

Date: _____

Shepherd's Care Ministries (Beadle) Program Application

Name _____

Address _____

Phone Numbers _____

Home

Work

Cell

E-mail _____

What is the best way to reach you? _____

May we leave a message? _____

Age _____ Marital Status _____

Are you an American citizen? _____ Yes _____ No

If no, what is the status of your visa? _____

How did you hear about the Beadle Program? (church, friend, family member, school, social worker, other)

Children: Name	Age	Date of Birth
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Others in the home: Name	Age
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_____	_____
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Describe your current life situation and express any concerns which you may have with that situation:

Agencies and/or churches you have used:

Describe your current housing situation:

Tell us about your relationship with your immediate family members (parents, siblings, etc.):

Would you be open to members of the Beadle Program discussing the program with them?

Would any members of your family like to be involved with you at some level in the Beadle Program?

Do you have a current driver's license and do you have current means of personal transportation?

How do you think being involved in the Beadle Program will benefit you and your family?

Identify any health concerns, substance abuse problems, disabilities, or legal problems for yourself or anyone in your household.

Have you ever been hospitalized for psychological reasons? Yes _____ No _____

Are you currently seeing a counselor? Yes _____ No _____

Have you been the victim of or committed domestic violence? Yes _____ No _____ If so, explain.

Have you ever been convicted of a felony and/or served a prison sentence?

Yes _____ No _____

If yes, please explain in detail.

Is there presently any restraining order or protection from abuse order entered against you?

Is there any restraining order or protection from abuse order entered against someone else for the benefit of you or any of the household members who will be residing with you?

Spiritual Needs

Please answer truthfully. We are not looking for right answers, just honesty.

Do you have a church home? Yes _____ No _____

How often do you attend? _____

Church Home _____ Pastor _____

Church Address _____ City _____ State _____ Zip _____

Church Phone _____

Have you asked Jesus Christ into your life? Yes _____ No _____

Where are you in your spiritual journey?

Employment History

Present Employer	Position/Job	Supervisor	Phone Number	Dates of Employment
Previous Employer		Supervisor	Phone Number	Dates of Employment

Income

Self _____	\$ _____ per month
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_____	\$ _____ per month
Other _____	\$ _____ per month
Other _____	\$ _____ per month
Other _____	\$ _____ per month
Other _____	\$ _____ per month
	Total: \$ _____ per month

Expenditures

Rent/Mortgage	\$ _____ per month
Electricity	\$ _____ per month
Gas (home)	\$ _____ per month
Water	\$ _____ per month
Telephone	\$ _____ per month
Food (Excluding food stamps)	\$ _____ per month
Medical	\$ _____ per month
Transportation	\$ _____ per month
Gas (car)	\$ _____ per month
Car Insurance	\$ _____ per month
Credit Accounts	\$ _____ per month
Child Care	\$ _____ per month
Withholdings	\$ _____ per month
Misc.	\$ _____ per month
Misc.	\$ _____ per month
	Total: \$ _____ per month
Difference between Income and Expenditures: \$ _____ per month	

Past Due Expenditures

_____ Amount \$ _____	_____ Amount \$ _____
_____ Amount \$ _____	_____ Amount \$ _____
_____ Amount \$ _____	_____ Amount \$ _____

_____ Amount \$ _____	_____ Amount \$ _____
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I certify that the information I have provided above is true and correct. I consent to the release of pertinent information contained above to appropriate social agencies and/or businesses necessary to verify information, provide assistance, or to prevent fraud.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date