



# Application for The Refuge

## Important Disclaimers: [READ BEFORE COMPLETING APPLICATION]

1. The program you are applying for is a Christ-centered program that adheres to the Bible as God's very words.
2. The Refuge is not a medical or detox facility.
3. All residents of The Refuge must apply and participate willingly.
4. All residents must commit to the program in its entirety (approx. 8 months). Please carefully read the supporting documents and be prepared to wholeheartedly submit to them for the duration of the program.
5. Your acceptance into the program is subject to the decision of the Executive Director and Program Director.
6. The Refuge reserves the right to admit or dismiss any person.

## Instructions:

- **Read through the supporting documents in their entirety before filling out the application.**
- **Every question and field must be answered before an application will be accepted for review.** Please contact ([refugewinterset@gmail.com](mailto:refugewinterset@gmail.com) or 515-468-1037) with questions regarding the application.
- Fill out every question accurately to the best of your ability.
- For every question that does not apply to you, please enter "NA" for "Not Applicable" in the appropriate field.
- For example, there are sections that ask about different family members and their contact information ([see page 15](#)). If you have no family contact information to fill out at all, please enter "NA" in the field where it asks for their name. All subsequent spaces will be considered as "NA" as well.
- Please scan and email or mail your completed application with the signed supporting documents and Background Check to [refugewinterset@gmail.com](mailto:refugewinterset@gmail.com) or mail it to the following address:

**The Refuge  
PO Box 15  
Winterset, IA 50273**

**Once you finish, please return to this page and indicate by checking the appropriate boxes that you have completed everything and whether or not you are able pay the program fees.**

- I have filled out every question and field ACCURATELY to the best of my knowledge.
- I have read all of the supporting documents for The Refuge and I understand them.
- I have signed and am willing to abide by all of the policies, rules and expectations outlined in the supporting documents for The Refuge.
- I have signed and included the "Background Check" with my application.

## Applicant Personal & Family Information

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<b>Name (First)</b>	<b>(Middle Initial)</b>	<b>(Last)</b>
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<b>(Suffix)</b>	<b>Social Security #</b>	<b>Driver's License # and Expiration</b>
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<b>Cell #</b>	<b>Phone #</b>	<b>Email Address</b>
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**Do you have state issued photo I.D.?**  Yes  No

**Date of Birth (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  M  F

**What is your race?**

White                       Asian                       Native American                       Black/African American

Indian (from Asia)       Hawaiian/Pacific Islander                       Hispanic/Latino

**What is your marital status?**

Married                       Single                       Divorced                       Separated

Widowed                       Unknown

**Do you have children?**  Yes  No      **Do you pay child support?**  Yes  No

**If yes, how many?** \_\_\_\_\_ **and what ages?** \_\_\_\_\_

**If you pay child support are you able to make arrangements to fulfill that responsibility while at The Refuge?**  Yes  No Explain \_\_\_\_\_

**Number of siblings?** \_\_\_\_ sisters \_\_\_\_ brothers \_\_\_\_ step/half-sisters \_\_\_\_ step/half brothers

**Are you adopted?**  Yes  No **Describe your reaction to being adopted?** \_\_\_\_\_

\_\_\_\_\_

**Describe how you get along with your family?** \_\_\_\_\_

\_\_\_\_\_

**Current House Address:**

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<b>Address</b>	<b>City</b>
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<b>State</b>	<b>Zip</b>	<b>County</b>
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**Is this your permanent address?**  Yes  No (If 'No', then please list your permanent address below)

**What was your last permanent residence that you lived at for 90 days or more?**

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<b>Address</b>	<b>City</b>	
<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Date you moved out:</b> ____/____/____	<b>Phone #:</b> (____) ____-____	
<b>If outside of the US, what country?</b> _____	<b>Cell #:</b> (____) ____-____	

**What is your current housing situation?**

House/Apart. You Own       Staying with Family       Staying with Friend

Hotel/Motel Own       Emergency Shelter       Transitional Housing

SA<sup>1</sup> Treatment/Detox       Hospital       Jail, Prison

Room/House Rented       Other: \_\_\_\_\_

Place not meant for Habitation (car, street, etc.): \_\_\_\_\_

**How long have you been in your current housing condition?**

Less than 1 week       1-3 Months       1 Year or Longer

1 week – 1 Month       3 Months – 1 Year

**Do you currently have any outstanding debts?**  Yes  No **Explain:** \_\_\_\_\_

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**Referral Source**

**How were you referred to The Refuge?**

Self       Church       Other \_\_\_\_\_

Parents       Counselor

**Name of the person, church or organization that referred you?** \_\_\_\_\_

**Contact of the person who referred you (Name and Phone #):** \_\_\_\_\_

**If not referred to The Refuge, how did you hear about it?** \_\_\_\_\_

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<sup>1</sup> SA = Substance Abuse

