



APPLICATION FORM

Steps in being accepted to the Women's Refuge program:

1. If you think that you fit the requirements listed on our website (www.womensrefugevb.org) in the [Residential Program tab, under "Who Comes To The Refuge"](#) you may fill out the following application which is available online.
2. Send the application & a photo of yourself, via email (womensrefugevb@att.net) or print it and fax it to 772-770-2779 or send by mail.
3. Counseling Staff will review the application and contact the applicant via phone to make an appointment for the interview.
4. After the interview, the staff will make a decision whether the applicant is appropriate for this program at this time.

THIS APPLICATION IS FOR OUR 2 WEEK PROGRAM OTHER
 3 MONTH PROGRAM

DATE _____

NAME _____
(Last) (First) (Middle)

ADDRESS (Street) _____
(City) (State) (Zip) _____

EMAIL (IF AVAILABLE) _____

DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____

Social Security Number _____ - _____ - _____ PHONE NUMBER _____

MARITAL STATUS: Single Married Separated Divorced Widowed

HUSBAND'S NAME _____ PHONE# _____

NUMBER OF CHILDREN: Boys _____ Ages _____ Girls _____ Ages _____
Will your children have a place to stay if you come to the Refuge? Yes No

EDUCATION LEVEL: Less than high school High School GED College
DENOMINATION/Church Name & Address _____

Have you ever been a resident at the Women's Refuge of Vero Beach? _____

MEDICAL INFORMATION

Do you have any medical illnesses? Yes ___ No ___ Explain _____

Are you receiving any medical care or prescribed medication at this time?

Yes ___ No ___ If yes, please give doctor's name, and name of drugs _____

Do you have any mental or physical handicaps? Yes ___ No ___ If yes, please explain:

Have you ever been in a psychiatric hospital, a treatment center or residential program?

Yes ___ No ___ If yes, who, when, and where? _____

Have you ever been involuntarily admitted? Yes ___ No ___ If yes, when, and where?

Results of treatment by professional _____

Have you ever had moderate to severe depression? Yes ___ No ___

If yes, what were the symptoms? _____

As a result of the depression, did you see a counselor? Yes ___ No ___

If you have seen a counselor, give name and address: _____

Have you ever had thoughts of suicide? Yes ___ No ___ If yes, did you ever actually attempt to commit suicide? Yes ___ No ___

Did you actually have a plan? Yes ___ No ___

LIFESTYLE AND BELIEFS

Do you smoke? Yes ___ No ___ How much _____

Do you drink alcohol? Yes ___ No ___ How frequently _____
Date of last usage _____

Do you use drugs? Yes ___ No ___ Have you ever used drugs? Yes ___ No ___
Date of last usage _____

What kind of drugs have you used? Marijuana ___ Cocaine ___ Amphetamines ___
Barbiturates ___ PCP ___ Heroin ___ Other _____

Your age at first use of any of the above _____ years old.

Have you been hospitalized or treated by programs or counseling for the use of any of these drugs?
Yes ___ No ___ Where? _____

When? _____ How Long? _____

Does your husband or boyfriend use any drugs listed above? Yes ___ No ___
What? _____

Civil or Criminal Offenses:

Date _____ Charge _____
Conviction _____ Sentence _____

Have you any case pending? Yes ___ No ___ What? _____

Do you have any outstanding warrants for your arrest? Yes ___ No ___

Are you on parole or probation? Yes ___ No ___

Who is your parole or probation officer? _____
Phone # _____

Have you ever been involved in homosexuality? Yes ___ No ___
If yes, date of last relationship _____

Have you ever been involved in the following occult activities: witchcraft? ___ satan worship? ___
yoga? ___ astrology? ___ ouija boards? ___ new age? ___ fortune telling? ___ other? ___

To what extent have you been involved in these activities? _____

Have you been in counseling for your participation in these activities? Yes ___ No

With whom did you counsel? (Name and address) _____

Do you believe that the above involvements are lies of Satan and none of them are related to God's will for your life? Yes ___ No ___

Are you a Christian (believer in Jesus Christ)? Yes ___ No ___

Date on which you accepted the Lord. Give a brief testimony (may use back of paper): _____

EMPLOYMENT HISTORY

Are you employed presently? Yes ___ No ___

What is your present occupation and where do you work? _____

If not employed presently, what was last date and place of employment? _____

In the following chart, please list the required information regarding your job history of the last five years:

Type of Job	Name of Company	Period of Employment	Part-time? Hours Per Week	Reason for Leaving
_____	_____	I _____	I _____	I _____
_____	_____	I _____	I _____	I _____
_____	_____	I _____	I _____	I _____
_____	_____	I _____	I _____	I _____
_____	_____	I _____	I _____	I _____

