

# *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? \_\_\_\_\_

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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 \_\_\_\_\_

**Solus Christus is a safe-house providing temporary assistance to someone seeking long-term treatment. While here, we help you find a program that is the best fit for you. This is not the final program.**

**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 \_\_\_\_\_

**OFFICE USE ONLY-**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_