

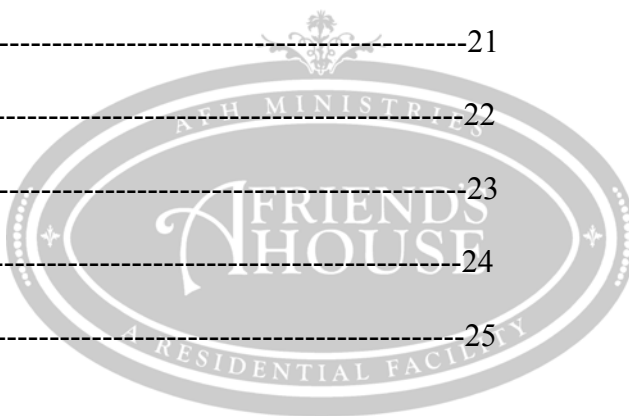


# A Friend's House

## Application Part A

### Application Package Contents

Letter of Instruction-----	2
Application-----	3
Resident Survey-----	15
Interstate Compact-----	19
Insurance Information-----	20
Nine Month Commitment-----	21
Abbreviated House Rules-----	22
Sample Daily Schedule-----	23
Welcome Package Contents-----	24
Release of Information Form-----	25





In-Take Department, P.O. Box 22, Bluffton, Indiana 46714 260.824.5556

### **Application Process Instructions**

Please read through the application and answer each question that applies to you. Answer each question completely and honestly. Fill the application out yourself and remember that no one may stay at A Friend's House (AFH) against her will. It must be the sincere desire of the applicant to receive help and be willing to submit to the authority of those at AFH. The minimum commitment is 9 - 12 months.

**Remember that a sincere desire to overcome the issues you are facing is of the utmost importance. No one may assume they will be accepted into this program unless they are committed to diligently working toward their goals.**

Application instructions:

- \_\_\_ Review the application package and if you are in complete agreement with the rules and policies, complete the application yourself. **Information that is omitted without explanation will slow the application process down or we will not process it at all.**
- \_\_\_ Make sure you send along the signed Release of Information Form(s) with your application
- \_\_\_ Include a photograph of yourself (full view head to toe, taken within past 4 months) with the application. Do not fax photos; send them in the mail.
- \_\_\_ Mail the application to: A Friend's House, P.O. Box 22, Bluffton, IN 46714, ATTENTION: IN-TAKE DEPARTMENT.
- \_\_\_ After mailing your application, please wait two days to be sure we have received it before calling. You *must* call A Friend's House to make sure your application was received. **A Friend's House will not contact you.** If you fax your application, please call the following work day to verify we received it. You will receive further instructions at that time.

After AFH has received your application and you have called to verify that we have received it, you will receive a date to make a return call to AFH to answer any questions that we may have concerning information you have supplied.



## A Friend's House Resident Application (Part A)

The information you supply will be kept confidential. Please fill out this application completely. Attach a recent photo no more than four months old that is a head to toe shot.

Last Name, First Name, Middle Initial: \_\_\_\_\_

Name you go by: \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
\_\_\_\_\_

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

With whom are you currently living? \_\_\_\_\_

Phone Numbers Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

The best way to contact me is: \_\_\_\_\_

How did you hear about A Friend's House? \_\_\_\_\_

Why are you interested in a Christian organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone encouraging you to come to A Friend's House? Y N Who? \_\_\_\_\_

Referred by: DHS \_\_\_\_\_ Court \_\_\_\_\_ Parents \_\_\_\_\_ Church \_\_\_\_\_ Other \_\_\_\_\_ (specify) \_\_\_\_\_

Name and telephone number of person referring: \_\_\_\_\_

### Spouse/Significant Other

Marital Status: (married, divorced, separated, widow) \_\_\_\_\_

Name of Spouse/Significant Other: \_\_\_\_\_ His/Her age: \_\_\_\_\_

Address: \_\_\_\_\_

Please give a brief history about your relationship (including duration, quality of the relationship):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Children**

Last Name/ First Name/ Middle Initial: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ / \_\_\_\_\_ Name of Father: \_\_\_\_\_

Who has custody? \_\_\_\_\_ Who is the caretaker? \_\_\_\_\_

Last Name/ First Name/ Middle Initial: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ / \_\_\_\_\_ Name of Father: \_\_\_\_\_

