



Resident Application

Application must be filled out by applicant **ONLY**. Please hand-write neatly; do not type.

Today's Date: _____

I. Personal

Please circle one: Male or Female

Name: _____

Age: _____ Date of Birth: _____ Country of Citizenship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

How did you learn about His Mansion? Please circle one (or more if applicable):

His Mansion Website – Facebook/Social Media – Family – Friend – Former His Mansion Resident – His Mansion Presentation –
Therapist/Counselor – Church – Other (If other) Please explain:

Marital Status: Single Engaged Married Widowed Separated Divorced

If engaged, married, or divorced, please describe your current relationship with your fiancé, spouse, or ex-spouse: _____

Do you have any children? Yes No

(If yes), what are their names and ages? _____

If not described above, please describe your current relationship with your child(ren)'s father or mother: _____

Who should we contact in the case of an emergency?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

Who has agreed to be your sponsor?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell (_____) _____ Home (_____) _____

Work (_____) _____

Email Address: _____

II. Family

Parent(s) or Guardian(s):

Father: _____ Phone Number: _____ Phone type: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother: _____ Phone Number: _____ Phone type: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents' Marital Status: Single Engaged Married Widowed Separated Divorced

First name and age of your brothers and sisters: _____

Are you adopted? Yes No

(If yes) When were you adopted? _____

Have you lived in a foster home? Yes No

(If yes) When? _____ For how long? _____

III. Education

List all High Schools, Colleges, Universities or Bible Schools you have attended:

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grad. Date</u>
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Degrees: _____

IV. Occupation

Are you currently employed? Yes No

(If yes) Name of company: _____

Your position: _____

How long have you been employed there? _____ Full-time Part-time

Approximately how many other jobs have you had? _____

Have you been in the military? Yes No (If yes) For how long? _____

V. Physical, Emotional, Mental, and Behavioral History

The following information is necessary in order for us to understand the care you need. Please answer honestly. Unwillingness to disclose the following information may disqualify you from entering the program. Please give brief explanations to any item you mark yes; use additional paper as necessary.

Height: _____ Weight: _____

1. Do you have any medical conditions or health issues? (E.g. Diabetes, heart problems, etc.) Yes No

(If yes) Explain: _____

2. Have you been given any diagnosis by a mental health professional? Yes No

(If yes) What is the diagnosis? _____

3. Are you taking medication under a doctor's direction? Yes No

(If yes) What is the medication and dosage? _____

4. Have you ever been diagnosed as physically or mentally challenged? Yes No

(If yes) Explain: _____

5. Is your diet restricted? Yes No

(If yes) Explain: _____

6. Do you have any allergies? (E.g. food, seasonal, animal, etc.) Yes No

(If yes) Explain: _____

7. Do you now or have you ever experienced problems with your back? Yes No

(If yes) Explain: _____

8. Do you have health problems that hinder you from doing any physical work, including heavy lifting? Yes No

(If yes) Explain: _____

9. Have you ever been involved in a cult or involved in occult activities? Yes No

(If yes) Explain: _____

10. Have you ever had an eating disorder? (Anorexia, Bulimia, etc.) Yes No

(If yes) Explain: _____

11. Have you ever had a problem with substance abuse? Yes No

(If yes) Explain: _____

12. Have you ever been hospitalized for emotional or behavioral problems? Yes No

(If yes) Explain: _____

a. How many times have you been hospitalized? _____

b. What were the dates of each hospitalization? _____

13. Have you ever attempted suicide? Yes No

a. When was your most recent attempt? _____

b. How many times before did you attempt suicide? _____

14. Have you ever been hospitalized for thoughts of suicide? Yes No

(If yes) Explain: _____

15. Do you have a history of self-harm? Yes No

(If yes) Explain: _____

16. Do you have a history of violent behavior? Yes No

(If yes) Explain: _____

17. Have you ever been abused physically or sexually? Yes No

(If yes) Explain: _____

18. Do you currently or have you in the past experienced same-sex attraction? Yes No

(If yes) Explain: _____

19. Have you had any exposure to pornography? Yes No

(If yes) Explain: _____

20. Have you ever had a problem with sexual addiction? Yes No

(If yes) Explain: _____

Application continues on next page

VI. Legal

We do not offer our program as a pre-release arrangement/alternative for parole, and individuals cannot be mandated into our program. However, we are able to work with individuals on parole or probation. In these situations, we need information regarding the stipulations of the parole in order to determine if it falls within our program's structure.

