

Solus Christus

Date accepted _____ or denied _____ entrance into the program ____/____/____

The Farm House Resident Application

Please print or type information.

Please fax to 336-505-4103

Please call 336-813-3007 after you fax back your application.

Full Legal Name _____

Name you prefer to be called _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-Mail address _____

Date of Birth ____/____/____ State or Country of Birth _____
Month Day Year

Age _____ Height _____ Weight _____ Social Security Number _____ - ____ - _____

Driver's License Number _____ State _____ Currently Valid? _____

What addictive substances have you used? _____

When ____/____/____ and what did you last use? _____
Month Day Year

Do you smoke? _____ What other addictive habits do you have? _____

Solus Christus is a smoke-free facility. No devices or products containing nicotine are allowed.

Underline marital status (single, married, separated, widowed, divorced, engaged, living together).

Husband's name _____ Phone (____) _____

How many children do you have? _____ Ages _____

Who has custody of your children? _____

What child support issues do you have? _____

Circle reading ability (excellent, average, poor, non-reader) High School Graduate? _____

Education beyond High School? _____

Medical Tests (Date taken) – TB _____ HIV _____ STD _____ HEP.C _____

Who did your medical tests? _____

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

Have you ever been a victim of rape _____ Incest _____ How old were you: _____

Have you ever been involved in prostitution? _____ Lesbianism? _____

Are you a sex offender? _____ Have you ever attempted suicide? _____ When _____

Why? _____ Have you ever self-mutilated? _____

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

What pending legal matters do you have? _____

Attorney _____ Phone(_____) _____

Probation Officer _____ Phone(_____) _____

How much time have you spent in jail and/or prison? _____

What Christian Recovery Program have you or will you complete?

Program name _____ Phone(_____) _____

Entry date _____ / _____ / _____ or expect to finish _____ / _____ / _____
Month Day Year Month Day Year

Personal Reference _____ Phone(_____) _____

Church Preference _____

When was your last medical examination? _____ / _____ / _____
Month Day Year

Current Medical Issues _____

What if any medications do you take? _____

Past and present medical/psychological diagnoses _____

Describe your relationship with Jesus Christ _____

Describe why you wish to come to Solus Christus _____

Please provide emergency contact information. _____

Read before signing the following statement:

I have read this entire application and have provided truthful and accurate information about myself. I understand that my acceptance into the program requires an interview. I agree that my first 30 days is a trial period and then after 30 days I will have a meeting with the director to determine if I continue at Solus Christus. I understand I may be dismissed from the program at any time if either my actions or my attitudes prove to be contrary to the rules.

Weekly rent is \$50. If you cannot afford it, any money you receive will go to your rent until it is paid.

I give Solus Christus permission to use any pictures of me in publications for their ministry.

Signed _____ Date _____