## **Spiritual Background**

Do you feel like you need God?  Yes  No

Please describe your present relationship with God: \_\_\_\_\_

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What is your reason for wanting to be a part of The Refuge? \_\_\_\_\_

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Are you saved?  Yes  No  Unsure

When were you saved? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or approximate time \_\_\_\_\_

How do you know you are saved? \_\_\_\_\_

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What is your understanding of how a person can be saved? \_\_\_\_\_

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Are you open to the Bible and Jesus working in your life?  Yes  No

Do you have any religious preferences or affiliations? (or what religion do you identify with most?)

Christian     Eastern     Jewish     Islam

None     Unknown     Other: \_\_\_\_\_

Are you a church member?  Yes  No

If YES, what church? \_\_\_\_\_ Where (city, state)? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ How often did you attend? \_\_\_\_\_

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Were you ever a church official/Sunday School teacher?  Yes  No

Did you attend church as a child?  Yes  No

How often do you read the Bible? \_\_\_\_\_

Have you ever been baptized?  Yes  No If yes, when were you baptized? \_\_\_\_/\_\_\_\_/\_\_\_\_

When did you last attend church on a regular basis? \_\_\_\_\_

Do you ever pray?  Yes  No If YES, how often? \_\_\_\_\_

If married, what is the religious background of your wife? \_\_\_\_\_

**Current Situation**

Why would you like to be accepted at The Refuge? \_\_\_\_\_

Why are you seeking a faith-based program? \_\_\_\_\_

What are you hoping to gain while at The Refuge? \_\_\_\_\_

List your 5 main goals in coming to The Refuge?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

What issues do you believe need to be addressed while at The Refuge (*Check all that apply*)

- Abused                       Child Care                       Domestic Violence                       Education
- Employment                       Finances                       Food                       Housing
- Divorce                       Marriage                       Parenting Skills                       Legal
- Transportation                       Grief/Loss of Loved one                       Other: \_\_\_\_\_

**Education**

What is the highest level of education you have completed, whether or not you have a degree?

- Less than 6<sup>th</sup> Grade                       Elementary                       Junior High
- High School Graduate                       GED                       Some College
- Junior College                       College Grad. BA/BS                       Grad School MA/MS
- Vocational/Trade School                       Doctorate or Professional

What was the name of the last school you attended and location? \_\_\_\_\_



## **Medical History**

**Do you currently have or have you ever experienced any of the following medical conditions? Check all that apply**

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Incontinent    | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> HIV/Aids            |
| <input type="checkbox"/> Open Sore | <input type="checkbox"/> Psychological  | <input type="checkbox"/> Wheelchair      | <input type="checkbox"/> Stroke              |
| <input type="checkbox"/> Seizures  | <input type="checkbox"/> Easy Bleeding  | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Liver Disease  | <input type="checkbox"/> Other: _____    |  |

**If you have allergies, what are you allergic to?** \_\_\_\_\_

**Are you receiving treatment for any of the above medical conditions?**  Yes  No

*If you are now taking any medication, prescribed or over the counter, for any of the above medical conditions please list them below.*

\_\_\_\_\_ **What is this medication treating?** \_\_\_\_\_  
**Medication name #1** \_\_\_\_\_

\_\_\_\_\_ **Dosage** \_\_\_\_\_ **Pills/mg per day**

**Are you currently complying with the prescribed dosage?**  Yes  No

**Notes concerning medication taken?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **What is this medication treating?** \_\_\_\_\_  
**Medication name #2** \_\_\_\_\_

\_\_\_\_\_ **Dosage** \_\_\_\_\_ **Pills/mg per day**

**Are you currently complying with the prescribed dosage?**  Yes  No

**Notes concerning medication taken?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is this medication treating? \_\_\_\_\_

Medication name #3 \_\_\_\_\_

Dosage \_\_\_\_\_

Pills/mg per day \_\_\_\_\_

Are you currently complying with the prescribed dosage?  Yes  No

Notes concerning medication taken? \_\_\_\_\_

Are you taking more than 3 medications?  Yes  No

If YES, how many are you taking including the 3 listed above? Please list other medications on a separate sheet of paper.

