

Confidential

Application for Joppa House Residency

Statement of Confidentiality:

**All information provided by the applicant on this form
is for the exclusive use by the Joppa House Staff.
This information will not be disclosed in any form
to any outside agency or party without the
written consent of the applicant.**

JOPPA HOUSE ... Transitional Home for Women and Children

Confidential Application

Date of Application Submission _____

1. Your Full Name: _____
Last First Middle

2.a. Your Phone Number(s): #1 ____ - ____ - ____ #2 ____ - ____ - ____

2.b. Your email address: _____

3. Social Security Number (last four digits only) : ____ Do you have your SS card? Yes () No ()

4. Year of Birth: 19 __ __, Month/Day ____/____ Age: ____ Do you have your Birth Cert? Yes () No ()

5. Weight _____ Height _____ Eye Color _____

6. Your Current Marital Status:

() Single, never married

() Engaged

() Divorced

() Married

() Separated

() Widowed

If you are currently married:

7. Spouse's Name: _____
Last First Middle

8. Spouse's Address: _____
Street Address City/State/ZIP

9. Spouse's Phone Number: ____ - ____ - ____

10.a. Your Current Address: () My address is same as spouse.

10.b. Your current address (if you are single or if your address is different than spouse).

Street Address City/State/ZIP

Mailing Address, if it is different from your current address.

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11. Do you have a Personal Protection Order in effect against anyone? Yes () No ()

If YES, where was it issued? _____ Expiration Date ? _____
(City/State) (if not renewed)

Respondent's Name _____ Relationship to you _____

12. Please describe your current housing situation.

I am living with:

- () Parent(s) () Spouse () Other relatives
() A friend () In a shelter () Alone, with no other adult
() I am incarcerated () Without shelter

13. A person to contact in an emergency:

Name _____ Phone _____ - _____ - _____

Relationship to you: _____

About your children, if any.

14. Are there children in your legal custody, living with you now? Yes () No ()
If yes, how many _____?

15. Please list each child that currently lives with you including any over 18 years old.

Name	Birth Date	Soc Sec (last 4 digits)	I am this child's.....			
			Birth Mother	Legal Guard'n	Step- Mother	Other
a. _____	_____	_____	()	()	()	_____
b. _____	_____	_____	()	()	()	_____
c. _____	_____	_____	()	()	()	_____
d. _____	_____	_____	()	()	()	_____

16. In what city are these children of school age enrolled in school? _____

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17. Please describe the legal visiting rights, if any, associated with each of these children in your custody and living with you.

	Visiting Rights		Name of Person w/Visiting Rights	Person's Relationship to Child
	YES	NO		
Child a	()	()	_____	_____
Child b	()	()	_____	_____
Child c	()	()	_____	_____
Child d	()	()	_____	_____

18. Do you have birth children who do not live with you now? Yes () No ()

19. Please list each birth child who DOES NOT currently live with you.

Birth Child's Name (first and last)	Birth Date	City/County/State of Residence
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

20. Please describe your legal relationship with each child listed in Question 19:

	I do not have custody of this child now.	I plan to have custody of this child in the future.	I currently have visitation rights with this child.
Child a	()	()	()
Child b	()	()	()
Child c	()	()	()
Child d	()	()	()

Do you have each child's Birth Certificate? _____

Do you have each child's Social Security Card? _____

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Military Experience

21. Have you served in the military? Yes () No ()
22. If YES, what branch of the military? _____
23. Your final rank _____ Final Occupation _____
24. Your entry date _____ Your discharge date _____
25. Was your discharge classified as () Honorable () General
() Dishonorable () Other _____

Formal Education

26. Best describe your past education experiences.
- () I have not graduated from high school but did complete Grade # _____.
- () I have received a High School Certificate of Completion. Year _____
- () I am a high school graduate and hold a diploma. Year _____
- () I am a GED graduate. Year _____
- () I have completed some college. Number of years _____
- () I am a college graduate with a degree. Describe degree: _____
- () I have attended vocational school. Please describe: _____
- () I have completed vocational school. Please describe: _____
- () Other. Describe: _____
- 27.a. Are you enrolled in school or in a training program right now? Yes () No ()
- If yes, describe: _____
- _____

- 27.b. What are your plans for further education? _____
- _____

Lifestyle Experiences

- 28.a. Have you ever lived in dormitory-style housing? Yes () No ()
- 28.b. What kinds of "shared living" arrangements have you experienced? Please describe: _____
- _____
- _____

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Employment History

29. Are you currently employed? Yes () No ()

30. Starting with your most recent and/or current employment, list ALL of your jobs.

Company	Start Date	End Date	Job Title
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

31. Were you fired from any of the above jobs?

No () Yes () Which ones? Job # 1 2 3 4 5 6 (circle each job # that applies)

32. In your own words, please describe your skills, talents, special gifts.

Example: good with MSWord software, good at softball pitching, like to write poems.

