

Bridges Ministry
Resident Application

The confidential information you share on this application will not be held against you or used to judge you. Bridges staff simply needs to know the facts about you and where you are in life right now. Please remember that we will not be able to help you if you are not completely honest when you answer the questions below. Please understand that we absolutely cannot review this application if anything is left blank. If you do not understand what is being requested, please call us and we will be happy to assist you. If a question does not apply it is very important that you mark N/A.

Name: _____ Date: _____

Present Address: _____
Street Address City State Zip

Telephone # () _____ Email: _____

Cell Phone # () _____ Work # () _____

Parent / Guardian: _____

Guardian Address: _____
Street Address City State Zip

Telephone # () _____ Email: _____

Referred by: DFR _____ Court _____ Parents _____ Church _____ Self _____ Other _____

Telephone # of the person who referred you: () _____

Have you ever applied to Bridges in the past? _____ If yes, please give the date _____

Information About You

Date of Birth: _____ Age: _____

City and State of Birthplace: _____

Social Security Number: _____ - _____ - _____

Driver's License Number and expiration date: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status

Single _____ Married _____ Divorced _____ Separated _____

Children

Do you have any children? _____ How many? _____

List names and ages of all children you have given birth to:

1. _____ Age: _____ DOB: _____

2. _____ Age: _____ DOB: _____

3. _____ Age: _____ DOB: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Bridges? _____

Are you on any type of government or financial assistance? _____

Will coming to Bridges have any affect on this assistance? _____

Educational

Name of last school attended? _____

Dates of attendance? _____

Did you graduate? _____ If not, what was last grade completed? _____

Have you ever been in special education classes? _____ If yes, please list: _____

Do you plan on getting a GED or continuing your education while living at Bridges? _____

Have you already been working on your GED? _____

Pregnancy

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Is the birth father aware of your pregnancy? _____

What involvement do you anticipate the birth father having with you during your pregnancy? _____

What are you considering for your child? parenting _____ adoption _____

Bridges Ministry believes in allowing you to make the choice between adoption and parenting. As a part of that decision making process, Bridges will urge every pregnant single woman to carefully consider whether adoption may be the most loving option for her unborn child. While Bridges Ministry is not an adoption agency if a resident chooses to place her baby for adoption, Bridges will be happy to assist her with choosing a Christian family for her child if she would like.

Medical

Do you have any allergies? _____ List: _____

List any and all medication that you take:

Medication	Dosage	For what reason?	For how long?

Are you on a special diet? _____ Explain: _____

If yes, was this diet prescribed by a Doctor? _____ Dr.'s name and phone # _____

Do you eat meat? _____

If you have, or have ever had, a problem with food or eating, please explain in detail: _____

If you have been diagnosed with an eating disorder or treated by a physician for an eating disorder, please explain in detail: _____

Dr.'s name and phone # _____

List any physical limitation that you may have as indicated by a physician: _____

Reason: _____

List all past surgeries or medical hospitalizations (include dates): _____

Financial

Do you have any outstanding debts? _____ Explain: _____

Have you been contacted by a collection agency or a collection lawyer about any debts? _____

Give Details: _____

What arrangements will you make for their payment while you are at Bridges? _____

*Bridges Ministry provides food and shelter, but we are not responsible for clothing, personal items, medical expenses or prescriptions. It is the responsibility of parents or guardians of minors, or their sponsoring agency, to cover these expenses. Arrangements should be made prior to residency. If **NONE** of the above is available to you, please inform the intake coordinator during your interview.*

Legal Background

Have you ever been arrested? _____ How many times? _____ Dates, charges, etc: _____

Do you have any pending court dates? _____ Explain: _____

Have you ever been convicted of a crime? _____ If so, of what charges, and what was the sentence? Other details: _____

Are you currently incarcerated? ____ How Long? ____ Length of time remaining? _____

Name of Attorney or Legal Representative: _____

Telephone # () _____

Have you ever been on probation or parole? _____ Are you now? _____

How long? _____ Length of time remaining: _____

How often do you report? _____ In person or through mail? _____

Name of probation or parole officer? _____

Address: _____

Telephone # () _____

Substance Abuse

Have you ever experimented with the following substances? (Mark those that apply by writing in the date that you last used that substance.)

