

**OLYMPIA UNION GOSPEL MISSION
GENESIS ACRES WOMEN AND FAMILIES
TRANSFORMATION PROGRAM**

P. O. Box 7668
Olympia, WA. 98507-7668
(360) 709-9725 Main Office
(360) 754-9351 Genesis Acres

Program Application

****Please complete ALL areas. Incomplete applications will not be considered.****

Name: _____ **Phone:** _____

FAMILY INFORMATION:

Applicant:

Last Name	First Name	DOB	Age	Sex	Race	SSN	CAN*
_____	_____	_____	_____	_____	_____	_____	_____

Children: (List only children living with family currently)

1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

Children: (List those **not** living with family currently)

4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____

**Is this person a survivor of Child Abuse/Neglect (injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed)?*

Which children do you have contact with? _____

Where and with whom do they live? _____

Name, address & phone # of absent parent(s): _____

Name

Phone Number

Address

City

State

Zip

Does the absent parent(s) have court ordered visitation or other court ordered parental rights? Indicate the # of the child and explain the court orders below: _____

Explain any other visitation agreements and with whom: _____

Do any family members (besides #1 above) have a physical health problem or use prescriptions? Yes No

If YES list health issues and medication: _____

PERSONAL INFORMATION:

Weight _____ Height _____ Natural Eye Color _____ Natural Hair Color _____

Marital Status: Married Divorced Single Widow Other _____

Veteran: Yes No Present Military Status: Active Reserves National Guard Discharged Retired

If Active Military, give branch of service and unit address: _____

Drivers License # _____ State _____ Exp. Date _____

Vehicle Descrip.: Make _____ Model _____ License # _____ State _____ Exp. Date _____

Emergency contact: _____

Name

Phone Number

Address

City

State

Zip

Relationship: _____

EDUCATION:

Highest education level completed: _____

Other training: _____

Is it difficult for you to read or write English? Yes No If "YES," explain: _____

Are you currently a student? Yes No If "YES", Full-time Part-time Where? _____

What hours? Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

INCOME:

Source of Income: (Write the amount per month you receive from each)

\$ _____ TANF \$ _____ Food Stamps \$ _____ Social Security \$ _____ SSI \$ _____ DVR

\$ _____ VA \$ _____ Child Support \$ _____ Unemployment \$ _____ DSHS \$ _____ Other _____

\$ _____ Employment

Employer _____

Present Employment is: Full-time Part-time

\$ _____ TOTAL INCOME FOR THE FAMILY

Do you have a: Checking Account Savings Account Where? _____

Barriers to opening an account? _____

If you have none, are you willing to open one? Yes No

Do you operate financially from a family budget: Yes No

If you are not presently operating on a family budget are you willing to learn how? Yes No

Do you have outstanding debts or obligations? Yes No

If you have debts or obligations, fill in section on "Financial Obligations." Fill in section as completely as you can. If you have **no outstanding financial obligations go to "Employment History"**

FINANCIAL OBLIGATIONS:

- 1. Amount of Debt: \$ _____ To Whom: _____
Total of initial debt: \$ _____ Date of initial debt: _____ Date of final payoff: _____
Total of balance owed: \$ _____ Are you behind in payment? Yes No How many months _____
- 2. Amount of Debt: \$ _____ To Whom: _____
Total of initial debt: \$ _____ Date of initial debt: _____ Date of final payoff: _____
Total of balance owed: \$ _____ Are you behind in payment? Yes No How many months _____
- 3. Amount of Debt: \$ _____ To Whom: _____
Total of initial debt: \$ _____ Date of initial debt: _____ Date of final payoff: _____
Total of balance owed: \$ _____ Are you behind in payment? Yes No How many months _____

If you need more space please use another page.

EMPLOYMENT HISTORY: Please list your last three employers, beginning with the most recent.

- 1. Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Reason for leaving: _____
Type of work performed: _____ Supervisor's Name: _____
- 1. Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Reason for leaving: _____
Type of work performed: _____ Supervisor's Name: _____
- 1. Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone _____ Reason for leaving: _____
Type of work performed: _____ Supervisor's Name: _____

CRIMINAL HISTORY:

- Do you have a criminal record? Yes No If "Yes," explain _____

- Are you on probation or parole? Yes No Date completed? _____
Conditions _____

- Have you been physically or sexually abused or accused of abusing others? Yes No
If "Yes," explain _____

- Have you had your drivers license suspended or revoked? Yes No
If "Yes," explain _____

- Do you presently have a current drivers license? Yes No
If "No," are you willing to take necessary steps to obtain one? Yes No

PHYSICAL AND MENTAL HEALTH:

How would you describe your present physical health? Excellent Good Fair Poor

Describe any allergies, disabilities or limitations: _____

Date of last visit with a physician: _____ Have you been hospitalized in the last 6 months? Yes No
If "Yes," describe: _____

Do you/have you used/abused: Cigarettes Substances (Drugs) Alcohol

If cigarettes, how many per day? _____

If drug abuse, what was your drug of choice? _____

How often: _____ Method: _____

Have you used alcohol? Daily Frequently Ocassionally Rarely Never

When did you last use? Drugs _____ Alcohol _____ Have you been in Detox? Yes No

Do you have any side effects that we should be aware of due to substance abuse? _____

Have you been treated for: Mental/emotional problems Drug Abuse Alcohol Abuse Spouse Abuse?

What treatment did you receive _____ Where? _____

What is your current status? _____

Do you use prescription medication? Yes No If "Yes," list the name, dosage amount, frequency and reason for prescription: _____

LIVING ARRANGEMENTS:

Why do you need housing? _____

Where have you been living? _____

Address: _____ City _____ State _____ Zip _____

Phone _____

Were you paying rent? Yes No Amount? \$ _____

Have you ever been evicted for non-payment of rent or utilities? Yes No If "Yes," explain: _____

What are your future plans for housing? _____

GOALS:

Need for Change: (Prioritize areas that need attention, by numbering 1-10, with 1 being top priority)

_____ Parenting _____ Finances _____ Anger Management _____ Relationships _____ Career Training

_____ Spirituality _____ Addiction Recovery _____ Bible Studies _____ GED/Education _____ Goal Setting

What changes would you like to see in your life?

1. _____
2. _____
3. _____

What is the main goal or purpose of your life? _____

Please choose one answer to complete the statements or questions below. The "right" answer is the answer that most honestly describes what you think or feel.

1. Right now, it is important that I:

- a. Find a place to stay
- b. Find a job
- c. Learn how to take better care of my children
- d. Find out more about the Lord

2. Three months from now, I most want to:

- a. Have my own house
- b. Have the skills that it takes to be on my own
- c. Have a job
- d. Have a car

3. Which best describes how I feel about my life?

- a. I need someone to help me
- b. I can do things on my own and do not need help from anyone
- c. I need to make a change, but I don't know how

4. How I respond to another person pointing out a need for change (correction) in my life.

- a. I ignore it
- b. Defend myself
- c. Blame someone else
- d. Ask what the person means and try to understand

5. In five to ten years, I want to:

- a. Be well-established in a job
- b. Have healthy family relationships
- c. Have my own house
- d. Other: _____

SPIRITUAL BACKGROUND:

What is your church background? (Baptist, Catholic, etc.) _____

How often did you and your family attend church? _____

Are you a member of any church? Yes No Which one? _____

Have you ever asked Jesus Christ to be the Savior and Lord of your life? Yes No

If "Yes," when, where and how did this happen? _____

If you were to die today would you know for sure that you would go to heaven or is that something you are still working on? _____

Have you been baptized since receiving Christ as your Savior? Yes No

If "Yes," when, where and how (sprinkling, immersion) were you baptized? _____

Explain briefly how you feel about the spiritual area of your life: _____

Would you be willing to take part in weekly Bible studies? Yes No

Would you be willing for you and your family to become part of a local Christian Evangelical church and attend the worship services regularly? Yes No If "No," explain: _____

For office use only

Interviewed By: _____ Date: _____

Referred By: _____

Accepted: Yes No If "No", explain: _____

Entry Date: _____ Exit Date: _____



**Criminal History Disclosure
Statement
Authorization and Release
(RCW 43.43.832 & 43.43.834)**

As a part of the Life Transformation Program application process, the Olympia Union Gospel Mission (OUGM) would like to obtain a criminal background check. For the OUGM to do so, you must complete this disclosure statement pursuant to RCW 43.43.834. A criminal history does not automatically disqualify you from this program, but will be considered in the context of the transformational work of God in your life.

Please answer the following questions

What is your full name? _____

What is your date of birth? _____

What other names have you used? _____

Have you been convicted of a crime? No Yes

Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? No Yes

Affirmations

I understand that the Olympia Union Gospel Mission (OUGM) will notify me of the state patrol's response within ten days after receipt of the results of the criminal history inquiry. Please contact me by calling _____ (phone number) between the hours of _____ and _____, or by (explain):

I understand I am entitled to a copy of the results of my criminal background check. I understand I must call the Director of Life Transformation (360-709-9725, ext 103) to arrange to pick-up a copy of the report.

I understand that the OUGM will use this record only in making the initial program acceptance decision and that further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155.

I consent to and understand that OUGM will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program.

Signature

Date