1. Do you have any of the following that are pending: Warrants Court dates/appearances Sentencing Other None

(If yes) Explain: _____

2. Are you on probation or parole? Yes No

(If yes) Explain: _____

3. Are you legally mandated to participate in a drug treatment program? Yes No

(If yes) Explain: _____

4. Do you have a prior criminal record? Yes No

(If yes) Explain: _____

VII. Financial

1. Are you paying child support? Yes No

(If yes) Explain: _____

a. How do you plan to manage this child support if in the program? _____

2. Do you have any outstanding bills or debts? Yes No

(If yes) Explain: _____

a. How do you plan to manage these bills/debts if in the program? _____

3. Are you receiving government assistance? Yes No

(If yes) Explain: _____

4. Do you have medical or health insurance? Yes No

(If yes) Explain: _____

VIII. Church Information

1. Names and/or types of churches that you attended while growing up, if any: _____

2. How old were you when you attended? _____
3. Name and location of the local church that you attend now, if any: _____

 - a. How long have you been attending there? _____

IX. Program Expectations and Requirements

1. Have you read the **Program Expectations and Requirements**? Yes No
2. Are you willing to abide by the **Program Expectations and Requirements**? Yes No

X. Statement of Faith

*Our program is Christ-centered is structured to help men and women in their relationship with Christ. Please read our **Statement of Faith**.*

Have you read our **Statement of Faith**? Yes No

XI. Short Essays

*Carefully read the following questions and answer them honestly and thoughtfully. All answers must be completed on separate paper. Do not write answers on this form. Answers must be completed thoroughly. Applications with incomplete answers will **not** be considered for review.*

1. How would you describe your relationship with God?
2. Describe your past and present relationship with your mother and father (do this separately for each parent).
3. What is your reason for wanting to come to His Mansion?
4. What character qualities do you want help changing if you come to His Mansion?

Please read the following statement and sign below.

I affirm that all the information on this application is true and correct. I understand that the falsification or withholding of any information on this form is grounds for dismissal from the His Mansion program.

Signature _____ Date _____

**PLEASE MAIL YOUR APPLICATION TO:
(Please note that extra postage may be required)**

His Mansion Ministries
Resident Application
P.O. Box 40
Hillsborough, NH 03244

Faxed or emailed applications will not be accepted.

If you have not received a call within 7 to 10 days of sending in your application, contact the Intake Coordinator at (603) 464-5555 (ext. 10) to check on the status of your application.



Sponsor Commitment Form

His Mansion Ministries

Intake Coordinator

P.O. Box 40

Hillsborough, NH 03244

603.464.5555

His Mansion Ministries (HMM) requires that every resident in our residential program have a “sponsor.” Sponsors support the residents during their time in the program. Sponsorship includes partnering with HMM towards the goal of health and healing in Jesus Christ for the resident. This partnership includes prayerfully supporting the resident on his or her journey, communicating with the resident throughout the year by way of encouragement and support, communicating with the ministry about the resident and his or her progress, cooperating with the ministry about resident care issues, and providing for the resident’s financial needs (including medical) while in the program.

HMM does not charge the resident for the ministry that we offer, although being at HMM is not without a cost. During the time a resident is in our program, his or her sponsor agrees to provide for any personal expenses.

The following is a list of responsibilities that HMM **requires** a sponsor to assume on behalf of a resident:

Relational Support

1. Faithfully and prayerfully uphold the resident in prayer during his or her time in the program.
2. Encourage the resident through written correspondence and/or telephone calls.