Who has custody? \_\_\_\_\_ Who is the caretaker? \_\_\_\_\_

Last Name/First Name/Middle Initial: \_\_\_\_\_

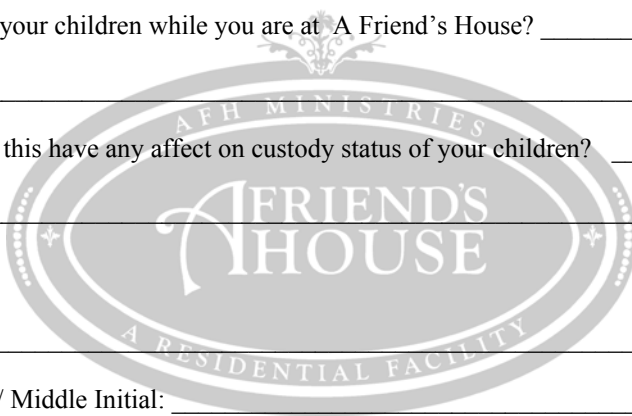
Date of Birth/Age: \_\_\_\_\_ / \_\_\_\_\_ Name of Father: \_\_\_\_\_

Who has custody? \_\_\_\_\_ Who is the caretaker? \_\_\_\_\_

(Record additional children on back of this page)

What arrangements will be made for your children while you are at A Friend's House? \_\_\_\_\_

If accepted at A Friend's House, will this have any affect on custody status of your children? \_\_\_\_\_



**Family History**

City and State of your birth: \_\_\_\_\_

Biological Mother's Last Name/First/ Middle Initial: \_\_\_\_\_

Biological Father's Last Name/First/Middle Initial: \_\_\_\_\_

Are they married/divorced/separated/single? \_\_\_\_\_

If divorced, name of step parents: \_\_\_\_\_

Adopted Mother's Last Name/First/Middle Initial: \_\_\_\_\_

Adopted Father's Last Name/First/Middle Initial: \_\_\_\_\_

Are they married/divorced/separated/single? \_\_\_\_\_

Who were your primary caregivers? \_\_\_\_\_

If under 18, who are your primary caregivers? \_\_\_\_\_



**Family History, continued**

Please describe any of these relationships you experienced that were significantly troubled or encouraging: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Use back of this paper if more room is needed)

**Siblings / Step/Half Siblings**

Last Name/First/Middle Initial: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name/First/Middle Initial: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name/First/Middle Initial: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name/First/Middle Initial: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name/First/Middle Initial: \_\_\_\_\_ Age: \_\_\_\_\_

Please characterize the quality of your relationship with your siblings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please describe any other significant family or friend relationships : \_\_\_\_\_



**Educational and Professional Information**

Name of last school attended: \_\_\_\_\_

From (year): \_\_\_\_\_ to \_\_\_\_\_ Graduation date or last grade completed: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Have you ever been in special education? \_\_\_\_\_ From (year): \_\_\_\_\_ to \_\_\_\_\_

If yes, which classes? \_\_\_\_\_

For what disability? \_\_\_\_\_

Have your disabilities been formally diagnosed? Yes No Name of Doctor \_\_\_\_\_

What disability was diagnosed? \_\_\_\_\_

Future educational plans: \_\_\_\_\_



## **Employment**

Current place of employment/address \_\_\_\_\_

Please list the last three jobs you have had and their address:

1. Name of business and your supervisor \_\_\_\_\_

Address \_\_\_\_\_

From: (month & year) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Name of business and your supervisor \_\_\_\_\_

Address: \_\_\_\_\_

From: (month & year) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Name of business and your supervisor \_\_\_\_\_

Address: \_\_\_\_\_

From: (year) \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

How many jobs have you held in the last three years? \_\_\_\_\_

What is the longest period of time you have held a job for the same company? \_\_\_\_\_

Certificates, specific skills: \_\_\_\_\_

Future professional goals: \_\_\_\_\_

## **Spiritual**

Do you profess a particular faith? \_\_\_\_\_

Do you attend church on a regular basis? \_\_\_\_\_

If yes, please specify (e.g. Christianity, New Age, Buddhism, Islam, etc.): \_\_\_\_\_

How does your faith impact the way you live? \_\_\_\_\_

If you consider yourself a Christian, what does that mean to you? \_\_\_\_\_

Have you ever been part of any of the following?

- Christian Science       Scientology       Jehovah's Witnesses       Mormonism  
 New Age Movement       The Way



**Spiritual, continued**

Please write a brief explanation of your involvement with each of the above. \_\_\_\_\_

(Use the back of this page for further explanation)

Have you ever participated in any of the following (please check all that apply)?

