BEAUTY FOR ASHES TRANSITIONAL HOME
APPLICATION FOR ADMISSION

Today's date_____

As you complete this application, you may need to answer: "NA"="does not apply to me" in some places.
Your confidentiality will be kept by Beauty for Ashes staff.

Personal Information

Complete Name _____ Maiden Name _____

Address_____

Contact Telephone Number_____Age_____ Date of Birth_____

Family

Name & Ages of Children in your custody_____

_____Any special needs?_____

Marital status: S M D W SEPARATED Are you currently romantically involved?_____

If yes, briefly describe relationship status_____Abusive?____

Have you ever physically, sexually, or emotionally abused in past relationships?_____ Explain_____

_____

Employment

Are you currently employed? ___yes ___no If no, how long has it been since you held a job?_____
If yes, what are your work hours? _____ Where do you work?_____
What is your job title?_____
What type of jobs have you held in the past?_____
How do you spend your free time?_____
What talents &/or skills you are proud of?_____

_____

Education

Do you have a high school diploma?____ A GED? ____ Your Educational Goal?_____
If you have education beyond high school, please explain when, where, and final degree or certification earned

_____

Health

What are your current Medical Problems/Concerns_____

_____

Are you currently in counseling?_____ Have you ever been hospitalized for psychological problems?____

Please explain any hospitalizations--dates & reasons—within the last 5 years_____

_____

What are your current mental health diagnoses?_____

_____

Current Medications, dosage, condition treated:

_____ _____

_____ _____

Are you currently in counseling?_____ With whom and for what condition?_____
_____

Do you use tobacco?___ alcohol?____ Are you a recovering addict of any kind?____
Is addiction (food, alcohol, codependency, sex, etc.) a current problem?_____ What is your drug of choice?_____ How long have you been dealing with this addiction?____ How many days have you been clean of substance abuse?_____Are you participating in an intensive recovery program?_____
When & where are you/have you been in treatment for this addiction?_____
Doctors' names and phone numbers: (Include psychiatrists, therapists, dentists, medical doctors, etc.)

_____

_____

_____

Pregnant? _____ Allergies:_____ Interested in STD/HIV test? _____

Legal/Social Service

Please list the other social services agencies are you currently working with? _____
_____

Are you currently involved in the legal system—charges pending, probation, drug court, Child Protective Services, etc.? ____ If yes, please explain_____
_____

Do you have a valid driver's license?_____
Check any of the following areas that you need assistance with:

Transportation____	Childcare____	Time management____
Budgeting finances____	Employment____	Spiritual growth_____
Smoking cessation_____	Food____	Nutrition/eating habits_____
Mental health counseling_____	Sleeping habits_____	Self-esteem_____

Current Situation

Reasons for homelessness _____
_____
_____

Check any of the following behaviors that often apply to you:

Concentration problems	Insomnia	Low self-esteem	Colds
Procrastination	Outburst of anger	Bed wetting	Ear infections
Withdrawal	Menstrual pain	Nausea	Toothache/dental problems
Vision problems/need glasses	Shortness of breath	Constipation	Headaches
Unassertive	Impulsive	Can't keep a job	Sleep problems
Crying	Perfectionist	Take drugs	Coarse language
Fear	Phobic reactions	Bullying	Vengeful

What are your biggest barriers to success?_____
_____

What are your special strengths & skills?_____

_____

How do you feel that staying at Beauty for Ashes will benefit you? _____

_____

_____

_____.

Which of the following problems do you want us to help you with?

Alcohol use	Drug use	Depression	Family relationships
History of childhood abuse	Feeling better physically	Work problems	Emotional management
Spiritual growth	Loneliness	Grief—adjusting to loss	Separation adjustment
Anxiety/fears	Lack of assertiveness skills	Lack of friends/support	Making vocational decisions
Learning to be better parent	Debt	Mental health issues	Legal situations
Co-dependence	Hopelessness	Victim mentality	Letting other take advantage

Have you read the House Rules & Family Contract of Beauty for Ashes?_____

Can you abide by these requirements?_____

What goals do you want to accomplish during your stay at Beauty for Ashes?

1. _____
2. _____
3. _____
4. _____
5. _____

Please return completed application to:

Case Manager
Beauty for Ashes Transitional Home
PO Box 285
Alexandria, IN 46001

Phone: 765-724-9076
Email: srbountifulharvest@yahoo.com
Website: www.bountifulharvestministries.org