



Application for Admission: (Must be filled out in detail)

Personal Information: (Please Print) Date: _____, 20____

Please do not apply unless you read the PDJH Handbook.

Did you read the entire PDJH handbook? Yes () No ()

Name: _____ Age: ____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: ____ Zip: _____

Your personal home or cell phone # () _____ / ____ / ____ S S # _____

Place of Birth: City: _____ State: ____ Height: ____ Weight: ____ Race: ____

Eye Color: ____ Hair: ____ Describe any Birthmarks/Tattoos: _____

Drivers License; is it valid? ____ State ____ DL # _____ Class _____

Do you currently own a Vehicle? ____ Make & Model? _____ Is it paid for? ____

In Case of Emergency, Notify:

Home:

Cell:

Name: _____ Phone: (____) _____ / (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Relationship to you: _____

Referred to PDJH by:

Name: _____ Phone: (____) _____ Relationship to you: _____

Address: _____ City: _____ State: ____ Zip: _____

Personal History of your Parents:

Is your Mother living? Yes () No () Describe your present relationship with her _____

_____ Is
your Father living? Yes () No () Describe your present relationship with him: _____

_____ Are
your living parents? [] Single [] Married [] Separated [] Divorced [] Widowed



Parents: Mother Father
Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State ___ Zip _____ City: _____ State ___ Zip _____
Phone: () _____ Phone () _____

Were you adopted? [] Yes [] No If you were reared by anyone other than your parents, briefly explain: _____

How many Brothers ___ Sisters ___ How many are older ___ Younger ___ than you?

Name, Address & Phone # of Brother/Sister:

1. Name: _____ Age: _____ Address: _____
Phone: () _____
2. Name: _____ Age: _____ Address: _____
Phone: () _____
3. Name: _____ Age: _____ Address: _____
Phone: () _____

Use back of page if needed

Personal History: Date Married: Date of Divorce or Separation:
Are you: () Single () Married ___/___/___ () Separated () Divorced If Yes; ___/___/___
Husband Boyfriend (Recent) Did You Live Together? Y() N ()
Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State ___ City: _____ State: ___
Zip _____ Phone # () _____ Zip _____ Phone # () _____



Number times married: ____ Number of Children? ____ Court ordered to pay Child Support? ____

Name, Gender and ages of your children:

1. _____ Age: ____ Gender: ____ Who has custody of child? _____

2. _____ Age: ____ Gender: ____ Who has custody of child? _____

3. _____ Age: ____ Gender: ____ Who has custody of child? _____

4. _____ Age: ____ Gender: ____ Who has custody of child? _____

Are Child Support payments current? Yes () No () N/A ()

Have you ever participated in homosexual acts? Yes () No ()

Were You Ever Molested Yes () No ()

Education:

What was the last grade of High School you completed? 9 () 10 () 11 () 12 ()

Did You Graduate? Yes () No () No GED () Yes () No

Years of college you completed ____ Did you earn a degree? ____ Type of Degree? _____

Major _____

1. _____

2. _____

3. _____

Medical History

What is the state of your physical health? Good () Fair () Poor ()

List & describe all medical problems:

_____ List

all Previous Major Illnesses, Injuries or operations: Yes () No () Date: ____/____/____ Procedure:

_____ Date: ____/____/____ Procedure: _____



Are you on Medication Yes () No () Med. Names & Purpose: 1. _____ Date prescribed: ___/___/___ 2. _____ Date prescribed: ___/___/___ 3. _____ Date prescribed: ___/___/___

Are You HIV Positive? Yes () No () Date Last Tested for HIV ___/___/___ Do you have Hepatitis? Yes () No ()

If yes; Type: _____ Do you have any STD's? Yes () No () Date last tested for STD: ___/___/___ STD Type _____ Do you have medical/Dental/ Life insurance? Yes () No () Provider? _____

Drug/Alcohol/ Tobacco History (MUST answer ALL)

What is your drug/substance(s) of choice? _____ Are you currently using drugs? Yes () No () If

Yes, what drugs? _____ Substance(s) you *last* used? _____

When? Date you last used: ___/___/___ Longest period of time Sober/Clean? _____ Date: From: ___/___/___ To: ___/___/___

Age you began using? _____ Are you a Drug Addict? Yes () No () Do you smoke? Yes () No () Do you use

any other form of tobacco? Yes () No () What? _____ Do you smoke Marijuana? Yes () No () Have You? Yes

() No () K2/K3 Spice? Yes () No () Have You? Yes () No () Do you drink Alcohol? Yes () No ()

How often? _____ Do you get Drunk? Yes () No () Are you an Alcoholic? Yes () No ()

Is Drinking/Using Drugs a sin? Yes () No () Have you ever received Drug/Alcohol treatment? Yes () No ()

Rehabilitation Centers/ Hospitals/ Detox Centers

Name Of Treatment Facility:

Location City:

Dates:

1. _____ From: ___/___/___ To: ___/___/___

2. _____ From: ___/___/___ To: ___/___/___

3. _____ From: ___/___/___ To: ___/___/___

Were you recently detoxed? Yes () No () From: ___/___/___ To: ___/___/___

List any Disabilities or Problem Areas in Your Life:



Mental Health:

Past Diagnosis by Professionals: _____ **Date:** ____ / ____ / ____

Are you currently taking medications? Yes () No ()

Medications:

Name of Medication: _____ **Date Prescribed:** ____ / ____ / ____

Name of Medication: _____ **Date Prescribed:** ____ / ____ / ____

Name of Medication: _____ **Date Prescribed:** ____ / ____ / ____

Name of Medication: _____ **Date Prescribed:** ____ / ____ / ____

Have you ever been treated/ committed to a psychiatric hospital? Yes () No ()

For: _____

Name & Location of the psychiatric Hospital/Institution:

1. _____ **Date:** _____ **Length of stay?** _____

2. _____ **Date:** _____ **Length of stay?** _____

Have you ever attempted to take your own life? Yes () No () If yes, How many times? _____ Explain?

