

FORESIGHT FOR-GIVERS FOUNDATION, INC. THE NAZARETH MAN HOUSE

Resident Application

(All information in this application is strictly confidential and is used exclusively by FORESIGHT FOR-GIVERS FOUNDATION, INC for processing and approving this application. This information will remain strictly confidential by FORESIGHT FOR-GIVERS FOUNDATION, INC. and its affiliates, other than as required to be disclosed by applicable law and/or court order.)

Earliest Release Date: _____

Biographical Information:

Applicant's Name: _____ Were you ever incarcerated?
(circle one) yes no If so, last DOC #: _____ Facility: _____ Alias' you
have used: _____

When did you start using an alias? Why? _____

Last address before incarcerated: (City, State, County) _____

What is the last year and State you had a valid driver's license? Year _____ State _____

Birth date ____/____/____ Age ____ Race: (circle one) Black White Asian Hispanic Other
_____ Birth position in your family: (circle one) 1st 2nd 3rd 4th 5th 6th 7th Other _____

Family Information:

Father *(This area may also include your step-father)*

Father's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship: _ Active _ Alright _ Strained _ Distant _ Bad _ None

Mother *(This area may also include your step-mother)*

Mother's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

___ Active ___ Alright ___ Strained ___ Distant ___ Bad ___ None

Brother (if more space is needed for other siblings, please include additional pages)

Brother's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

___ Active ___ Alright ___ Strained ___ Distant ___ Bad ___ None

Brother (if more space is needed for other siblings, please include additional pages)

Brother's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

___ Active ___ Alright ___ Strained ___ Distant ___ Bad ___ None

Sister (if more space is needed for other siblings, please include additional pages)

Sister's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

☐ Active ☐ Alright ☐ Strained ☐ Distant ☐ Bad ☐ None

Sister (if more space is needed for other siblings, please include additional pages)

Sister's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

☐ Active ☐ Alright ☐ Strained ☐ Distant ☐ Bad ☐ None

Wife

NOT Married: ☐

Wife's Full Name: _____

Living: Age: _____ or Deceased: Year: _____

Address: Street _____ City: _____ State: _____

Apartment: _____ Telephone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____

Describe your present relationship:

☐ Active ☐ Alright ☐ Strained ☐ Distant ☐ Bad ☐ None

Children: (if more space is needed for other children, please include additional pages)

Childs Age: _____

Name: _____ Mothers Name: _____

Address: _____ City: _____ State: _____

Telephone: _____ E-mail: _____ Cell Phone: _____

Describe your relationship with her:

☐ Engaged ☐ Committed ☐ Cordial ☐ Estranged

Does she maintain communication with you concerning this child? ☐ Yes ☐ No

Regular visits ___ Yes ___ No

When was your last communication or contact with this child? _____

Children: (if more space is needed for other children, please include additional pages)

Childs Age: _____

Name: _____ Mothers Name: _____

Address: _____ City: _____ State: _____

Telephone: _____ E-mail: _____ Cell Phone: _____

Describe your relationship with her:

___ Engaged ___ Committed ___ Cordial ___ Estranged

Does she maintain communication with you concerning this child? ___ Yes ___ No

When was your last communication or contact with this child? _____

Children: (if more space is needed for other children, please include additional pages)

Childs Age: _____

Name _____ Mothers Name _____

Address _____ City _____ State _____

Telephone _____ e-mail _____ Cell Phone _____

Describe your relationship with her:

___ Engaged ___ Committed ___ Cordial ___ Estranged

Does she maintain communication with you concerning this child? ___ Yes ___ No

Regular visits ___ Yes ___ No

When was your last communication or contact with this child? _____

Health Status:

Medical:

Describe your general physical condition:

___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

List any diagnosed STG diseases or conditions:

Disease/Condition _____ How long diagnosed: _____

Do you take medication? ____ Yes ____ No

Prescription _____ Dosage _____

Disease/Condition _____ How long diagnosed: _____

Do you take medication? ____ Yes ____ No

Prescription _____ Dosage _____

Disease/Condition _____ How long diagnosed: _____

Do you take medication? ____ Yes ____ No

Prescription _____ Dosage: _____

When was your last doctor's visit? _____

Other treatments for this disease/condition: _____

Dental:

When was your last dental examination/treatment? ____/____/____

List any diagnosed dental disorder: _____

Do you wear ____ Dentures ____ Partial

Vision:

Date of last eye exam ____/____/____ Name any diagnosed condition _____

Do you wear ____ Eye Glasses ____ Contact Lenses

Mental Health:

List any diagnosed mental disorder(s): _____

Do you take medication ____ Yes ____ No If so, name prescription(s) _____

Daily dosage _____ Frequency _____

When is the last time you were in treatment? Year: _____

Where: _____ Name of Doctor: _____

Duration of treatment: _____

Have you ever been suicidal? ____ Yes ____ No

Have you ever been treated for suicide? ____ Yes ____ No

When: _____ Where: _____ Doctor/Facility: _____

Have you ever had self-mutilation issues? ___Yes ___No

When: _____ How: _____

Explain the episode: _____

Did you receive treatment for self-mutilation? ___Yes ___No

If so, When: _____ Where: _____ Doctor/Facility: _____

Educational Background:

Last grade completed:

___ Elementary ___ Jr. High School ___ High School ___ GED ___ Associates Degree

___ Bachelors Degree ___ Masters ___ Doctorate ___ Other _____

Any vocational training: ___Yes ___No

Specialty: _____ School: _____

Did you complete the course? ___Yes ___No Date of certification: _____

Job History:

List your first job to your most recent (Do not include prison jobs):

