

# TABITHA HOUSE APPLICATION FOR ENROLLMENT

Application Date \_\_\_\_\_

Entrance Date \_\_\_\_\_

Date: Received \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

We ask that you answer all questions. Honesty in answering will help us in evaluating you and your needs. While some questions may seem very personal, we would appreciate your cooperation in answering.

## Personal Data

Name \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M. I.

Maiden Name: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social  
Security# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Race: ( ) White ( ) Black Naturalized? ( ) Yes ( ) No  
When? \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Remarried  
Date (s) \_\_\_\_\_

If divorced, exact Date of Divorce \_\_\_\_\_

Tabitha House  
Referral \_\_\_\_\_

Spouse/Friend Information:

Spouse/Ex-husband/friend

Name: \_\_\_\_\_ Telephone: Wk: \_\_\_\_\_ Hm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently in a relationship? ( ) Yes ( ) No

Is your husband/gentleman friend a Christian? ( ) Yes ( ) No

If yes, for how long? \_\_\_\_\_

How would you describe the relationship with your husband/ex-spouse/friend?

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Do you have any children? ( ) Yes ( ) No Please fill out below:

Child's Name	Age	Other Parent's Name	Child Support Yes/No	Who has custody?

Social Worker's Name: \_\_\_\_\_

Telephone Number: Area Code ( ) \_\_\_\_\_

SPIRITUAL LIFE HISTORY

Have you ever committed your life to Christ? ( ) Yes ( ) No

Date: \_\_\_\_\_ Where? \_\_\_\_\_

Under what  
Circumstances? \_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of any church/religion? ( ) Yes ( ) No  
Describe \_\_\_\_\_

How often do you attend church? ( ) Never ( ) Occasionally ( )  
Regularly

As a child, did you go to church? ( ) Yes ( ) No What  
church? \_\_\_\_\_

How old were you when you stopped going to  
church? \_\_\_\_\_

Why did you stop  
attending? \_\_\_\_\_

Do you believe in God? ( ) Yes ( ) No ( ) Uncertain

How many times have you  
Backslidden? \_\_\_\_\_

What caused you to Backslide?  
\_\_\_\_\_

Do you feel you need God in your life now? ( ) Yes ( ) No  
Explain: \_\_\_\_\_

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My Signature below affirms that the information I have provided Tabitha House is accurate and true. I fully realize that If I have not been truthful on any portion of this application that it might affect my possible admission or retention in the Tabitha House Program. I also acknowledge that I am committing myself to this Christian Based Ministry Program without any form of coercion and hold the ministry harmless from any liability whosoever.

Signature \_\_\_\_\_

Date \_\_\_\_\_

HISTORY OF ADDICTIVE SUBSTANCE ABUSE-DRUG/ALCOHOL HISTORY

Prior to coming into the program, what addictive substance were you abusing? \_\_\_\_\_

How often were you using? \_\_\_\_\_

Why did you become involved with addictive substances? \_\_\_\_\_

What was per day habit cost? \_\_\_\_\_

What is the longest period you have ever been clean? \_\_\_\_\_

When? \_\_\_\_\_

Drugs Use History

Type of Drug	Age 1 <sup>st</sup> use	Age last Use	Route of Administration (How did you use Drugs) sniffed-oral- other Explain	How often did you use?
Alcohol				
Barbiturates-Downers				
Amphetamines-Uppers				
Heroin				
Cocaine				
Hallucinogenics				
Opium				
Crack				
Tobacco				
Marijuana				
Methadone				
Others-Specify				

Have you ever been in a Treatment Program? ( ) Yes ( ) No

Program Name	Date(s)	City/State	Reason for Leaving

Would you like God to be a part of your life as ministered to you at Tabitha House?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After completion of the program, what would you like to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health History and Personality Information

Circle any of the words below that best describe you.

Active      Impulsive      Good Natured      Extrovert      Sensitive  
Self-Confident      Persistent      Nervous      Often Blue      Excitable  
Calm      Quiet      Valuable      Easily Influenced      Worthless      Angry  
Bitter      Disillusioned      Hard-working      Impatient      Moody  
Impatient      Moody      Introvert      self-conscious      Lonely

Have you ever heard voices?     Yes     No

Have you ever had Hallucinations?     Yes  No

Have you ever felt people were watching you?     Yes     No

Are you able to drive a car?     Yes  No

Can you judge distances?     Yes  No

Is it easy for you to express your feelings?     Yes  No

Have you ever had Suicidal Tendencies?     Yes  No

Explain \_\_\_\_\_

Have you ever been treated for Mental/Emotional Problems?     Yes  
 No

For what? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Doctor \_\_\_\_\_

Have you ever been hospitalized for Mental Illness?     Yes  No

For what? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ Doctor \_\_\_\_\_

Are you willing to give Tabitha House consent to receive the above mentioned "Confidential" Information from previous Doctors or Agencies if we were asked to do so?     Yes     No

Initials \_\_\_\_\_

Insurance/Medical/Government Information

Emergency Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any Health Insurance or medical Assistance?  Yes  No

If yes, What kind? \_\_\_\_\_ Policy # \_\_\_\_\_

Are you currently receiving or eligible for: Unemployment Compensation, SSI, Disability, Workmen's Compensation, Welfare, or other? Explain

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Name of Detox Facility: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Length of Stay \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education/Hobby Information

What are your Hobbies? \_\_\_\_\_

Educational Training: Highest Grade Completed \_\_\_\_\_ Did you graduate?  
 Yes  No

Do You have a GED?  Yes  No

Do you have Technical/Vocational or College Training?  Yes  No

Explain \_\_\_\_\_

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Would you like to complete your GED or Vocational Training?  Yes  No

Do you have any type of Learning Disabilities?  Yes  No

Explain \_\_\_\_\_

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Lifestyle Information

Sexual Lifestyle ( please check where applicable)

( ) Lesbian ( ) Heterosexual ( ) Bisexual ( ) Transsexual

Have you ever been in a Lesbian Relationship? ( ) Yes ( ) No

Explain \_\_\_\_\_

Have you ever been a prostitute? ( ) Yes ( ) No If Yes, How Long? \_\_\_\_\_

Were you ever sexually abused or raped as a child/adult? ( ) Yes ( ) No

If yes, by whom \_\_\_\_\_ Explain \_\_\_\_\_

What is your current living situation \_\_\_\_\_

With whom? \_\_\_\_\_

How are you supported? \_\_\_\_\_

Are there any significant changes in your life recently (Job, Relationships, Activities, Behavior)

Do you have any outstanding Debt? If so, explain to whom and the amount (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL:

DATE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

Telephone: \_\_\_\_\_

RESULTS:

Any problems Now?       Yes    No

Explain:

Do you have any Allergies:    Yes    No

Explain

Do you have any Epilepsy or Seizure Disorder?    Yes    No

Explain

Do you have PMS or Menopause problems?    Yes    No

Explain

Are you having any problems with any Sexually Transmitted Diseases?    Yes       No

Have you been exposed to the HIV Virus?    Yes    No

Have you been tested the HIV virus?       Yes    No

Are you currently pregnant?    Yes    No

List any medications you are currently taking and explain the reason:

Item:

Reason:

Health History

Are there any provisions for medical expenses through family while in the program?

( ) Yes ( ) No

Any physical handicaps? ( Yes) ( ) No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was your last appointment?

Eyes

Date:

Doctor: Phone#

Results:

Any problems Now?

Do you wear glasses?

TEETH

Doctor: Phone#

Results:

Any problems now?

Do you wear Dentures, etc.

Please Note:

Tabitha House is not a medical care facility and therefore is unable to provide continual, consistent 24 hr. type medical care and supervision. Therefore, it is imperative that all individuals entering the program must be in good health as well as able to participate in the outlined activities of the program. Should at any time during your stay, you are not able to participate in the routine daily activities of said program, or medical conditions warrant continual care and even 24 -hr medical supervision, that person should leave or may be asked to leave Tabitha House. This is for the health and safety of not only the individual but for others who are participating in this program.

Please answer the following carefully:

Did you ever have or do you now have any of the following. Please check the appropriate boxes.

