

HANNAH HOUSE
Where Life Meets Love

Application

***A Ministry of Tree of Life Preventive Health
Maintenance, Inc.***

***Hannah House
President and Founder, Cindy Crawford***

(Rev. 6-16-08)

Hannah House

Please attach a recent photo.

APPLICATION FOR ACCEPTANCE TO HANNAH HOUSE

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hannah House is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hannah House cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know the best way to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you please put NONE or N/A next to it.

Name: _____ Date _____ Name you go by: _____

Present Address: _____ City _____ State _____ Zip Code _____

Cell phone# () _____ Email _____

Telephone#: home () _____ Work () _____

Parent/ Guardian _____

Address _____ City _____ State _____ Zip Code _____

Telephone # home () _____ Work () _____

Referred by: DHS ___ Court ___ Parents ___ Church ___ Radio/TV ___ Other (Specify) _____

Telephone# () _____

Have you ever applied to Hannah House in the past? ___ If YES, please give date _____

Information About You

Date of Birth: _____ Age: _____ Race: _____

City and State of Birthplace: _____

Social Security Number: _____ - _____ - _____

Driver's License Number (and expiration date): _____

Physical Characteristics: Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status : Single ___ Married ___ Divorced ___ Separated ___

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Children

Do you have any children? _____ How many? _____

List names and ages: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Hannah House?

Will your coming to Hannah House have any effect on your custody status? _____

Explain: _____

Are you on any type of government or financial assistance? _____

Will your coming to Hannah House have any effect on this assistance? _____

Education:

Name of last school attended? _____

Dates of Attendance? _____

Did you graduate? _____ If not, last grade completed? _____

Have you ever been in any special education classes? _____ If so, please list: _____

Do you plan to obtain a GED or enroll in the school program while here at Hannah House? (Yes or No?) _____ Which? _____

Pregnancy

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Is the birth father aware of your pregnancy? _____

Which are you considering? Parenting ___ Placing ___ Undecided ___ (Please mark choice with an "x".)

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Medical: Do you have any allergies? _____ List: _____

List any and all medications that you take:

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been prescribed medications, please do not stop them on your own, but continue to take them as prescribed by your physician(s). Hannah House will need a statement from the doctor(s) who prescribed your medication—fully explaining the need for this (these) prescription(s).

Are you on a special diet? _____ Explain: _____

If yes, was this diet prescribed by a Doctor? ___ Dr.’s name and phone # _____

Do you have, or have you ever had, a problem with food or eating? _____ Explain: _____

Have you been diagnosed with an eating disorder, or treated by a physician? _____

Dr.’s name and phone # _____

List any physical limitations and/or medical conditions (asthma, migraines, thyroid, diabetes, blood pressure, weight issues, heart problems, etc.) that you may have as indicated by a physician: _____

Reason _____

List all past surgeries or medical hospitalizations (include dates): _____

Financial

Do you have any outstanding debts? _____ Explain _____

What arrangements will you make for their payment while you are here at Hannah House?

Would the finances for your personal needs while at Hannah House be sponsored by a church, ministry, family or individual? _____ If so, whom? _____

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Medical Insurance – Inform Office Manager during interview about insurance and/or Medicaid. Do you need to apply? Have you applied? ____ If so, when? _____. Do you have a Medicaid number? ____ What is it? _____.

Hannah House provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of parents or guardians of minors, or their sponsoring agency to cover these expenses. Arrangements should be made prior to residency. If none of the above is available to you please inform the Office Manager during your interview.

Legal Background

Have you ever been arrested? _____ How many times? _____ Dates, charges, etc. _____

Do you have any pending court dates? ____ Explain _____

Are you currently incarcerated? _____ How long? _____ Length of time remaining? _____

Name of Attorney or Legal Representative: _____ Phone _____

Have you ever been on probation or parole? (circle one or both) _____ Are you now? _____

How long? _____ Length of time remaining: _____

How often do you report? _____ In person or through the mail? _____

Name of probation or parole officer: _____

Address: _____ Telephone: _____

Substance Abuse

Have you ever experimented with the following substances? (Circle)

- | | | |
|---------------------------------------|----------------------------------|--------------|
| Alcohol | Hallucinogenic (Acid, LSD, etc.) | Morphine |
| Amphetamines (uppers) | Crank | Opium |
| Barbiturates (downers) | Crystal Meth | Heroin |
| Cocaine | Marijuana | Ecstasy |
| Crack | Methamphetamines | Tobacco |
| Inhalants (Glue, Paint Thinner, etc.) | Over the counter prescriptions | Other: _____ |

Drug of Choice:

- 1) _____ Length of Use _____
- 2) _____ Length of Use _____
- 3) _____ Length of Use _____
- 4) _____ Length of Use _____

Habit cost per day? _____ Longest period clean? _____

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*Have you been in an alcohol, drug, or detoxification program before? _____ (Please list facilities below.) Was it religious or non-religious? _____

<u>*Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Counseling

Have you ever been diagnosed or treated for any of the following (please write yes or no):

DID/Dissociative Disorder _____ ADD _____ ADHD _____ Schizophrenia _____
Bi-Polar _____ Borderline Personality Disorder _____ Other _____

*Have you ever been to counseling? _____ (Please list facilities/persons below)

*Have you ever received psychiatric care or been in a psychiatric hospital? _____ (Please list facilities)

<u>*Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please sign release forms with the above *facilities/programs/counselors and have your records forwarded to Hannah House.

Have you ever been a victim of rape _____ or incest _____? How old were you? _____

Have you ever been the victim of sexual abuse _____ physical abuse _____ or ritual abuse _____?

Have you ever been involved in prostitution? Yes _____ No _____ Lesbianism? Yes _____ No _____

Have you ever tried to commit suicide? _____ When? _____ Why? _____

Have you ever self-mutilated? Yes _____ No _____ How? _____

Family

Do you and your parents get along? _____ Do you live them? _____

Who has custody of you (if under 18)? _____

Are they Christians? _____ For how long? _____

Denomination and name of church: _____

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Spiritual

Have you ever witnessed or been involved in the following occult activities? (Circle)

- | | | |
|----------------------|---|---------------------------|
| Astroprojection | Satanic Worship | Rituals |
| Divination | Seances | Sacrifices |
| Fortune Telling | Spell Casting | Spiritism |
| Horoscopes | Tarot Cards | Psychic Consultations |
| Levitation | Voodoo | Chanting |
| Ouija Boards | Witchcraft | Channeling |
| Palm Reading | White Magic | Transcendental Meditation |
| Witches Coven | Putting Curses on Others | Harry Potter Books/Movies |
| Dungeons and Dragons | Programming (color, number, location, etc.) | |

Write a brief explanation of your involvement with each: _____

Have you ever been abused in any of these activities? Explain: _____

Have you ever been involved in any of the following groups? (Circle)

- | | | |
|---------------------|------------------|-------------|
| Christian Science | Mormonism | |
| Eastern Religions | Scientology | |
| Jehovah's Witnesses | New Age Movement | Brotherhood |

Write a brief explanation of your involvement with each: _____

Have you ever committed your life to God? _____

Date: _____ Place: _____

Denominational background: _____

Are you a member of any church or religion? _____

Which one? _____

How often do you attend church? _____

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Do you read the Bible? _____ How often? _____

Do you ever pray? _____ How often? _____

Do you feel that you have a need for God? ____ Explain: _____

What is your present relationship with God? _____

Have you ever considered rededicating your life to God? _____

Are you willing to do it now, if necessary? _____

Why would you like to come to Hannah House? _____

What would you like to see happen in your life while in this home? _____

I agree to submit to the rules and the staff of Hannah House. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be considered grounds for refusal or dismissal from the program.

Signature: _____ Date: _____

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Understanding the Commitment to Stay 30 Days

The first 30 days are crucial to the beginning of the program. Your commitment to this initial time is important to your decision to change.. When you have completed 30 days in the program, you will then meet with the Director/Counselor to discuss your progress and your goals to determine the next step for you. You may choose to exit the program or *you may choose to continue in the program. We welcome the opportunity to help you heal from past hurts, learn how to make wise decisions and move toward accomplishing goals you have set.* We take your commitment to come for 30 days seriously. We pray that you will take this 30 day commitment seriously as well. This requires an understanding of your initial commitment. We look at this commitment as if it were a legally binding document signed by you giving us your word. It is important that you keep your word.

We believe God makes a divine appointment for every young woman who comes to Hannah House. This is a place where young women can come who are serious about changing their lifestyle and/or receiving healing from life issues that have damaged them emotionally, spiritually, and physically. We take our commitment to minister to you seriously, and we expect you to be committed to working through your issues and allowing the Lord to minister to you while you are here.

Hannah House's program requires that you commit to actively participating in the program in order to begin making changes and fully benefiting from the program. The staff/counselor will involve you in making the plan regarding how to best utilize the time you are here. After the 30 days, when you meet with Director/Counselor to assess how you are doing on that plan, you may choose to exit or you may choose to extend your stay at Hannah House. Everyone at Hannah House is committed to do whatever it takes to complete what God wants to do in your life while you are here.

If you feel you cannot give us your solemn word that you will fulfill this commitment of 30 days, do not sign this agreement. Your life is worth the time, please take it.

God bless you in your decision about your future.

Sincerely,

Cindy Crawford,
Founder and C.E.O.

Signature of Applicant

Date

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Commitment to Stay at Hannah House for 30 Days

I, _____, agree to commit to stay at Hannah House for thirty days. I understand that this is the amount of time generally needed to begin working through counseling issues.

Upon completion of my 30 days in the program, I will meet with the counselor/director to discuss my progress. It will be recommended at that time whether I should continue to stay or prepare to exit. I will choose whether to exit or continue in the program. If I choose to stay, I will make more long term plans.

Please read over everything and sign this commitment agreement. This will help you to stick with the program while you are adjusting to your new environment. The staff at Hannah House looks forward to meeting you and working with you.

Sincerely,
Cindy Crawford
Executive Director

_____ Date _____
Signature of Applicant

_____ Date _____
Signature of Parent/Guardian/Family Representative

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REPORT OF PERSONAL MEDICAL HISTORY

Name of girl: _____ Date of Birth: _____ Race: _____
 Marital Status: Single ____ Married ____ Separated ____ Divorced ____

For a girl to enter the home of Hannah House it is important that we receive as much medical information as possible. Thank you for filling out this form in detail. If you check yes, please explain symptoms in the same box as the condition.

PAST HISTORY – Mark an “x” and write in the age at the time of illness.

CONDITION	YES	NO
Severe or persistent headaches		
Blurred vision		
Pain in the eyes		
Hearing loss		
Hay fever		
Sinus trouble		
High blood pressure		
Low blood pressure		
Severe chest pain		
Racing of the heart		
Shortness of breath		
Swelling of ankles		
Leg cramps		
Teeth/jaw pain or discomfort		
Lacerations (indicate where located)		
Scales/sores (ongoing or difficult to heal)		
Digestive tract problems		
Tested for HIV If “Yes,” what were the test results? _____Positive ____ Neg Date of HIV Testing _____		

CONDITION	YES	NO
Rheumatic fever		
Heart trouble		
Asthma		
Blood in urine		
Burning on urination		
Frequent kidney infections		
Kidney stones		
Vomiting blood		
Diarrhea		
Constipation		
Arthritis		
Blackout spells		
Convulsions		
Backache		
Fatigue		
Dizziness		
Excessive fatigue		
Are you nervous?		
Are you depressed often?		
Do you worry?		
Are you excessively sleepy?		
Do you cry easily?		

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Condition	Yes	No	Age	Condition	Yes	No	Age
Scarlet Fever				Syphilis			
Measles				Gonorrhea			
Chickenpox				Diphtheria			
Mumps				Hepatitis			
Whooping Cough				Tuberculosis			
Smallpox				Pneumonia			
Typhoid Fever				Nervous Breakdown			
Cancer				Goiter			
Anemia				TB			

List Allergies _____

List drugs to which you are allergic or sensitive to _____

Any other past or present illness(es) not listed _____

Do you have epilepsy? Yes _____ No _____ Type _____

Have you had a blood transfusion? Yes _____ No _____ When _____

List medicines you take (bring medicine with you) _____

List all surgeries you have had with dates _____

Do you have special diet requirements? Yes _____ No _____ Explain _____

Your age at the time of your first period _____ Days between periods _____

Length of period _____ Flow: Heavy _____ Average _____ Light _____

Any bleeding between periods? _____ Number of pregnancies _____

Number of full-term _____ Number of Miscarriages _____

Weight of largest baby: _____ Any complications with any pregnancy? _____

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RELEASE OF INFORMATION FORM

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Hannah House. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.

Name of Applicant: _____ Date: _____

I, _____, do hereby give permission for Hannah House to share information related to my application to the program with:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I also give the following person(s) and/or facility(ies) permission to exchange the following information with Hannah House for the purpose of application to the program.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- Medical records and information
- Personal history information
- Educational information and records
- Psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records

This release will expire on (date) _____ unless written notification by the applicant or parent/guardian (if applicable) indicates otherwise.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicable)
and relationship to applicant

Date

Signature of Witness

Date

Please send all information to:

Hannah House
P. O. Box 1672
Fort Smith, AR 72902

Phone: (479) 782-5683

Fax: (479) 782-5554