HARVEST HOUSE

APPLICATION/REQUIREMENTS for ADMISSION

PURPOSE: Harvest House serves to empower men distressed by life destroying problems to become responsible, functioning adults in their own homes, churches, and communities.

PROGRAM: Harvest House provides an opportunity for a new life that conforms to moral standards as set forth in the Bible. Harvest House is run from the Christian perspective which is based on a foundation of Biblical study, functional life skills, and relapse prevention.

COST: The program fee is $175.00 per week beginning with the first day of residency. Repeat residents of Harvest House will be expected to pay a surcharge of 25.00 per week. The program fee is non-refundable.

ACCOUNTABILITY: Residents will develop a Christian character of respect, integrity, and humility as they honor the program structure of Harvest House; i.e. *Progressive Three Phase Program, Daily Schedule, Code of Conduct, etc.* as well as staff directives.

GUIDELINES:

A. Commit to successfully complete the requirements of the *Progressive Three Phase Program* over a **minimum** period of six months.
B. Honor the Code of Conduct and staff directives with diligence and respect.
C. Break from dysfunctional people, places, and things that brought you to Harvest House.
D. Submit to a search of your person, possessions, and bodily fluids upon arrival, or at anytime thereafter, while a resident of Harvest House.
E. Surrender all money to your Harvest House escrow account upon receipt/return to the house; agree NOT to utilize a bank/credit/debit cards or accounts while a first or second phase resident of Harvest House.
F. Harvest House reserves the right to discharge any resident at anytime for not complying with the Code of Conduct or Program Description.

If you share the perspective offered by Harvest House, you are welcome to make official application for admission by signing below. Your signature denotes that you have voluntarily and free of coercion, read and agree to submit to the authority of Harvest House as referenced in this document. Upon the review of your completed application and the available bed space you will be notified as to acceptance. To contact Harvest House directly call (941) 953-3559.

Please remember to enclose the proper release form from your contact person (lawyer, probation, officer, Chaplain, counselor, family member, friend, other).

Applicant's Name (PRINT):____

Applicant's Signature:___________________________________ Date:____________________

Anticipated Admission Date:______________________________ Time:___________________

Staff Approval:____ Date:____________________

HARVEST HOUSE INTAKE FORM

IDENTIFICATION INFORMATION

Date:_________________________

First Name:__________________________ Last Name:________________________ M.I.:______

Address:____ City:________________________

State:________________ Zip:______________ Phone:_______________________________

SS#:_________________________ Citizenship:___________________________

Age:________ D.O.B.:______________ Marital Status:_________ Race:__________

Living with:_____________________________ Relationship:_________________________

Spouses Name:___________________________ Address:_____________________________

No. of Children:__________________________

What languages to do speak?:____

Give a one word description of your life now:____

CRIMINAL JUSTICE SYSTEM

Charges Pending:____

City:___________________ Judge:____________________ Next hearing date:_____________

Are you on Probation or Parole? (circle one) Date of Sentencing:______________

Probation Officer:_________________________ Phone No. of PO:______________________

Address of PO:____

Terms of Probation/Parole:____

Ever violated?:_______________________________________ When?:______________________

Prior Criminal History:

Date	City	Charge	Disposition

Attorney/Public Defender's Name:_____________________________

Address:____

Appointed or Retained (circle one)____

Have you ever been required to register as a sex offender?________________________________

FAMILY HISTORY

Father's Name:_____________________________Address:_______________________________

City:___________________ State:________ Zip:___________ Phone#:(___)_______________

Describe your relationship with your father is one phrase:________________________________

How often do you have contact with him?:____

Mother's Name:____________________________ Address:_______________________________

City:___________________ State:_________ Zip:__________ Phone#:(___)______________

Describe your relationship with your mother is one phrase:_______________________________

How often do you have contact with her?:____

Where were you born?_____________________________ Who raised you?:_________________

Were you adopted?:_________________________ At what age?:__________________

Which parent were you most comfortable with?:_______________________________________

Are your biological parents divorced?:_______________________

If ever, how many times did you run away from home?:_________ Ages:____________________

Have any of your family members been in jail?:__________

Who?:_________________________

Have any of your family member been in a mental hospital?:________

Who?:_________________

Are any of your family members addicted to drugs/alcohol/pills?:__________________________

If so, who?:____

Name your siblings and their age:

________________________________ ________________________________

________________________________ ________________________________

Was there violence is you home growing up?:_________ Between who?:____________________

Were you ever abused as a child: Physically?_______ Emotionally?_______ Sexually?_______

If so, by who?:____

MARITAL HISTORY (including Common Law relationship)

If not married, are you involved in an intimate relationship?:______________________________

With who?:_________________________ Address?:___________________________________

Name of current and previous spouse(s) (including common law)	Length of Marriage	No. of Children	Common Law?