1 - Company _____ City: _____

Date of employment from ___/___/___ to ___/___/___

Job Description _____

2 - Company _____ City: _____

Date of employment from ___/___/___ to ___/___/___

Job Description _____

3 - Company _____ City: _____

Date of employment from ___/___/___ to ___/___/___

Job Description _____

Financial History:

Describe your credit status:

____ Excellent ____ Above Average ____ Average ____ Poor ____ None

Have you ever defaulted on a loan? ____ Yes ____ No

If so, Company: _____ When: _____ Amount: _____

If so, Company: _____ When: _____ Amount: _____

If so, Company: _____ When: _____ Amount: _____

If so, Company: _____ When: _____ Amount: _____

If so, Company: _____ When: _____ Amount: _____

Have you ever filed bankruptcy? ____ Yes ____ No

If so, when: _____ Amount of debt: _____

Did you have any bank accounts? ____ Yes ____ No

If so, Name of Bank: _____ Branch: _____

City: _____ State: ____ Type of Account ____ Savings ____ Checking ____ Other

If so, Name of Bank: _____ Branch: _____

City: _____ State: ____ Type of Account ____ Savings ____ Checking ____ Other

If so, Name of Bank: _____ Branch: _____

City: _____ State: ____ Type of Account ____ Savings ____ Checking ____ Other

Are you responsible for child support? ____ Yes ____ No

Mother of child(ren): _____ Amount owed: _____

Are your payments current? ____ Yes ____ No Amount in arrears: _____

Are you repaying educational loans? ____ Yes ____ No Amount owed: _____

Amount of payment _____ Are payments current? ____ Yes ____ No

Explain any other debts you have: _____

Social History:

What state and city did you spend most of your life in? State: _____ City: _____

Describe briefly generally what your life was like in that city: _____

What type of citizen were you? ___Model ___Decent ___Good ___Poor

What was your economic status? ___Upper-class ___Middle-class ___Lower-Class

Did you feel any responsibility for that city? ___Yes ___No

Were you largely a negative or positive person in your community?

___Negative ___Positive

Given an opportunity what can you do to change the city for the better?

Criminal History:

How many times have you been in prison? _____

How many total years have you spent in jails and prisons? _____

On a separate sheet of paper, explain your criminal history. **Be specific.** Write it like a story you are telling someone who has no information about you. Explain what happened to you to cause you to spend time in jail/prison and **be honest!** If you have been in jail/prison more than once, explain each time and why you think you failed to change each time you were released. This essay should be a minimum of one full page and can be long as it needs to be to complete the task thoroughly.

Have you had any gang involvement? ___Yes ___No

Hobbies/Favorite Things:

If you had someone planning social events and things you enjoyed doing for fun and relaxation, what type of things would be on your list?

What hobbies do you have? _____

What type of entertainment do you enjoy? _____

What was the last movie you watched? _____

What type of music do you like? _____

What is your favorite song? _____ Artist: _____

How do you like to spend your leisure time? _____

What type of books/magazines do you prefer reading? _____

What was the title of the last book you read? _____

What places do you like to visit? _____

Faith History:

Did your family attend church when you were young? ___Yes ___No

How often? ___Weekly ___Bi-weekly ___Monthly ___ Special Occasions

Who were the primary faith leaders in your life? _____

Have you ever practiced a religion other than Christianity? ___Yes ___No

If so, what was it? _____

Explain briefly how and where were you introduced to that religion? _____

Describe your involvements with the prison church:

___Very Active ___Active ___Somewhat Active ___ Not Active

Explain briefly what has been your involvement with the church while incarcerated? _____

How often do you attend Bible Studies?

- ☐ Daily
- ☐ Twice Weekly
- ☐ Three Times Weekly
- ☐ Once per Week
- ☐ Special Events Only

How often do you attend worship services?

- ☐ Daily
- ☐ Twice Weekly
- ☐ Three Times Weekly
- ☐ Once per Week
- ☐ Special Events Only

How often do you read the Bible?

- ☐ Daily
- ☐ Twice Weekly
- ☐ Three Times Weekly
- ☐ Once per Week
- ☐ Special Events Only

Have you ever read the whole Bible? ☐ Yes ☐ No ☐ If so, how many times: _____

Do you participate in any prayer groups? ☐ Yes ☐ No

If yes, how often do you participate in prayer groups?

- ☐ Daily
- ☐ Twice Weekly
- ☐ Three Times Weekly
- ☐ Once per Week
- ☐ Special Events Only

Is there anyone who holds you accountable for your Christian life? ☐ Yes ☐ No

Who? _____ How? _____

Have you ever been baptized? ___ Yes ___ No ___ If so, When? _____

Where? _____ How? ___ Full Immersion ___ Sprinkling

What was the experience of being baptized like? _____

What is your understanding of why you were baptized? _____

Do you know what your spiritual gifts are? ___ Yes ___ No

If yes, describe briefly what your spiritual gifts are: _____

Have you had any supernatural experience with the Holy Spirit? ___ Yes ___ No

If yes, explain: _____

Describe the role the church and other Christians have in your spiritual life.

Briefly describe your relationship with God:

Explain briefly, what are your spiritual goals? _____

Explain briefly, what is prayer? _____

Explain briefly, what prayer means to you? _____

How often do you pray?

___ Daily How many times: ___ For what: _____

___ Twice Weekly

___ Three Times Weekly

___ Once per Week

___ Special Events Only

Do you share your faith with others? ___ Yes ___ No

Explain briefly, why you do/don't share your faith: _____

Essay:

Please write at length on a separate sheet of paper for each of the following questions:

- What are your life goals?
- What do you want to be?
- What do you want to accomplish?
- What do you need to do or become to consider yourself successful?
- Do you think you can reach your goals?
- Are you willing to do whatever it takes to reach your goals?
- What do you need help with?
- If you get that help can you get to where you want to be?
- Who will you need to reach your goal?