

Wings of God Ministries Program Application

Office Use Only

Date application received _____ by _____

Applicant Number: _____

Date reviewed: _____ () Accepted () Denied

Date scheduled for Admission: _____

Date: _____ Potential Release Date: _____
 CONTACT PHONE OR CELL# _____
 Name of Institution: _____

(If currently incarcerated)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 Maiden Name: _____ Previous name(s) used: _____
 Date of birth: _____ Social Security Number: _____
 Address _____
 City: _____ State: _____ Zip Code: _____
 How long have you lived at this residence: _____ Landline Telephone Number: (____) - _____
 Drivers License # _____ Issued State: _____ Date of Expiration: _____
 Do you own a vehicle? () Yes () No

RELATIONSHIP STATUS

() Married () Divorced () Separated () Widowed () Engaged () Boyfriend () Single/Date of last relationship: _____
 Spouse/Significant other's name: _____ Age: _____ Telephone #: _____
 Spouse/Significant other's employment: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Children's Names: _____ Age: _____ Age: _____
 _____ Age: _____ Age: _____
 What arrangements are being made for these children? _____

FAMILY

Father: _____ Age: _____ Address _____ Telephone _____
 Mother: _____ Age: _____ Address _____ Telephone _____
 Siblings: _____ Age: _____ Age: _____
 _____ Age: _____ Age: _____
 _____ Age: _____ Age: _____

Briefly describe your relationship with your parents and siblings: _____

EMPLOYMENT

What is/are your monthly income? _____ What is the source(s) of income? FIP (), SER (), SSI (), Other () _____
 Are you currently employed? () Yes () No Where? _____ Phone # _____
 Please list all prior employments and approximate dates:

Employer	City	State	Start Date	End Date	Reason for leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EDUCATION

Do you have a High School Diploma or GED? () Yes () No If yes, Where from and what year: _____
 What is the highest grade you completed? (please circle answer) 6th 7th 8th 9th 10th 11th 12th College: 1yr 2 yrs 3yrs 4 or more yrs
 High School last attended: _____ City _____ State _____ Year _____
 College/University attended _____ City _____ State _____ Year _____
 If you attended a college or university what was your major? _____

MEDICAL

THE FOLLOWING INFORMATION WILL BE HELD IN CONFIDENCE, IT WILL BE REVIEWED BY THE W.O.G. COUNCIL SO THAT THEY CAN MAKE A DECISION ON YOUR REQUEST FOR RESIDENCE. TO OMIT OR GIVE FALSE INFORMATION WILL BE GROUNDS FOR REFUSAL OF RESIDENCE OR IF DISCOVERED AFTER YOU ARE APPROVED MAY CAUSE TERMINATION OF RESIDENCE.

- 1) Are you currently under the care of a physician for any known medical problems? () Yes () No
If yes please list any known medical conditions: _____

- 2) Do you have a physician? () Yes () No If yes, who: _____ Telephone # _____
- 3) Do you or are you supposed to take any medications? () Yes () No If yes, please list _____

- 4) Are you on any special diet? () Yes () No If yes, please describe _____
- 5) Do you have any allergies (Food, drug, or environmental) () Yes () No If yes please indicate _____

- 6) Have you ever been diagnosed with or exposed to TB? () Yes () No
- 7) Have you ever been diagnosed with MRSA/Staph? () Yes () No
- 8) Have you ever had Gonorrhea/Chlamydia/Syphilis/Herpes/HPV/HIV? () Yes () No
- 9) Have you ever attempted suicide? () Yes () No
- 10) Do you have any history of mental/emotional health issues? () Yes () No If yes, please indicate any diagnosed conditions: _____

- 11) Name of Psychiatrist/Counselor: _____ Telephone #: _____
- 12) Have you ever been institutionalized for mental health issues? () Yes () No If yes, please indicate dates: _____
- 13) What Mental Health facility were you admitted to: _____
- 13) Do you currently feel any desire or need for psychotherapy? () Yes () No
- 14) Do you have any health insurance? () Yes () No If yes, please indicate carrier: _____
Policy number: _____
- 15) Do you need any dental care? () Yes () No
- 16) Are you pregnant? () Yes () No or () Don't Know
- 17) Date of last menstrual cycle: _____
- 18) Have you ever applied for disability? () Yes () No If yes, when, why and where? _____

SUBSTANCE ABUSE HISTORY

- 1) Do you currently smoke? () Yes () No If yes, what age did you start smoking? _____
- 2) Do you now or have you ever used alcohol excessively? () Yes () No
- 3) What age did you first use alcohol? _____
- 4) Do you now or have you ever used illegal drugs? () Yes () No If yes, please list drugs known to have used and approximate dates of last use: _____

- 5) Have you ever participated in substance abuse counseling/treatment? () Yes () No If yes, when and at what facility? _____

PRIOR CRIMINAL HISTORY

Please list all known prior criminal convictions: (If additional space is needed please list on back side)

Charge	Date	Location	Misdemeanor or Felony
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1) Have you ever been convicted of a misdemeanor or felony Criminal Sexual Conduct charge? () Yes () No If yes, when and what county: _____

2) Do you have any charges or warrants pending? () Yes () No If yes, what and where _____

3) Are you currently being supervised on parole or probation? () Yes () No

If yes, name of Parole/Probation Agent/Officer: _____

Phone number: _____ State _____ County _____

4) Are there any current personal protection orders (PPOs) issued against you or for you? () Yes () No

If yes, what County _____ Court _____ Date Issued _____

Expiration Date _____ Name of person(s) on PPO order: _____

RELIGION

1) What is your religious background? () Catholic () Protestant () Other _____ () None

2) Are you currently an active member of a church? () Yes () /No

3) What church do you attend? _____

How often? _____ Pastor's Name? _____

4) How would you describe your relationship with God? _____

GENERAL INFORMATION

1) Who referred you to W.O.G.? () Church () Social Agency () Court () Family Member () Jail () Attorney () Other _____

2) Do you have any goals? (use back if necessary)

Short term _____

Long term _____

3) Please tell us why you are applying to Wings of God?

4) Where can you be contacted regarding Wings of God's program placement decision: Phone _____

5) In case of emergency, who is to be contacted: Name: _____

Address _____

Relationship _____

Telephone # _____

I certify that all my answers to the questions on this form are accurate and truthful to the best of my knowledge and I further understand that Wings of God is a Christian Based Ministry and not a shelter, and that if accepted that appropriate behavior is expected at all times while a resident of Wings of God Ministries. I further state that I have read and understand and agree to comply with the rules of the Wings of God Program.

Date

Signature of Applicant

12/22/2020