



Application for Residency
P. O. Box 700
Monroe, OH 45050
513-423-5433 (P) • 513-423-5150 (F)

Please answer all questions accurately and correctly. Please do not leave any blanks in your application, as this will delay processing. Please write "N/A" or strike through any sections that do not apply.

Information About You

Date Name Name you go by

Present Address

City State Zip County

Telephone ( ) home ( ) cell

Date of Birth: Age: Race:

Social Security Number: (optional)

Physical Characteristics:

Height: Weight: Eye Color: Hair Color:

I am currently: Single Married Separated Living with someone

Do you have any children? Yes No - If yes, how many?

Highest grade completed Do you need to work on a GED?

Have you ever applied for admission to the Darlene Bishop Home for Life or were you a previous resident? Yes No If yes, when?

Why would you like to come to the Home For Life?

What would you like to see happen in your life during your stay at the Home?

How did you hear about DBHL?

What is the reason that you cannot stay with a family member?

For Office Use Only
Date Received Accepted: Yes No
Comments:

**Pregnancy**

Are you pregnant? Yes \_\_\_\_ No \_\_\_\_ Approximate Due Date \_\_\_\_\_

Has a doctor confirmed your pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please mark one "X")

Name of facility or Physician that confirmed pregnancy \_\_\_\_\_

**Mental Health History**

**Please check the box(es) below, if you have experienced or been treated for the following:**

- Psychological issues – depression, anxiety, bi-polar, thought disorders, hallucinations, personality disorders.
- Suicidal thoughts or attempts.
- Reoccurring injuries requiring medical treatment.
- Hospitalization (major surgery, overdose, etc.)
- Taking medication as prescribed by doctor – please list medication(s), dosage and reason for taking medication in the space provided below.
- Eating Disorders.
- Received disability payments.

Please provide an explanation for any boxes that were checked above:

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

**Medications**

Please list current medications?

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

**Legal History**

Have you ever been arrested/incarcerated? Yes \_\_\_\_ No \_\_\_\_ If yes, how many times? \_\_\_\_\_

Please explain reason for arrest/incarceration:

\_\_\_\_\_

Have you ever been convicted for the following (please check all that apply):

- Arson
- Assault
- Sexual Offense
- Violent Crime
- Domestic Violence

Please provide a brief explanation for any items checked above:

Do you have any pending court dates? \_\_\_\_\_ Explain: \_\_\_\_\_

Name of Legal Representative \_\_\_\_\_ Phone \_\_\_\_\_

Judge's Name \_\_\_\_\_ Court \_\_\_\_\_ County \_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_ Are you now? \_\_\_\_\_

How long? \_\_\_\_\_ Length of time remaining \_\_\_\_\_

How often do you report? \_\_\_\_\_ In person or through mail? \_\_\_\_\_

Name of probation or parole officer \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Chemical Dependency History**

1. Drug(s) of choice used in the last 12 months \_\_\_\_\_
2. At what age did you begin using alcohol/drugs? \_\_\_\_\_
3. How often do you drink alcohol or use drugs? \_\_\_\_\_
4. How long have you realized that drugs and/or alcohol are problematic? \_\_\_\_\_
5. When did you last use? Alcohol \_\_\_\_\_ Drugs \_\_\_\_\_
6. How much do you consume at one time? Alcohol \_\_\_\_\_ Drugs \_\_\_\_\_
7. Do most of your social activities involve drug/alcohol use? Yes \_\_\_ No \_\_\_
8. Have drugs/alcohol effected your ability to hold a job? Yes \_\_\_ No \_\_\_
9. Are you presently in treatment? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_
10. Have you ever been in an alcohol, drug, or detoxification program before? \_\_\_\_\_ (if yes, please list the facilities below)

Name of Facility	Length of Stay	Completed	Year

**In completing this application & by initialing after each statement, I acknowledge...**

1. I acknowledge that DBHL is a Christian-based facility and as a result, I will be required to attend church services three times a week, attend prayer meetings, participate in Bible studies and Chapel services.  
Initials \_\_\_\_\_

2. I acknowledge that I must commit to working a highly disciplined spiritual program for the next 9-12 months, once admitted into DBHL's program.  
Initials \_\_\_\_\_

3. I acknowledge that DBHL does not permit the use of alcohol, drugs or tobacco to be used while in the program. If I am using any of these substances while in the program, I acknowledge that I will be subject to discharge from the program.

Initials \_\_\_\_\_

4. I acknowledge that DBHL has a strict dress code policy, which requires modesty at all times and I must be appropriately dressed and groomed at all times.

Initials \_\_\_\_\_

5. I agree to submit to the rules, regulations, and policies of DBHL authorities and am willing to allow Christ to change my life.

Initials \_\_\_\_\_

6. I acknowledge that DBHL will conduct periodic drug tests/screens and acknowledge that a positive result may result in immediate discharge from DBHL and notification as required by law to my probation/parole officer, if one is assigned.

Initials \_\_\_\_\_

7. I acknowledge that DBHL is NOT RESPONSIBLE for my medical needs or attention, loss due to theft or transportation to non-program related venues.

Initials \_\_\_\_\_

8. I hereby authorize DBHL to conduct a police background check.

Initials \_\_\_\_\_

9. I hereby authorize to talk with individuals who previously provided treatment to me, including, but not limited to, my doctor or former hospitals, clinics, or other health/mental care facilities to discuss any treatment received under their care.

Initials \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that to the best of my knowledge, I have provided true and accurate information in this application. Furthermore, I authorize DBHL to verify the validity of this application and any information contained herein. I further give DBHL staff authorization to communicate with my support network to determine eligibility for admission. I also authorize DBHL to speak with my representation, legal or otherwise, to assist with admission, recovery or aftercare. I understand that any false or misleading information could result in a denial for admission or a discharge from the program.

By signature below, I acknowledge that I have received and read, or have had read to me, the General Release of Liability Agreement, the Housing Agreement, and the Specific Releases Form, as well as the Darlene Bishop Home for Life Rules, Regulations, and/or Policies. I acknowledge that I have been given the opportunity to review this Application and any and all other agreements relative hereto with legal counsel of my choosing. I further acknowledge that I have executed the General Release Agreement and the Housing Agreement and that I have done so of voluntarily and free of any duress, coercion and undue influence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_