Financial Support

1. Medical: HMM is not responsible for any costs incurred during a resident’s time in the program. Any regular medical needs not covered by the resident’s insurance (i.e. prescription refills, medication management costs if applicable, and maintaining a \$100 medical fund) is the responsibility of the sponsor. HMM does not expect sponsors to cover unexpected high medical costs (e.g. medical emergencies, work accidents, etc.); however, sponsors are encouraged to help residents with such costs as they are able.

If the resident has on-going medical or psychiatric needs (on-going medication management and monitoring), whether prior to entering the program or initiated while in the program, the sponsor is responsible for all financial obligations accrued.

If there is need for on-going medication management and monitoring, payment arrangements must be made directly with Cindy Ludwick, APRN, at Willowdale Counseling Center Business Office (phone: 603.881.7554, fax: 603.881.7533) in order for the resident to receive psychiatric medical care. Resident must sign release form to arrange billing information to be sent to sponsor.

2. Individual Travel Deposit: Return travel fare (back to the original point of departure) must be placed on deposit by the day of intake. **Please understand that our program is voluntary and at-will. As such, a resident may be asked to leave or may choose to leave the program prematurely** (i.e. before graduation or completion of the program). If this occurs, plans for his or her departure will be initiated immediately and the resident will be processed out of the community as soon as is practical. *Accordingly, residents must have travel funds available on hand to cover the immediate purchase of one of the following: bus, train, or airline ticket for travel back to the original point of departure.*

The travel deposit will be a **minimum of \$100** and the total amount will be calculated on a case by case basis, depending on the destination. The ministry will hold this travel deposit and only His Mansion staff will use this money when and as needed in order to safely release a resident. Excess or remaining funds will be credited back to the sponsor. *Sponsors also agree to receive the resident back upon his or her release or decision to leave the program.*

3. Initial Funds: A total of \$420 plus the individual travel deposit must be received before the resident arrives on the property. *Checks must be made out to the resident.* The \$350 is broken down as follow

- \$95 non-refundable registration fee (broken down below)
 - Safety equipment \$35
 - o Curriculum/Materials \$45
 - o Background Check \$15
- \$100 medical fund
- \$225 Program transportation fee (this is partially refundable if resident does not complete the program)

This \$420 *plus the individual travel deposit* must be received before a resident may enter the program.

4. Ongoing Sponsor Support: We recommend supplying the resident with an amount between \$50 and \$75 per month for general use. General use would include hygiene products, toiletries, extra food items, extracurricular activities, etc. In addition, residents may have continuing medical needs or expenses. For these expenses, support checks should be made payable to the resident but sent to the attention of the Program Administrator.

For general use funds, the sponsor will supply the resident via a **reloadable debit card or an actual debit card** which the resident will bring with him/her upon arrival to the program. The resident will never have cash in hand during their time in the program. That being said, a resident is never permitted to receive checks or cash in the mail for any reason.

His Mansion Ministries is not responsible for the stewardship of the resident's general funds, account balance tracking, or loading of the card (if necessary). The resident is responsible for the stewardship of funds and balance tracking; the sponsor is responsible for maintenance of funds – loading funds to card (if necessary) – via communication with the resident.

The respective Program Administrator will be responsible for holding the cards and making them available to the resident when necessary.

Sponsor Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell(_____) _____ Home(_____) _____

Email Address: _____

How can you best be reached during the day? _____

Resident Name: _____ Relation to Resident: _____

Note: If you are serving as the contact person for a sponsoring organization, such as a church or ministry, please provide the name of the organization: _____

Sponsor: I, _____, hereby affirm that I have read and understand the foregoing sponsorship commitments and requirements, and I am in agreement with them. Accordingly, I pledge to sponsor _____ while he/she is enrolled in His Mansion's residential program.

Signature: _____ Date: _____