Are any of your children living with you?:________ If not, explain:_______________________

____

____

Have you ever abused your wife? Y of N Physically______ Emotionally______

Have you ever abused your children? Y of N Physically______ Emotionally______

Have you ever been separated?:________ If yes, explain:__________________________________

____

What were some of the issues of conflict in your marriage?:_______________________________

____

What is your schedule of visitation with all of your children?:_____________________________

____

What is your child support payment?:______/month Are you behind?:_________

If so, how much?:___________

EDUCATIONAL HISTORY

What was the last grade you completed?: Grade________ College________ Other_________

Do you have any future educational goals?:_________ What?:____________________________

SUBSTANCE ABUSE HISTORY

Check all that you have abused and when:

DRUG	USED Past	Present	HOW OFTEN Frequency	HOW LONG Duration
Alcohol	____	______	______________	_______________
Marijuana	____	______	______________	_______________
Hash	____	______	______________	_______________
Hallucinogenic	____	______	______________	_______________
Barbiturates	____	______	______________	_______________
Amphetamines	____	______	______________	_______________
Heroin	____	______	______________	_______________
Methadone	____	______	______________	_______________
Cocaine	____	______	______________	_______________
Other?				
________________	____	______	______________	_______________

Have you used alcohol in the last 7 days?:________ When?:___________________

Have you used a drug in the last 7 days?:__________ What?:____________ When?:__________

What is your "drug of choice"?:________________________

QUESTIONS:

Do you feel drinking is problem for you?	Y	N
I've been concerned about my drinking for some time.	Y	N
Have you ever tried to cut down or stop drinking?	Y	N
Has drinking ever caused difficulty in you life?	Y	N
Have you ever been arrested under the influence?	Y	N
Have you ever needed more alcohol to get the same affect?	Y	N
Has anyone ever complained about your drinking?	Y	N
Have you ever felt guilty or ashamed for drinking?	Y	N

How old were you when you first noticed your problem?:_________________

Have you ever tried to cut down or stop using drugs?	Y	N

When?:______________________

PREVIOUS COUNSELING HISTORY

Have you ever gone for counseling?:__________ When?:________________________________

Where?:____

For what?:____

Are you currently receiving help from another professional?:______ Who?:_________________

Have you ever attempted suicide?:_________ Has anyone in your family?:__________________

EMPLOYMENT HISTORY

What is your most recent employment status?:____

Where?:_________________________ Position/Title:__________________________________

LIST YOUR 5 MOST RECENT JOBS:

Employer	Position	Time Frame (dates)	Reason for leaving	Attitude toward job

What kind of work are trained to do?:____

____

What kind of work are you interested in?:____

____

Why?:____

HEALTH AND MEDICAL INFORMATION

Doctor's Name: ____________________________________
Doctor's Address: ____
Doctor's Phone #: ___________________________________
Medical Insurance: Yes or No Policy #: ____________________________

When did you last see a Doctor? __________________ For What? _______________________
Have you ever used needles? ___________ Number of sexual partners? _____________
Have you ever participated in homosexual activity? ____________ When? _________________

Have you had an HIV test? _____________ When? _____/______/_____ Result?:___________

Have you had any other S.T.D. tests? _________ When? ____/____/____ Result?:___________
Treatment history? ____

Have you taken any medication in the last year? _______________

What: ______________________________________ When: _____________________________

** Please list all medication you are currently taking:

____

____

Are you on a special diet? _________________________ If so, what?_____________________

Please list any current allergies or physical complaints/problems:_________________________

____

____

Check symptoms you currently have:

_____Allergies	_____Dizziness	_____Upset stomach
_____Asthma	_____Insomnia	_____Bleeding
_____Mental Illness	_____Digestive problems	_____Excess fatigue
_____Chronic cough	_____DT's	_____Depression
_____Dermatitis	_____Rapid weight loss	_____Epilepsy
_____Dental problems	_____VD or Herpes	_____Back problems
_____Diarrhea	_____HIV (AIDS)	_____Hearing loss
_____High blood pressure	_____Liver problems	_____Hepatitis
_____Difficulty breathing	_____Tuberculosis	_____Heart disease
_____Open sores	_____Bone or joint pain	_____Vision problems
_____Constipation	_____Chest pain	_____other

Explain above symptoms:

____

____

____

Have you ever been diagnosed with a mental illness? ______ What? _______________________
When? _________________ What medication was prescribed? ___________________________

I, ___________________, acknowledge that the above information is true and accurate. I understand that any false information given will result in an immediate discharge or denial of entry.

Applicant's Signature

X____

Applicant's Thumbprint