

Solus Christus

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

The Farm House Resident Application

Please print or type information, then fax to **336-505-4103**
Please call **336-813-3007** after you fax back your application.
Please be sure to **read and sign** the statement on last page.

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Current Living Situation: _____

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?

Do you have a valid driver's license card and social security card? _____

What addictive substances have you used? _____

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

Are you an IV user? _____ How did you support your habit? _____

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

Solus Christus is a smoke-free facility. No devices or products (vapes, gum, patches) 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? _____

Have you ever been the victim of

1)sexual abuse _____

2)physical abuse _____

3)ritual abuse _____

4)verbal abuse _____

5)emotional abuse _____

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

Have you ever been involved in prostitution? _____ Lesbianism? _____ If so, when? _____

Are you a sex offender? _____

Have you ever attempted suicide? _____ If so, when and why? _____

Have you ever self-mutilated? _____ If so, when was the last time? _____

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

What pending legal matters do you have? _____

Are you out on bond? _____ Are you on probation or parole? _____

Do you have an ankle monitor? _____

Attorney _____ Phone(_____) _____

Probation Officer _____ Phone(_____) _____

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

Personal Reference _____ Phone(_____)_____

Church Preference _____

What Christian rehab are you looking at? _____

Have you ever been to a residential long-term rehab before? _____

Are you open to going to a 6-12 month program? _____

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

Who did your medical tests? _____

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

Is there any possibility that you are pregnant? _____

Current Medical Issues/diagnoses _____

What if any medications do you take? What are they prescribed for? _____

Past and present medical/psychological diagnoses _____

Do you have any allergies? (Food, Seasonal, Medications) _____ If so, what kind? _____

Are you able to perform the following tasks?

- 1) Housekeeping Chores (such as vacuuming, mopping, laundry, dusting, cooking, cleaning, etc.) _____
- 2) Yard/garden work (raking, hoeing, weeding, etc.) _____
- 3) Farm Work (taking care of farm animals, lifting 30-50 pound bags of feed, raking out and keeping a barn clean, etc.) _____

Solus Christus is unable to provide medical or convalescent care on-site and all residents must be physically able to participate in the program; any medical condition lasting for longer than a week preventing participation may result in discharge from the program.

Describe your relationship with Jesus Christ _____

Describe why you wish to come to Solus Christus _____

How did you hear about 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 _____