

Application For Membership in The Harvest House

1732 Hope St.
Hannibal, MO 63401
 Phone/Fax: (573) 227-8833

1. Print Name (Last, First, Middle) _____ D.O.C Number _____	2. Gender (Check box that Applies)		3. Date of Birth		
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Month _____	Day _____	Year _____
4. Present Address (street, city) <input type="checkbox"/> Check if this is a Treatment center or D.O.C		5. Phone Number where you can be reached:			
Street: _____ City: _____ State: _____ Zip: _____		Home: () Work: () Other: ()			
6. Are you an Alcoholic? Yes or No 7. Are you an Addict? Yes or No	Date of Last Drink: _____ Date of Last Use: _____	8. List drugs you use Addictively:			
9. Do you want to stop using Drugs and Alcohol? Yes or No 11. Will you attend Church Services? Yes or No If "No" please Explain: If "Yes" do you already have a church?		10. How many AA/NA or Other meetings do you attend a week? _____ Do you have a sponsor? Yes or No			
12. Are you employed? Yes or No If "Yes" who is your Employer?		13. Are you getting disability or other non-job related income: Yes or No If "Yes" what?			
14. What is your income right now? \$ _____		15. What do you expect your income to be next month? \$ _____			
16. Do you have a Medical Doctor? Yes or No If "Yes" to either List the Doctor's Name and Phone Number: Name: _____ Phone: ()		17. Do you have a Mental Health Provider? Yes or No If "Yes" to either List the Providers Name and Phone Number: Name: _____ Phone: ()			
18. Do you take Prescription Drugs? Yes or No If "Yes" list Drugs and the reason the drug was prescribed:		19. Have you ever been in a treatment facility for drug/alcohol addiction? Yes or No How many? _____ If you are in treatment now please list Center and primary counselor: Name of Provider: _____ Name of Counselor: _____ Phone Number: ()			

Please complete both sides of this application

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20. Have you ever been convicted of a felony are on Probation or Parole? **Yes** or **No** If "Yes" please list *(make list as complete as possible)*

21. Are you currently on Probation/Parole? **Yes** or **No**

If "Yes" What is the Name and Phone number of your officer?

22. What is you level of Education?

Name:

Phone Number:

Did not Graduate

High School/GED

College

()

22. Emergency Phone Numbers: *(List family doctor if you have one + 2 Family members or friends)*

Name and Address

Relationship

Phone Number

1.

2.

3.

23. I realize that the Harvest House to which I am applying for residency is under Harvest Outreach and is a Christ Centered House and if I chose to seek residence I must follow Harvest Outreach Mission and rules, and can be exited if infractions occur. **(1)** I understand that signing this says that I understand The Harvest House is Christ Centered and I have a choice not to seek membership into said House. **(2)** I understand that The Harvest House is sober living and use of drugs or alcohol can/will be a reason to be exited from the House and you Probation & Parole Officer will be notified. **(3)** I understand that if I sign this form I agree to The Rules **(written or unwritten)** of the Harvest House and Harvest Outreach **(4)** I understand this form does not guarantee admittance into the Harvest House

24. Use this space for any additional relevant information:

25. Date expected to be released from treatment or incarceration: _____

There is a Non-Refundable Sobriety Deposit Required of the first months fees for all accepted to the Harvest House. (\$320.00) Do you have the Deposit? Yes / no.

26. I have read all of the material on this application form including the limitations set forth in item

27. I have also answered each question honestly and want to know Jesus Christ and achieve comfortable recovery from alcoholism and/or drug addiction without relapse

Signature: _____ **Date:** _____

For use by The Harvest House:

Accepted: _____ Not Accepted: _____ Move in date: _____ Move out date: _____

Outstanding debt to the house: \$ _____ Date Repaid: _____

Please complete both sides of this application

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