- Astroprojection       Satanic worship       Rituals       Divination
- Seances       Sacrifices       Fortune telling       Spell casting
- Spiritism       Horoscopes       Tarot cards       Chanting
- Psychic consultations       Levitation       Voodoo       Ouija boards
- Witchcraft       Channeling       Palm reading       Yoga "spiritual"
- White magic       Witches coven       Put curses on others       Dungeons and Dragons
- Programming (color, number, location, etc.)

Please write a brief explanation of your involvement with any of the above. \_\_\_\_\_

Were you abused in any of these activities? Yes No If yes, explain: \_\_\_\_\_

What is your sexual orientation? (heterosexual, homosexual, bisexual, unsure) \_\_\_\_\_

Do you (past or present) have concerns about your sexual identity? \_\_\_\_\_

Have you been the victim of physical abuse? Yes No Sexual Abuse? Yes No Emotional Abuse? Yes No

Have you participated in pornography? \_\_\_\_\_ Have you participated in homosexual behavior? \_\_\_\_\_

If yes, please give a brief history (include whether participation was willing or unwilling): \_\_\_\_\_

Are you now, or have you ever been the member of a gang? Yes No

Have you ever participated in gang activity? Yes No



**Mental Health**

Please list any current and/or previous counseling or psychological treatment for problems such as depression, suicidal behavior, eating disorders, substance abuse, ADHD, Schizophrenia, Bi-Polar, ADD, borderline personality disorder, etc.

Facility/Doctor or therapist: \_\_\_\_\_ From (month/year): \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Facility/Doctor or therapist: \_\_\_\_\_ From (month/year): \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Facility/Doctor or therapist: \_\_\_\_\_ From (month/year): \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Facility/Doctor or therapist: \_\_\_\_\_ From (month/year): \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

Facility/Doctor or therapist: \_\_\_\_\_ From (month/year): \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_

Reason/Diagnosis: \_\_\_\_\_

(List any additional on back of this page.)

Have you ever been admitted to a psychiatric hospital? \_\_\_\_\_

For each hospital please give the following information: (if admitted to the same hospital several times, please indicate how many times you have been admitted and for what reason)

1. Doctor's name \_\_\_\_\_

Facility name \_\_\_\_\_ City and State \_\_\_\_\_

Date admitted \_\_\_\_\_ Reason for admission \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Date discharged \_\_\_\_\_

2. Doctor's name \_\_\_\_\_

Facility name \_\_\_\_\_ City and State \_\_\_\_\_

Date admitted \_\_\_\_\_ Reason for admission \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Date discharged \_\_\_\_\_

3. Doctor's name \_\_\_\_\_

Facility name \_\_\_\_\_ City and State \_\_\_\_\_



**Mental Health, continued**

Date admitted \_\_\_\_\_ Reason for admission \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Date discharged \_\_\_\_\_

4. Doctor's name \_\_\_\_\_

Facility name \_\_\_\_\_ City and State \_\_\_\_\_

Date admitted \_\_\_\_\_ Reason for admission \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Date discharged \_\_\_\_\_

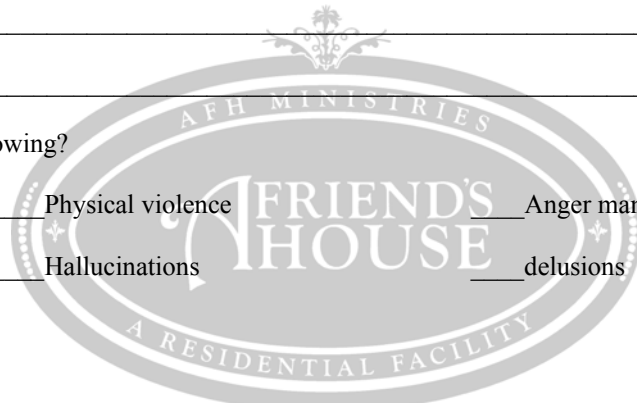
\*Please sign release forms with the above facilities/programs/counselors and have your records forwarded to AFH. It is your responsibility to get this information to AFH. Do not sign the release of information form and send it to AFH. It must be sent to the facilities above and information may be faxed to us (219-824-5165) or sent in the mail.

What aspects of your treatment and/or counseling were helpful (or damaging)? \_\_\_\_\_

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

Do you struggle with any of the following?