	Yes	No	Past	Pres	CARDIAC	Yes	No	Past	Pres
Severe Headaches					High blood Pressure				
Blurred Vision					Low blood Pressure				
Double Vision					Severe Chest pain				
Blindness					Racing of the heart				
Pain in Eyes					Shortness of Breath				
Red inflamed eyes					Swollen Ankles				
Hearing Loss					Leg Cramps				
Ringin in ear					Rheumatic Fever				
Frequent sneezing					Heart Trouble				
Hayfever									
Sinus Trouble					G. U.	Yes	No	Past	Pres
					Frequent Urination				
G. I.	Yes	No	Past	Pres	Blood in Urine				
Poor Appetite	Yes	No	Past	Pres	Burning Urination				
Nausea					Kidney Stones				
Stomach Ulcers									
Vomiting Blood					Neuromuscular	Yes	No	Past	Pres
Frequent Indigestion					Arthritis				
					Blackouts				

Parental Family History

Parent Current Marital Status? ( ) Married ( ) Divorced ( ) Separated

If parents are no longer living together, state cause of separation.

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Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

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When did you last see your parents? \_\_\_\_\_ When did you last live at home? \_\_\_\_\_

How would you describe current relationships? \_\_\_\_\_

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As a child, who did you feel closest to: \_\_\_ Mother \_\_\_ Father  
\_\_\_ Grandparents

Please check where appropriate:

Condition	Mother	Father
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Still living

Alcoholic

Substance abuser

Christian

Attends church

Have a regular job

Legal History

Have you ever been arrested? ( ) Yes ( ) No How many times? \_\_\_\_\_

Were you convicted?

Date	Charges	Yes	No	Sentence	Time in jail

Have you ever been on Probation? ( ) Yes ( ) No

Are you now on Probation? ( ) Yes ( ) No

How long? \_\_\_\_\_ Time remaining? \_\_\_\_\_

Name of Probation Officer \_\_\_\_\_

Reporting in person or by mail \_\_\_\_\_

Reporting Station: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

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Have you ever been in prison?

When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you on Parole now? \_\_\_\_ Yes \_\_\_\_ No

How often do you report? \_\_\_\_\_

Name of Parole Officer \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

## RULES AND REQUIREMENTS FOR THE TABITHA PROGRAM

Once you are accepted into the Tabitha program you will be referred to as a VICTOR. The Bible says many good things about those who are victorious, who conquer, who overcome. We all go through difficulties. The important distinction is VICTORS don't give in, *victims* do. The Tabitha program is designed to give you the tools and the power to overcome your problems and emerge a VICTOR.

The Rules and Requirements that follow are not to restrict your freedom or make your stay unpleasant or difficult. Rather, they are to create an atmosphere where you and your fellow VICTORS can come to better know yourselves and reach your full potential. We at Tabitha feel that these rules are extremely important. **For this reason, your failure to follow them can mean your immediate dismissal from the program if deemed appropriate.**

### A. GENERAL REQUIREMENTS

1. **VICTORS must agree to submit to the authority of the Tabitha staff in ALL matters.** This not only includes the following rules and requirements but also daily requests made by the staff such as kitchen duties, television viewing, lights out, quiet time, daily chores, etc. Staff must have the complete cooperation of all VICTORS to make the program work for all.
2. Tabitha is designed as a 12-16 week program, All VICTORS must commit to the full 12-16 weeks for it to be successful.
3. Tabitha operates with the understanding that Jesus Christ is our healing savior and all VICTORS must agree to actively seek Christ daily by taking part in Bible studies, church services, meditations, prayer times, and ALL Christian activities planned by staff or counselors. While you are living at Tabitha, you will attend church services with our staff at their church. After you leave Tabitha, we hope you'll find a church where you can worship in your own way and give back to others some of what you've been given at Tabitha.
4. So that your mind is on getting well VICTORS must dress modestly at all times and must be tasteful when in public in dress and actions so that they present themselves well and represent the Tabitha program well.