Military: Are you a Veteran? No () Yes () What branch of the service were you in? _____

How long? _____ **Discharge type?** _____ **Reason for Discharge?** _____



Employment History:

Are you currently employed? Yes () No ()

List present and other past employment: Please list in sequence:

1. Employer: _____ **Phone:()** _____ **Job Title:** _____

City/State: _____ **Dates: From:** ____/____/____ **To:** ____/____/____

Duties Performed: _____ **Reason for leaving:** _____

2. Employer: _____ **Phone:()** _____ **Job Title:** _____

City/State: _____ **Dates: From:** _____ **To:** _____

Duties Performed: _____ **Reason for leaving:** _____

3. Employer: _____ **Phone:()** _____ **Job Title:** _____

City, State: _____ **Dates: From:** ____/____/____ **To:** ____/____/____

Duties Performed: _____ **Reason for leaving:** _____

Have you ever received Workman's Compensation? Yes () No ()

Explain: _____

Do you currently receive any Government or private income? Yes () No ()

If Yes; Please Explain why & Source: _____

Do You Have Assets? Yes () No ()

If Yes, Please Explain: _____ **Value Amount \$** _____

Arrest Record: List all Charges, Convictions, and other Depositions received in your lifetime:

(Most Recent Charges First)

1. Offense: _____ **Arrest Date:** _____

Court Dates: _____

Where? County & State: _____

Are You Currently Incarcerated? Yes () No () **Released On Bond?** Yes () No ()

Bond Amount: \$ _____ **Proposed Outcome:** _____

Sentence: _____ **Projected or Actual Release Date:** _____

Attorney's Name & Phone # _____ **Private () P.D. ()**



2. **Offense:** _____ **Arrest Date:** _____

Court Dates: _____

Where? County & State: _____

Are You Currently Incarcerated? Yes () No () Released On Bond? Yes () No ()

Bond Amount: \$ _____ **Proposed Outcome:** _____

Sentence: _____ **Projected or Actual Release Date:** _____

Attorney's Name & Phone # _____ **Private () P.D. ()**

Currently on Probation? Yes () No () Type: () Felony () Misdemeanor Begin Date: ___/___/___

Proposed Completion Date: ___/___/___ **Restitution: \$:** _____ **Fines: \$:** _____

Charges? _____ **Probation Officers Name:** _____

Phone # : _____ : _____ : _____ **City/County: :** _____ **State:** ___ **Zip:** _____

Have you ever served Prison time? From: ___/___/___ ***To:*** ___/___/___ ***Offense:*** _____

If Yes, Give one personal reference from the institution where you were incarcerated: (non inmates)

Name, Location, Phone Number, Profession or Position of Reference (example: Chaplin, Corrections officer)

Name: _____ **Location:** _____

Phone: _____ **Position:** _____ **Name:** _____

Location: _____ **Phone:** _____ **Position:** _____

List Jobs, Vocational Training, and/or Educational Degrees received while incarcerated: _____

Special Skills & or Talents: _____

Religion Info:

Church Name: _____ **Denomination:** _____

Pastor's Name: _____ **Phone#** _____ **Address:** _____

City: _____ **State:** ___ **Zip:** _____ **May we contact the Pastor? Yes () No ()**



Are you “Born Again”? Yes () No () When did you become a Christian? ____ / ____ / ____

Do you believe in God? Yes () No () How often do you pray to Him? _____

How often do you read the Bible? _____ Do you Believe the Bible is God’s word ? Yes () No ()

Church Member? Yes () No () From: _____ To: _____

How often do you Attend Church? _____

Please give your opinion; A Christian Is One Who: _____

How Does One Become A Christian? _____

PERSONAL EVALUATION:

Check any of the following words that best describe you now:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Self-Confident | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Hard-Working | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Moody | <input type="checkbox"/> Often Depressed |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Easy-Going | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Good-Natured | <input type="checkbox"/> Introvert | <input type="checkbox"/> Likeable |
| <input type="checkbox"/> A Leader | <input type="checkbox"/> Quiet | <input type="checkbox"/> Submissive |

What Kind Of Person Are You? Describe yourself: _____

Are you Desperate to change? How Desperate To Change Are You? _____

Are You willing To Seek Jesus Christ As Your Only Answer? () Yes () No Did

you read the entire Prodigal Daughters Handbook? () Yes () No

Are you willing to abide by all Rules & Conditions of the Prodigal Daughters Program? () Yes () No Do

you think 24 months is too long to be in the program? () Yes () No.



Please give a brief explanation of why the Program should be 24 Months: _____

Do you promise to God, this Ministry Staff and Yourself that if you are accepted into this Program that you will, by God's grace Complete the Entire Program? Yes () No ()

Do you agree that the PDJH Staff will determine when all graduation requirements are successfully completed? () Yes () No Do You Agree to Sign a 24 Month Commitment Contract? Yes () No () If your answer is yes, your *Signature is required: * _____

Please Print your legal Name: _____ Date: ____/____/20____

* Picture ID is required; Do you possess a valid Driver's License or Picture ID Card? Yes () No ()

The monthly cost to house a woman and her child(ren) at the Prodigal Daughters Home can range from \$1500 to \$2500. Our goal is not to turn any women away that are in need of treatment. The costs to house our women can be accessed by sponsorships, fundraising, donations and sliding scale fee. After monies are donated it is non-refundable.

Comments:

Staff Comments:
