

Date	
Name	
(Please	
Address	Phone number
	<u></u>
INCOME STATUS:	
Do you receive incomeYesNo?	
If yes, which kind: SSI SSDI Unemployr	ment Wages
Pension otherMonthly Income: \$_	Debt: \$
REQUEST:	
	AMOUNT:

Email: <u>His.Names.Sake.Inc@gmail.com</u> Website: <u>www.hisnamessake.org</u>



EMERGENCY CONTACT: Relationship Name _____ Phone number(s) Address **MARITAL STATUS**: Single Married Widowed Divorced Separated CHILDREN: Yes No If yes, how many____ Ages and Gender_____ **SERVICE HISTORY:** Have you ever served in the military: ____Yes ____No Branch: _____ Dates of Service: Discharge type: (Honorable or Dishonorable) **MEDICAL/PSYCHIATRIC/TREATMENT HISTORY:** Health Insurance______ Provider_____ Primary Doctor: _____ Do you have a mental or physical disability? if yes, explain: Have you ever been treated for a psychiatric/mental health condition? Yes No If yes, where? Do you have any health issues? Disease or ailment? Diabetic Epileptic _____Heart Disease _____Respiratory ____ Other: what? _____ Current Medications? (Dosage, when/how taken)

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TREATMENT/RECOVERY RESIDENCE HISTORY Ever been in treatment before? Yes No If so, where? Successful completion? Yes No If no, explain Have you ever lived in a recovery residence? Yes No If so, where? Successful completion: Yes No If no, please explain Additional comments **LEGAL OBLIGATIONS:** Pending charges and court date(s)______ Probation/Parole: ______ State/County? _____ Officer's Name_____ Do you have ANY legal obligations? Have you ever been charged with a sexual offense, violet crime or arson? Yes No If yes, explain: **EDUCATION:** Highest grade completed: _____Languages you speak other than If you have a college degree, what is the degree? ______

EMPLOYMENT HISTORY:

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Field of Study: _____ Hobbies: ____

Our **Mission** is to help women in crisis/transition (qualified women) to learn the precepts of the Bible and develop vocational skills and work ethic toward a productive life physically, mentally and spiritually.



Place of last employment	
Social Security Number: XXX-XX	
Date(s)Job de	escription/duties
Type of work experience that you have:	
	when, where and/or how you trusted the Lord Je-
What are your short term goals?	
Define your long term goals?	
Signature of Client:	Date:
Signature of Interviewer:	Date:

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