i>	<i>Apt #</i>	<i>City State Zip Code</i>
_____			
<i>Mailing Address: ###</i>	<i>Street</i>	<i>Apt #</i>	<i>City State Zip Code</i>
_____			
<i>Permanent Address: ###</i>	<i>Street</i>	<i>Apt #</i>	<i>City State Zip Code</i>
_____			
<i>Relationship to Applicant:</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Stepfather</i>			
<input type="checkbox"/> <i>Stepmother</i> <input type="checkbox"/> <i>Guardian</i> <input type="checkbox"/> <i>Other:</i> _____			
_____			
<i>Marital Status:</i> <input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Engaged</i> <input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Remarried</i>			
<input type="checkbox"/> <i>Widowed</i> <input type="checkbox"/> <i>Separated</i> <input type="checkbox"/> <i>Divorced</i>			

**Education**

**Current Grade Level:** \_\_\_\_\_

_____	_____	_____	_____
<i>School</i>	<i>City, State</i>	<i>Grades</i>	<i>Years</i>
_____	_____	_____	_____
<i>School</i>	<i>City, State</i>	<i>Grades</i>	<i>Years</i>
_____	_____	_____	_____
<i>School</i>	<i>City, State</i>	<i>Grades</i>	<i>Years</i>

## 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



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- 17. \_\_\_\_ Physical or sexual abuse
- 18. \_\_\_\_ Exposure to pornography
- 19. \_\_\_\_ Problems with sexual addiction

**For items check above, please explain. For any medications, please include dosages.**

<i>Item #</i>	<i>Date(s)</i>	<i>Care Provider (if applicable)</i>

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Please let us know of anything else House of Timothy should be aware of that might affect the applicant's course of care.

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**Church Information (if any):**

_____	_____	_____
<i>Dates Attended</i>	<i>Name</i>	<i>City, State</i>
_____	_____	_____
<i>Dates Attended</i>	<i>Name</i>	<i>City, State</i>

**Short Essays**

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?
4. What character qualities do you want help changing if you come to House of Timothy?
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.



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**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

**Or submit via email to:**

[admissions@houseoftimothy.org](mailto: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.**