### B. FEES AND MONEY

It costs approximately \$1,000 per month to keep a VICTOR at Tabitha. We have no public funding and we exist by the residence fees and the generosity of individuals who are interested in you and want you to succeed. The following will be asked of each VICTOR to assist with expenses:

1. Payment of an admittance fee of \$100.00. Upon the point of acceptance, it is required that 50% of the fee be paid. **We ask that every residence that is able to assist with monthly cost to do so, willingly give the agreed upon amount determine by Board members and staff.**
2. All VICTORS are eligible for food stamps while at Tabitha and must agree to apply.
3. VICTORS receiving public assistance such as Welfare, SSI, disability, etc., must agree to turn a proportionate share of their monthly allotment over to the staff to be pro-rated based on individual obligations.

## Employment History:

What is your Trade or Profession?

How many jobs have you held in the last year?

What are your Work Skills?

What career goals do you have for the future?

4. VICTORS will be expected to do daily chores such as preparing meals, washing dishes, cleaning Tabitha, working on the grounds and gardens, taking part in Saturday "work days", and other duties assigned by staff. Occasionally, Tabitha will be offered work in return for donations. Tabitha staff and VICTORS are expected to participate and agree to do the best job possible. This type of donation provides a large boost to our funding.
5. Staff is not to loan money to VICTORS for any reason. This includes emergencies, job hunting, etc.

### C. SAFETY AND SECURITY

1. Because of the risk of drugs in Tabitha to all, VICTORS must agree to having all of their personal belongings thoroughly checked by staff when they enter Tabitha and submit to periodic checks of their belongings and room by staff during their stay in the program.
2. Please don't bring valuables into Tabitha. We can't be responsible for your things and a lost item could bring a great deal of turmoil and heartache to all of us. If you must bring valuables, give them to staff when you enter and staff will lock them up until you leave the program.
3. For the security of all VICTORS, it is important that the location of Tabitha be kept secret from all outside people. Mail should be sent to the Post office box and all visits with family will take place away from Tabitha.
4. If a VICTOR leaves the program for any reason and fails to take all of their personal property with them, it will be disposed of immediately.
5. No candles, matches, or lighters are to be taken into Tabitha.
6. To conserve energy, VICTORS should keep lights, fans, irons, and kitchen appliances off when not in use. Staff will control the heat and air conditioning of Tabitha.
7. You'll be working as a group to recover from your dependency. For this reason, it hurts everyone if anyone continues to use or deal in drugs and alcohol while in the program. For your own well being and for the program VICTORS should report this type of activity to staff immediately.

### D. GETTING YOU WELL

1. Communication:
  - a) By phone.
    - i) There is no outside communication the first 30 days.
    - ii) Communication is always limited to family unless approved in writing by staff.
    - iii) When a candidate receives a call, unless it is an emergency; candidate will return call during the set appointed times.
  - b) By letter.
    - i) Candidate will neither send or receive letters the first 30 days.
    - ii) Candidates' correspondence may be checked after the first 30 days.

2. VICTORS will, of course, refrain from drinking or drugs while in the program.
3. VICTORS must agree not to smoke while in the program.
4. VICTORS must agree to random urinalysis whenever requested by staff.
5. VICTORS are to practice good hygiene such as daily bathing, toothbrushing, and general grooming.
6. All medication must be held by staff and dispensed as needed.

**E. CREATING A HEALING ATMOSPHERE**

1. So that all can concentrate on getting well, VICTORS should not bring radios, TV's or valuables into Tabitha and should neither loan or borrow anything from staff or another VICTOR.
2. Gossiping and keeping secrets is detrimental to recovery as well as unspiritual and should be completely avoided.
3. There is to be no sexual activity whatsoever in Tabitha House.
4. There must be no violence, swearing, threats, stealing or any sort of immoral or illegal activity at Tabitha House. **If any of this should take place, it WILL be grounds for dismissal.**

**I HAVE READ THESE RULES AND REQUIREMENTS, THEY HAVE BEEN EXPLAINED TO ME, AND I UNDERSTAND THAT THEY ARE FOR MY GOOD, THE GOOD OF MY FELLOW VICTORS, AND THE GOOD OF THE TABITHA PROGRAM AND I AGREE TO ABIDE BY THEM COMPLETELY.**

\_\_\_\_\_

VICTOR

Dated: \_\_\_\_\_

**WITNESS:**

\_\_\_\_\_

Date: \_\_\_\_\_