



# The Oaks Ministry Housing Program Application

290 Bethel Road, Oxford, PA 19363

Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
First MI Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Are you currently homeless?  Yes  No

If so, what rendered you homeless? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address or location where you are living:

\_\_\_\_\_  
Street Address City State Zip Code

Last known permanent address:

\_\_\_\_\_  
Street Address City State Zip Code

Current telephone number where you can be reached: (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

Name of person this phone belongs to: \_\_\_\_\_

Do you have health insurance?  Yes  No

If yes, what is the Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Marital Status:  Married  Single  Divorced  Other: \_\_\_\_\_

Do you have children?  Yes  No If yes, number of dependent children: \_\_\_\_\_

Are you currently pregnant?  Yes  No

Are you currently employed?  Yes  No (We reserve the right to contact employer)

If yes, Where: \_\_\_\_\_

Hours you work per week: \_\_\_\_\_ Net pay per week: \$ \_\_\_\_\_

Current employer's phone number: : (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

If not currently employed, when and what was your last paying job? \_\_\_\_\_

Are you willing to work full-time?  Yes  No

If you are already on SSI will you be willing to work part-time?  Yes  No

Are you current on all financial obligations, i.e. child-support, credit card, tax liabilities, etc.?  Yes  No

Are you under any court ordered financial payment plans or obligations?  Yes  No

Do you have a history of addictions to any substance, alcohol, sex, gambling, etc.?  Yes  No

If yes, name your past addiction(s): \_\_\_\_\_

Are you currently addicted to any substance, alcohol, sex, gambling, etc.?  Yes  No

If yes, name your addictions(s): \_\_\_\_\_  
\_\_\_\_\_

How long have you been addicted? \_\_\_\_\_

Length of sobriety from:

Alcohol :  Year(s)  Month(s)  Week(s)  Day(s)  N/A

Drugs :  Year(s)  Month(s)  Week(s)  Day(s)  N/A

Other :  Year(s)  Month(s)  Week(s)  Day(s)  N/A

Names, dates and length of stay at previous recovery programs:

Name of Program	Date	Length of Stay

Are you under medical care at this time including, but not limited to, mental health conditions?  Yes  No  
*(We reserve the right to contact your medical provider)*

If yes, list the condition(s) you are being treated for and the name and contact information of the doctor(s) providing treatment:

Condition (Treatment)	Dr. Name	Contact Information

If yes, what medicines, if any, are you currently on? List medicine, dosage, prescribing doctor and doctor's contact information:

Medicine	Dosage	Prescribing Dr.	Dr. Contact Information

Do you have a current valid driver's license?  Yes  No

If yes, Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a vehicle?  Yes  No

If yes, Vehicle Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Do you have auto insurance?  Yes  No

Are you attending school?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Do you have a checking account?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Have you ever been convicted of a sexual offense?  Yes  No

Have you ever been incarcerated?  Yes  No

If incarcerated, what was the charge? \_\_\_\_\_

Are you on parole or probation?  Yes  No *(We reserve the right to contact your Parole Officer)*

Parole Officer's Name	Parole Officer's Contact Information

Do you have any pending legal issues?  Yes  No

If yes, list charges and pending court dates:

Charge	Pending Court Date

Do you have a personal relationship with Jesus Christ?  Yes  No

**The Oaks Ministry Program is a Christ Centered Program based on principles taught in the Holy Bible.**

Are you willing to learn and adhere to these principles?  Yes  No

What activities or programs are you currently participating in to support your physical, spiritual and emotional needs?

Activity and/or Program

Do you have a sponsor?  Yes  No *(We reserve the right to contact your sponsor)*

Name of Sponsor	Contact Information

What is the best time for you to be interviewed? \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

What do you hope to accomplish by participating in The Oaks Ministry Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about the Oaks Ministry? (i.e., Radio, church, other organization, friend, etc.)?  
\_\_\_\_\_

Name of Personal Referral: \_\_\_\_\_

I hereby authorize and give The Oaks Ministry Residential Program permission to obtain my credit report and criminal background report including but not limited to the sexual offender register.

I, \_\_\_\_\_, desire to enter **The Oaks Ministry Residential Program**.

**The Oaks Ministry Residential Program** is a Christian Discipleship Training program. I have made a commitment to Jesus Christ, or I am willing to consider the possibility of doing so. People who enter **The Oaks Ministry Residential Program** may have had histories including, but not necessarily limited to drug and alcohol abuse, and/or mental or emotional problems. **The Oaks Ministry Residential Program** is not licensed by the State of Pennsylvania as a Drug and Alcohol Treatment Program or as a Mental Health Facility. The program offered by The Oaks Ministry team consists of Bible-based teaching with spiritual emphasis.

Any false statements or answers on this application may be subject to denial of admission into, or, dismissal from **The Oaks Ministry Residential Program**.

Name of Applicant (please print):
Signature of Applicant:
Date:

*Completed form to be submitted to The Oaks Ministry Housing Program, 290 Bethel Road, Oxford, PA 19363*