Of all the jobs you have held, what type of work do you enjoy the most and why? _____

Do you have any financial indebtedness? Yes ___ No ___ If so how much? _____

What is your total monthly income? _____

Can you be financially responsible for the monthly program fee? Yes ___ No ___

Will you be seeking employment or attending school after arriving? Yes ___ No ___

PERSONAL PROFILE

1. List the three biggest problems you face in your life.

- a. _____
- b. _____
- c. _____

2. What is your past & present relationship with your parents or others who reared you? _____

your brothers and sisters? _____

your husband or boyfriend? _____

your children? _____

3. What was your home atmosphere like? _____

4. Are you prejudiced against groups, races, or nationalities? _____

5. Are you appreciated and liked by others? What do others appreciate about you? What makes you likeable? _____

6. In your opinion, what constitutes success? In other words, describe what makes a person worthwhile or successful? _____

7. How does your opinion of success compare to God's evaluation of success? _____

8. List your three biggest fears – the things you dread most or the worst things that could ever happen to you.

a. _____

b. _____

c. _____

9. Describe how you decide between right and wrong or the basis or method you use in deciding what to do, say, or think. _____

10. Who is Jesus Christ and what does He mean to you and your life? _____

FINISH THE FOLLOWING SENTENCES WITH TWO OR THREE ANSWERS EACH.

1. I am _____

2. I like _____

3. I am happy _____

4. I am unhappy _____

5. God is _____

6. A happy home _____

7. I want _____

8. I dislike _____

9. I become angry _____

10. My greatest failures are _____

11. My chief sins are _____

12. I can _____

13. I can't _____

PERSONAL HISTORY FORM

PRESENTING PROBLEM:

What is your chief problem to be resolved? _____

Are you seeing or have you seen anyone for counseling previously? _____

Are you open to God's solution to the problem? _____

RELATIONSHIPS AND PARENTS:

Are your parents married, living together now?

What kind of person was your mother?

What kind of person was your father?

How did your mother praise you – what did she say?

How did your mother criticize you – what did she say?

How did your father praise you – what did he say?

How did your father criticize you – what did he say?

If you had stepparents, how were you treated by him / her? _____

How were your brothers or sisters treated by your parents / stepparents? _____

As a child, were you closer to your Mom or Dad? _____

Which could you talk to about a threatening matter, if either? _____

Did either parent express or show love? _____

Was favoritism shown to other siblings by your parents? _____

Were either or both of your parents overprotective? Describe. _____

When you were punished as a child, what was mild and what was severe? _____

Which punishment was most common? _____

EARLY LIFE:

What is the worst memory you have of your early life as a child? How old were you?

What was your best memory as a child? How old were you?

What feelings, thoughts, or attitudes were you not to reveal in your childhood? _____

Do you now feel that there are thoughts or attitudes or feelings that you should not talk about concerning your childhood? _____

Were there any significant happenings to you prior to school? _____

How did you relate to siblings? _____

What did you say and believe about life when in grade school? _____

Describe yourself from ages 6-12.

How many close friends did you have from ages 6-12?

Were you ever sexually abused as a child?

Any significant changes in your attitudes toward yourself or others in Jr. High school?

HIGH SCHOOL:

What did you say and believe about life as a teenager?

When did you start dating? Any steadies?

What is your best memory of your high school days?

What is your worst memory of your high school days?

Were there any sexual development problems or sexual relationships during high school?

Did you complete high school?

How did you get along in high school? Many friends?

COLLEGE:

Briefly describe your college years.

Did you complete college?

Were you sexually active during college?

How did you get along in college? Many friends?

MARITAL STATUS AND OCCUPATION:

At what age were you married?

If married, how would you describe your sexual adjustment?

What is your occupation?

What is your spouse's occupation?

Are there any excessive financial pressures at this time?

Do you agree on money management?

Describe your communication with your spouse.

Do you have children? Yes___ No___

Tell me about your children and describe your communication with them.

MENTAL AND EMOTIONAL HEALTH:

Do you ever feel depressed or anxious?

Describe the feeling you most often have when you feel upset or uncomfortable.

How early in your life do you remember such feelings?

Have you experienced sexual abuse as an adult?_____

Do you ever have thoughts of suicide?

List three character references (Please Print)
(Not related)

1. Name _____
Address _____

Phone # _____
Email address _____

2. Name _____
Address _____

Phone # _____
Email address _____

3. Name _____
Address _____

Phone # _____
Email address _____

I certify the above is true and accurate to the best of my knowledge. I realize this information will be kept confidential.

Signature _____ Date _____