How is your overall health?

Excellent  Very Good  Good

Fair  Poor  Don't Know

Do you have a disabling condition?

Yes  No  Don't Know  Refused

If YES, what are you diagnosed with? \_\_\_\_\_

Who diagnosed you with it? \_\_\_\_\_

What is your current: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Usual Weight: \_\_\_\_\_ Recent Weight Changes: \_\_\_\_\_

List all major illnesses or operations we should be aware of? \_\_\_\_\_

When was your last medical exam? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or approximate \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

### **Sexual Health**

Are you sexually active?  Yes  No Since what age? \_\_\_\_\_

Under what conditions? \_\_\_\_\_

Have you ever been a victim of sexual abuse?  Yes  No Physical abuse?  Yes  No

Have you ever been in an intimate relationship with another man?  Yes  No

To what extent? \_\_\_\_\_



When? \_\_\_\_\_ How many different relationships? \_\_\_\_\_

Have you tested positive for any STD's?  Yes  No

If YES, please list: \_\_\_\_\_

## **Mental Health History**

Have you been diagnosed with a mental health issue by a medical professional?  Yes  No

If YES, what have you been diagnosed with?

Depression  Manic Depressive  Bipolar  Schizophrenic

Obsessive Compulsive Disorder  Anxiety Disorder

Other: \_\_\_\_\_

If other diagnoses, please explain: \_\_\_\_\_

Are you currently in treatment for this/these diagnoses?  Yes  No

Have you ever been treated for this?  Yes  No

Information regarding diagnoses: \_\_\_\_\_

Are you taking any prescribed medication for these mental health diagnosis's?  Yes  No

Did you already record the medication in the previous section?  Yes  No

If YES, which medications #'s (*check all that apply*)?

Medication #1 Medication #1 for the following Diagnosis: \_\_\_\_\_

Medication #2 Medication #2 for the following Diagnosis: \_\_\_\_\_

Medication #3 Medication #3 for the following Diagnosis: \_\_\_\_\_

*For any medications for mental health diagnosis not already listed use the following section:*

What is this medication treating? \_\_\_\_\_

Medication name #4 \_\_\_\_\_

Dosage

Pills/mg per day

Are you currently complying with the prescribed dosage?  Yes  No

Notes concerning medication taken? \_\_\_\_\_

What is this medication treating? \_\_\_\_\_

Medication name #5 \_\_\_\_\_

Dosage \_\_\_\_\_

Pills/mg per day \_\_\_\_\_

Are you currently complying with the prescribed dosage?  Yes  No

Notes concerning medication taken? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is this medication treating? \_\_\_\_\_

Medication name #6 \_\_\_\_\_

Dosage \_\_\_\_\_

Pills/mg per day \_\_\_\_\_

Are you currently complying with the prescribed dosage?  Yes  No

Notes concerning medication taken? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever suffered from depression?  Yes  No

Have you ever had suicidal thoughts?  Yes  No

Have you ever attempted suicide?  Yes  No If so, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **History of Outpatient Treatment**

Have you ever attended outpatient treatment for these diagnoses?  Yes  No

If yes, where have you gone for outpatient treatment? (List all locations)

Agency name #1: \_\_\_\_\_ Are you currently working with them?  Yes  No

If not, when did you stop (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of clinician/counselor: \_\_\_\_\_

Agency name #2: \_\_\_\_\_ Are you currently working with them?  Yes  No

If not, when did you stop (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of clinician/counselor: \_\_\_\_\_

Agency name #3: \_\_\_\_\_ Are you currently working with them?  Yes  No

If not, when did you stop (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of clinician/counselor: \_\_\_\_\_

### **History of Psychiatric Hospitalization**

Agency name #1: \_\_\_\_\_ When were you hospitalized? \_\_\_\_/\_\_\_\_/\_\_\_\_

Why were you hospitalized? \_\_\_\_\_

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Agency name #2: \_\_\_\_\_ When were you hospitalized? \_\_\_\_/\_\_\_\_/\_\_\_\_

Why were you hospitalized? \_\_\_\_\_

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Agency name #3: \_\_\_\_\_ When were you hospitalized? \_\_\_\_/\_\_\_\_/\_\_\_\_

Why were you hospitalized? \_\_\_\_\_

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### **Alcohol, Drugs and Addiction History**

Which have you abused or used in excess, or feel you have an issue with? (*check all that apply*)

Alcohol                       Drugs                       Gambling                       None

Sexual                       Self-Abuse                       Food

Other: \_\_\_\_\_

What are your drugs of choice? (*check all that apply*)

Amphetamines                       Cocaine                       Heroin                       Inhalants

LSD/Hallucinogens                       Marijuana                       None                       Opium

Sedatives                       Psychotropic                       Alcohol                       Over the Counter

Pharmaceuticals                       Other: \_\_\_\_\_

What is your primary drug of choice? \_\_\_\_\_

### **Substance Abuse and Legal Information**

Do you use tobacco?  Yes  No                      What form of tobacco do you use: \_\_\_\_\_

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Will you give up tobacco to enter this program?  Yes  No

*Please use the following section to list the types of substances/drugs use:*

Substance #1: \_\_\_\_\_ Currently using?  Yes  No

Date of last use? \_\_\_/\_\_\_/\_\_\_ Age of first use? \_\_\_\_\_

How often did/do you use?  Once a week or less  2 to 6 times a week  Daily

Amount: \_\_\_\_\_

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

(1) Ingested  (2) Snorted  (3) Smoking  (4) Injection

Substance #2: \_\_\_\_\_ Currently using?  Yes  No

Date of last use? \_\_\_/\_\_\_/\_\_\_ Age of first use? \_\_\_\_\_

How often did/do you use?  Once a week or less  2 to 6 times a week  Daily

Amount: \_\_\_\_\_

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

(1) Ingested  (2) Snorted  (3) Smoking  (4) Injection

Substance #3: \_\_\_\_\_ Currently using?  Yes  No

Date of last use? \_\_\_/\_\_\_/\_\_\_ Age of first use? \_\_\_\_\_

How often did/do you use?  Once a week or less  2 to 6 times a week  Daily

Amount: \_\_\_\_\_

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

(1) Ingested  (2) Snorted  (3) Smoking  (4) Injection

Substance #4: \_\_\_\_\_ Currently using?  Yes  No

Date of last use? \_\_\_/\_\_\_/\_\_\_ Age of first use? \_\_\_\_\_

How often did/do you use?  Once a week or less  2 to 6 times a week  Daily

Amount: \_\_\_\_\_

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

(1) Ingested  (2) Snorted  (3) Smoking  (4) Injection

If more than 4 substances, please indicate how many? \_\_\_\_\_

What was your age and the circumstance of your first drinking/drugging experience? \_\_\_\_\_

**Has your drinking/drugging pattern recently changed?**  Yes  No

**If so, how?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What's your drinking/drugging pattern now?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever tried to control your drinking/drugging on your own?**  Yes  No

**How?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had a blackout?**  Yes  No **Seizures?**  Yes  No

**Hallucinations?**  Yes  No **D.T's?**  Yes  No

**What is your drinking/drugging behavior?**  Violent  Calm  Sad  Other: \_\_\_\_\_

**What is your longest period of sobriety since starting?** \_\_\_\_\_

**When was this?** \_\_\_\_/\_\_\_\_/\_\_\_\_ or approximate \_\_\_\_\_

**What other information about your past alcohol/drug use should we know about?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you presently involved in any lawsuits?**  Yes  No

**Are you the plaintiff or the defendant?**  Plaintiff  Defendant

**How many public intoxication charges have you incurred?** \_\_\_\_\_

**How many DUI's/DWI charges have you incurred?** \_\_\_\_\_

**Has your driver's license ever been suspended or revoked?**  Yes  No

**If yes, why and when?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been in prison?**  Yes  No **When?** \_\_\_\_\_  
\_\_\_\_\_

Why? \_\_\_\_\_ Where? \_\_\_\_\_

Are there any charges pending against you at this time?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Any court dates pending at this time?  Yes  No If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you object to us notifying law enforcement that you are here?  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_

**Current Legal Status: (check all that apply)**

Probation  Parole  Home Detention  Awaiting Charge

Conditional Release  Outpatient Commitment

Alcohol/Drug Related Legal Problems  Work Release  None

Was this an adult charge?  Yes  No  Misdemeanor  Felony

What was the date you were charged? \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge note: \_\_\_\_\_

\_\_\_\_\_

Conviction note: \_\_\_\_\_

\_\_\_\_\_

**Past Legal History**

**Prior legal history #1? (Check only one. Start with the most recent and work your way back.)**

Probation  Parole  Home Detention  Awaiting Charge

Conditional Release  Outpatient Commitment

Alcohol/Drug Related Legal Problems  Work Release  None

Is this a current status?  Yes  No If not, when were you released from it? \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this an adult charge?  Yes  No  Misdemeanor  Felony

Charge note: \_\_\_\_\_

\_\_\_\_\_

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**Conviction note:** \_\_\_\_\_

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**Prior legal history #2? (Check only one. Start with the most recent and work your way back.)**

- Probation                       Parole                       Home Detention                       Awaiting Charge  
 Conditional Release                       Outpatient Commitment  
 Alcohol/Drug Related Legal Problems                       Work Release                       None

**Is this a current status?**  Yes  No                      **If not, when were you released from it?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Was this an adult charge?**  Yes  No                       Misdemeanor  Felony

**Charge note:** \_\_\_\_\_

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**Conviction note:** \_\_\_\_\_

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**Have you ever been convicted of sexual crime?**  Yes  No

**If yes, what are the circumstances?** \_\_\_\_\_

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**Are you required to register as a sex offender?**  Yes  No

**Other Information**

**Are you receiving any benefits, or any type of government aid? (Check all that apply)**

- Child Care                       Food Stamps                       None                       Temp Rent  
 Trans Pass                       WIC                       SSD/SSI                       Other: \_\_\_\_\_

**Do you have any insurance which you are aware of? (Check all that apply – List items if needed)**

- Medicaid/HIP                       Medicare                       None                       Private  
 VA                       VIM                       Advantage                       Other: \_\_\_\_\_

**If you have private insurance, please give detailed information.**

**Name of Carrier:** \_\_\_\_\_

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Policy #: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income

List all sources of income you are receiving, including what is documented above:

Income # 1: \_\_\_\_\_ Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income Type: \_\_\_\_\_ Income amount \$ \_\_\_\_\_ Per: \_\_\_\_\_

Income # 2: \_\_\_\_\_ Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income Type: \_\_\_\_\_ Income amount \$ \_\_\_\_\_ Per: \_\_\_\_\_

Income # 3: \_\_\_\_\_ Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income Type: \_\_\_\_\_ Income amount \$ \_\_\_\_\_ Per: \_\_\_\_\_

Contact Information (immediate family)

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Name (First Last)	Relation to you?		
Address	City	State	Zip
(____) ____ - ____	(____) ____ - ____	(____) ____ - ____	
Home Phone #	Cell Phone #	Work Phone #	
(____) ____ - ____			
Other Phone #	Email Address		

Do you give authorization to release information to this person?  Yes  No

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Name (First Last)	Relation to you?		
Address	City	State	Zip
(____) ____ - ____	(____) ____ - ____	(____) ____ - ____	
Home Phone #	Cell Phone #	Work Phone #	
(____) ____ - ____			
Other Phone #	Email Address		

Do you give authorization to release information to this person?  Yes  No



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<b>Name (First Last)</b>		<b>Relation to you?</b>	
<hr/>		<hr/>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

Do you give authorization to release information to this person?  Yes  No

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<b>Name (First Last)</b>		<b>Relation to you?</b>	
<hr/>		<hr/>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

Do you give authorization to release information to this person?  Yes  No

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<b>Name (First Last)</b>		<b>Relation to you?</b>	
<hr/>		<hr/>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

Do you give authorization to release information to this person?  Yes  No

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<b>Name (First Last)</b>		<b>Relation to you?</b>	
<hr/>		<hr/>	

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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

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Do you give authorization to release information to this person?  Yes  No

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<b>Name (First Last)</b>	<b>Relation to you?</b>		
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

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Do you give authorization to release information to this person?  Yes  No

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<b>Pastor/Priest Name (First Last)</b>	<b>Church Name</b>		
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
( ) _____ - _____	( ) _____ - _____	( ) _____ - _____	
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Work Phone #</b>	
( ) _____ - _____			
<b>Other Phone #</b>	<b>Email Address</b>		

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Do you give authorization to release information to this person?  Yes  No

Signing indicates the information is true to the best of your knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make sure you go back to the cover page and read the instructions and check the boxes indicating you have completed everything. No application will be accepted for review until everything is completed.**

**Confidential!**  
**Authorized personnel only!**