



Intake Application  
Hannah's House

*Hannah's House is a 6 to 12 month Christian Program focusing on a new way of life. We teach Christian living based on applying the Bible to our daily life. In our program we will help you deal with the issues that have lead you to drug abuse, alcohol abuse, or other life controlling problems through the curriculum in our learning program. This information is confidential. The information in this application will not be held against you or used to judge you in any way. Hannah's House is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Hannah's House cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security # \_\_\_\_\_ Safe Call Back #: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Type: \_\_\_\_\_

Referred by: DHS \_\_\_\_\_ Court \_\_\_\_\_ Parents \_\_\_\_\_ Church \_\_\_\_\_ Advertisement \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Information About You**

Have you been involved with the police? \_\_\_\_\_ Do you have a person felony? \_\_\_\_\_

Have you been in a shelter before? \_\_\_\_\_ When/Where? \_\_\_\_\_

Are you on drugs/alcohol? \_\_\_\_\_ Last time you used? \_\_\_\_\_ What? \_\_\_\_\_

**Marital Status**

Single: \_\_\_\_\_ Dating: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_



Are you a victim of domestic violence? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have a PFA against anyone? \_\_\_\_\_ Filed/When? \_\_\_\_\_ Who? \_\_\_\_\_

**Children**

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

List Names and ages:

- 1. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- 2. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- 3. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualifying Questions:**

- 1. Do you smoke Cigarettes? Y / N
- 2. Is there any chance you might be pregnant? Y / N
- 3. Do you have any medical, dental, or physical limitations? Y / N  
**(There will be no Doctor visits for the first 30 days unless you have insurance or cash to pay your bill.)**
- 4. Do you have a drug addiction Y / N
- 5. Do you have an alcohol addiction Y / N
- 6. Do you suffer from an eating disorder? Such as Bulimia, Anorexia, Over Eating? Y / N If yes, please explain: \_\_\_\_\_.
- 7. Have you ever been involved in prostitution? Y / N
- 8. Are you a previous resident or have you done an intake with us before? Y / N  
If yes, please explain: \_\_\_\_\_.



**Background Information:**

9. Race or Ethnic Group: White, African American, Hispanic, Asian, Other

10. Are you in jail now? Y / N Name of Jail: \_\_\_\_\_ Release date: \_\_\_\_\_

Booking #: \_\_\_\_\_ Case #: \_\_\_\_\_

Attorney/ Public Defender Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Parole or Probation Officer Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

11. Do you have an open DCFS case? Y / N. Which City?: \_\_\_\_\_

We cannot transport you to see your children if out of town.

12. Are you currently on any medications? Y / N . Name of Med: \_\_\_\_\_

What for? \_\_\_\_\_ How long? \_\_\_\_\_

13. Have you been on psychiatric meds in the past? Y / N . Name of Med: \_\_\_\_\_

What for? \_\_\_\_\_ How long? \_\_\_\_\_

14. Have you been admitted to a psychiatric hospital in the past? Y / N. How long? \_\_\_\_\_

15. Have you ever felt like you wanted to harm yourself? Y / N. When? \_\_\_\_\_

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

Do you have any difficulty reading or writing? Y / N. Can you understand the newspaper?  
Y / N.

16. Have you ever been involved in a homosexual relationship? Y / N.

If yes, how long was the relationship? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to give up the relationship? Y / N

Comments:  
\_\_\_\_\_

17. Do you realize that this program is centered on a relationship with Jesus Christ? Y / N .



RELEASE AGREEMENT-Hannah's House

Please Initial

\_\_\_\_\_ I understand I will be required to submit to a further application process within 24 hours of entering Hannah's House which will include drug testing.

\_\_\_\_\_ I understand that Hannah's House cannot and will not held responsible for responsible for any injury occurring to anyone while living at the house or on the premises.

\_\_\_\_\_ I understand that Hannah's House will not be held responsible for any person's property left, lost , stolen, or damaged while on the premises.

\_\_\_\_\_ I understand that the Director, House Manager, or other authorized personnel will be entering all areas of the house multiple times per day for inspection.

\_\_\_\_\_ I understand the intentional omission of facts or information during the intake and application process or intentional dishonesty, will result in my immediate dismissal from Hannah's House.

\_\_\_\_\_ I understand the length of my stay at Hannah's House will be determined on my individual needs and on a case by case basis.

\_\_\_\_\_  
Signature of Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date