33. Describe the job you would like to hold next: _____

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Legal History

34. Have you ever been convicted of a misdemeanor? Yes () No ()

If YES, indicate the number of convictions: # _____ of misdemeanors.

Misdemeanor Charge	Date of Conviction	Sentence/Fine	Status of Case	
			Open	Closed
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()

35. Have you ever been convicted of a felony? Yes () No ()

If YES, indicate the number of convictions: # _____ of felony convictions.

Felony Charge	Date of Conviction	Sentence/Fine	Status of Case	
			Open	Closed
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()

36. Are there any other convictions, not listed above? Yes () No ()

If YES, indicate all details below

Charge	Date of Conviction	Sentence/Fine	Sentence Completed	
			Yes	No
_____	_____	_____	()	()
_____	_____	_____	()	()
_____	_____	_____	()	()

37.a. Are any of the following pending?

- () Arrest warrant () Criminal Charges
() Sentencing () Other

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37.b. Explain the "pending" situation, if any, from 37.a, including dates: _____

38. Are you currently "out on bond", "on probation" and/or "on parole"?

() No, none of the above

() Yes, I am out on bond, awaiting trial/hearing. Date of trial/hearing: _____

() Yes, I am on probation. Time remaining: _____

() Yes, I am on parole Time remaining: _____

Describe any restrictions you are under as a result of the status described above: _____

39.a. If YES: Reporting County: _____

Method of reporting: _____

Name of Parole/Probation Office or Bondsman: _____

Officer's Address: _____

PO Box or Street

City/State/ZIP

39.b. Do you wear a tether? Yes () No ()

If YES, describe situation: _____

40. Have you served time in prison? Yes () No ()

41. If YES, when? _____ For how long? _____

42. List prison start dates and duration: _____

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43. Do you consider yourself an habitual offender? Yes () No ()

Why/Why not? _____

44. Are you registered as a sex offender? Yes () No ()

Health History

45. Do you describe yourself as physically handicapped? Yes () No ()

If YES, explain: _____

46. Do you have dietary restrictions? Yes () No ()

If YES, explain: _____

47. List the current medication(s) you take:

Med Name	Dose/Freq	Reason for taking	RX/OTC
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Continue to complete your medication list on the reverse side of this page, if necessary. Full disclosure is required.

48. Primary Physician: _____ Phone: _____

49. Drug Allergies? _____ Other Allergies? _____

50. Indicate any communicable diseases that you have.

() STDs () Head Lice () Scabies () MRSA () HIV/AIDS

() Athletes Foot () Other _____

51. Do you use medical marijuana? Yes () No ()

52. Have you received mental health treatment? Yes () No ()

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53. Have you ever attempted suicide? Yes () No ()

54. Do you feel suicidal now? Yes () No ()

55. Has anyone in your family been treated for mental illness?

No ()

Yes () Who? _____

Relationship to you, only

What illness was diagnosed? _____/ Don't know ()

Other Drug Usage

56. Check which drugs you have used and the frequency of usage.

	Frequency		Frequency
___ Alcohol	_____	___ LSD	_____
___ Amphetamines	_____	___ Marijuana	_____
___ Anti-depressants	_____	___ Meth	_____
___ Barbiturates	_____	___ Opium	_____
___ Cocaine	_____	___ Tobacco	_____
___ Crack	_____	___ Power Drinks	_____
___ Heroin	_____	___ Other	_____

Define Other: _____

57. To which drugs, if any, do you consider yourself addicted? List all that apply.

58.a. Have you been to a detox or rehab center in the last 18 months? Yes () No ()

If YES, how many times?