____ Alcohol	____ Hallucinogenic (Acid, LSD, etc)	____ Morphine	____ Inhalants
____ Crack	____ Amphetamines (Uppers)	____ Opium	____ Ecstasy
____ Crystal Meth	____ Barbiturates (Downers)	____ Heroin	____ Tobacco
____ Marijuana	____ Meth Amphetamines	____ Cocaine	
____ Other (Specify: _____)			

Drugs of Choice:

1. _____ Frequency of use: _____ Date of last use? _____
2. _____ Frequency of use: _____ Date of last use? _____
3. _____ Frequency of use: _____ Date of last use? _____
4. _____ Frequency of use: _____ Date of last use? _____

Maximum habit cost per day? _____ Longest period clean? _____

Have you ever been in an alcohol, drug, or detox program before? _____

Was it faith based or secular? _____

Record all drug treatment or detox programs

Date of Entry	Program Name	City / State	Reason for Leaving	Date of Discharge
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Psychological / Counseling

Have you ever been diagnosed or treated for (please mark yes or no): DID / Dissociative Disorder _____

ADHD _____ Schizophrenia _____ Bi-Polar Disorder _____ Borderline Personality _____

Depression _____ Other _____

Have you ever tried to commit suicide? _____ Why? _____

Have you ever participated in cutting or self – mutilation? _____

What benefits do you gain from cutting? _____

Have you ever been to counseling? _____ (Please list facilities / persons below)

Have you ever received psychiatric care or been in a psychiatric hospital? _____ (Please list facilities)

Date of Entry	Program Name	City / State	Reason for Leaving	Date of Discharge

Please sign release forms with the above facilities / programs / counselors and have your records forwarded to Bridges Ministry.

Sexual

Have you ever been a victim of rape? _____ or incest? _____ How old were you? _____

Have you ever been a victim of sexual abuse? _____ physical abuse? _____ or ritual abuse? _____

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

Have you ever contracted an STD? _____ Explain: _____

Have you ever tested positive for HIV / AIDS? _____ Explain: _____

Family

Do you and your parents get along? _____

Do you live with them? _____ If not, with whom do you live? _____

Who has custody of you (if you're under 18)? _____

Are they Christians? _____ For how long? _____

Denomination, name and location of church: _____

Spiritual

Have you ever witnessed or been involved with occult activities? (Satan worship, Ouija boards, levitation, rituals, séances, sacrifices, spiritism, voodoo, witchcraft, etc) _____

If yes, explain each _____

Have you ever been abused in any of these activities? _____

If so, give details _____

Have you ever been involved in any of the following cults?

- | | | |
|-------------------------|-------------------------|---------------------------------|
| _____ Christian Science | _____ Mormonism | _____ Eastern Religions |
| _____ Scientology | _____ Jehovah's Witness | _____ Kabbalah |
| _____ Brotherhood | _____ New Age Mvmnt | _____ Transcendental Meditation |

Write a brief explanation of your involvement with each: _____

Have you committed your life to God? _____

Date: _____ Place: _____

Denominational background: _____

Are you a member of any church or religion? _____

Which one? _____

In your understanding, who is Jesus Christ? _____

How often do you attend church? _____

Do you read the Bible? _____ How often? _____

Do you ever pray? _____ How often? _____

Do you feel that you have a need for God? _____ Explain: _____

What is your present relationship with God? _____

Have you ever considered rededicating your life to God? _____

Are you willing to do that now, if necessary? _____

Why would you like to move into the Bridges Home? _____

What would you like to see happen in your life while living at Bridges? _____

List your 5 biggest goals in coming to the Bridges Home:

1. _____
2. _____
3. _____

- 4. _____
- 5. _____

List your 5 biggest fears in coming to the Bridges Home:

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



Is there anything else you feel the staff at Bridges Ministry needs to know about you, your situation, or your application for residency?

I have read and understand the rules as set out in the Overview of Our Ministry, the Time Commitment and the Visitation Rules of Bridges Ministry and agree to submit to said rules and to the staff at Bridges Ministry. I understand that if I have failed to answer these questions truthfully or purposely withheld information, it can be grounds for either refusal to admit me, or to dismiss me from the house.

Applicant Signature

Date

[If Applicant is a minor, her parent or guardian must also sign]

(Parent or Guardian)

Date