	Where	When	How Long
First time	_____	_____	_____
Second time	_____	_____	_____
Third time	_____	_____	_____

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58.b. Are you currently substance free? Yes () No ()

Financial Resources

59. Are you currently employed? Yes () No ()

If yes, what is your monthly pay? \$ _____

60. Do you have a bank account in your name? Yes () No ()

Savings? Yes () No ()

Checking? Yes () No ()

61. Do you receive Child and/or Spousal support through the Court System? Yes () No ()

If yes, what is your monthly support? \$ _____

Are payments to you current? Yes () No ()

62. Are you currently receiving any of the following:

	Yes	No	Amt per Month		Yes	No	Amt per Month
FIA	()	()	_____	Workman's Comp	()	()	_____
SSI	()	()	_____	Unemployment	()	()	_____
Disability	()	()	_____	VA Benefits	()	()	_____
Bridge Card	()	()	_____	Other _____	()	()	_____

63. Any other income? Yes () No ()

If yes, list amount(s) per month and source: _____

64. If you enter Joppa House Transitional Home Program, how do you plan to pay for:

Medical and dental needs that may arise during your stay? _____

Joppa House room & board? _____

Child Care Services? _____

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Monthly Expenses

65. Check the items listed below that require regular payments by you, include \$ value.

	\$ Amount		\$ Amount
() Rent/Mortgage	_____	() Heating/Fuel	_____
() Cable TV/Internet	_____	() Electricity	_____
() Phone	_____	() Water	_____
() Credit Card(s)	_____	() Medical Insurance	_____
() Vehicle Insurance	_____	() Other Insurance	_____
() Bank Loan	_____	() Home Equity Loan	_____
() Doctor/Dentist Bill	_____	() Vehicle Loan	_____
() Child Care	_____	() Other _____	_____

Transportation

66. Do you have a vehicle? Yes () No ()

If NO, if you enter the Joppa House Transitional Home Program, what provision will you have for your transportation needs? _____

If YES, are you the principle driver? Yes () No ()

If YES, is the vehicle in running order? Yes () No ()

If YES, whose name is the vehicle registered? _____

67. YOUR DRIVER'S LICENSE NUMBER _____ STATE _____

() I have never applied for a driver's license.

() I have had a drivers license in the past, but I have no *current* driver's license.

68. IF YOU DO NOT HAVE A DRIVER'S LICENSE, indicate your State ID#: _____

State: _____

() I do not have a state ID #.

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About you and your prospective Joppa House Transitional Home

69. How did you hear about Joppa House? _____

70. With what other housing programs are you familiar with? (Check all that apply)

☐ Women's Mary Margaret House

☐ Safe-House

☐ Women's Resource Office

☐ Harbor Hall

☐ Other: _____ City/State _____

71. Name of Referral Person or Agency of Referral to Joppa House, if any:

_____ Phone # _____

72. Why are you interested in living at Joppa House? _____

73. The Joppa House is a community-living situation that requires consideration and respect for others. You will be sharing living and common spaces for the purposes of sleeping, meal preparation/cleanup, dining, leisure and work activities. Those with whom you share space may be of different social/ethnic/racial/cultural backgrounds.

Do you understand the need for consideration and respect for others in this shared-living situation?

☐ Yes, I have lived like this before and know what is expected of me.

☐ Yes, I understand, but the situation will be new to me.

☐ Other response, please explain. _____

74. Do you have any questions about Community Living and/or your participation in it? _____

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75. The rules and guidelines of the Joppa House are designed to bring safety, order and consideration to all household members. They are based on the principle of love and the desire to see each one experience the fullness of God's plan and purpose for one's life, health and happiness.

At this time in your life (and the lives of your children if any), are you able to entrust yourself to the leadership and authority established for this Joppa House Program?

Yes ()

Other ()

Please explain: _____

76. In your own words, please describe your religious background. _____

77. How comfortable are you with the spiritual emphasis of the Joppa House Program, such as regularly scheduled Bible Study sessions and/or devotions, attending the church of your choice once a week and the program's strong recognition of the importance of your relationship with God and His love and mercy for you and all others? Please explain your feelings about this spiritual emphasis: _____

=====

I hereby acknowledged that I have completed this application of my own free will and in my own hand-writing. I have answered all of the questions truthfully and to the best of my ability. I understand that if it is discovered that I have falsified or omitted any information, it can lead to denial of entering or future expulsion from the Joppa House Program.

Applicant Signature _____

Date _____

Witness Signature _____

Date _____

Witness Signature _____

Date _____

Parole Office Signature _____

Date _____

Or Agency Head _____

Date _____