- \_\_\_ Dissociation                      \_\_\_ Physical violence                      \_\_\_ Anger management
- \_\_\_ Self-mutilation                      \_\_\_ Hallucinations                      \_\_\_ delusions
- \_\_\_ suicidal behavior



Medications taken for past and current psychological treatment:

Name of medication/dosage: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Were you compliant with prescription?  Yes  No

Name of medication/dosage: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Were you compliant with prescription?  Yes  No

Name of medication/dosage: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Were you compliant with prescription?  Yes  No

Name of medication/dosage: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Were you compliant with prescription?  Yes  No

Name of medication/dosage: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

From (month/year) \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ Were you compliant with prescription?  Yes  No



**Suicide Assessment**

Do you currently have any suicidal thoughts? \_\_\_\_ Have you ever had suicidal thoughts or attempts? \_\_\_\_ When? \_\_\_\_

If yes, give a brief description of what happened: \_\_\_\_\_

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

Do you currently have thoughts of harming yourself? (self-mutilation): \_\_\_\_ Have you ever had such thoughts? \_\_\_\_

Have you ever harmed yourself? \_\_\_\_ When? \_\_\_\_ If yes to any of the above, give a brief description of what happened.

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

Have you ever been hospitalized for suicide attempts? \_\_\_\_ If yes, when? \_\_\_\_\_

Be sure to place this information on Page 8 also.

**Pregnancy**

Are you pregnant? Yes No If yes, what is your approximate due date? \_\_\_\_\_

Has a doctor confirmed your due date? Yes No Is the birth father aware of the pregnancy? Yes No

What involvement do you anticipate with the birth father during your pregnancy and while at A Friend's House?

\_\_\_\_\_

If pregnant, are you considering parenting? \_\_\_\_ adoption? \_\_\_\_ undecided? \_\_\_\_

If you are not aware at this time if you are pregnant, is it possible you could be pregnant? Yes No

A Friend's House believes that you should have all the information necessary to make a good and informed decision about your pregnancy and for that reason we present curriculum regarding parenting and adoption. Every pregnant resident must complete the instruction on both of these alternatives.

**Medical**

Do you have any allergies? \_\_\_\_ List: \_\_\_\_\_

\_\_\_\_\_

Are you on a special diet? \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_



**Medical, continued**

If yes, was this diet prescribed by a doctor? \_\_\_\_\_ Doctor's name \_\_\_\_\_

List here any additional medications you have been prescribed by your doctor that are not listed under the Mental Health section of this application.

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>	<u>How long have you taken this?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you compliant in taking the above medications? Yes No

List any physical limitation or medical conditions (asthma, migraines, thyroid, diabetes, blood pressure, weight issues, heat problems, etc.) you may have as indicated by a physician:

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

**Trauma/Abuse** (Trauma: a body wound or shock produced by sudden physical injury, as from violence or accident or an experience that produces psychological injury or pain.)

Have you ever been afraid of anyone close to you? \_\_\_\_\_ Have you ever been threatened? \_\_\_\_\_

Who have you been threatened by and when? \_\_\_\_\_

Have you ever been pressured for sex against your will and would you consider it rape? \_\_\_\_\_

\_\_\_\_\_ What was your age at the time? \_\_\_\_\_

Have you ever been physically injured? \_\_\_\_\_ How? \_\_\_\_\_

Have you ever experienced any trauma? \_\_\_\_\_ Have you ever witnessed any trauma? \_\_\_\_\_

If yes to any of the above, please give a brief description of the incident(s): \_\_\_\_\_

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

**Eating Disorders**

Binge eating – Date of first time/last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_

Purging – Date of first time/last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_



**Eating Disorders, continued**

Restricted eating – Date of first time/last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_

Excessive exercising – Date of first time/last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_

Using diet pills – Date of first time/last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_

Using laxatives – Date of first time/ last time: \_\_\_\_\_ / \_\_\_\_\_ How often: \_\_\_\_\_

Have you ever been hospitalized for any of these behaviors? Yes No If yes, make sure they are included on page 8 of this application.

Have you ever had a formal diagnosis of disorders listed above? Yes No Name of Doctor \_\_\_\_\_

So you have a meal plan? Yes No Are you seeing a nutritionist? Yes No

Are you at a weight your doctor considers healthy? Yes No

**Substance Use: Alcohol**

Date of last drink: \_\_\_\_\_ Numbers of drinks on that date: \_\_\_\_\_ Age at time of first drink: \_\_\_\_\_

How many drinks do you have on average per week? \_\_\_\_\_ Per month? \_\_\_\_\_

Have you ever been in an alcohol, drug or detoxification program before? \_\_\_\_\_ (list facilities below)

Name of facility \_\_\_\_\_ City/State \_\_\_\_\_

Name of facility \_\_\_\_\_ City/ State \_\_\_\_\_

Name of facility \_\_\_\_\_ City/State \_\_\_\_\_

**Substance Use: Drugs**

Please check any substances you use or have used:

- Marijuana     Nicotine     Cocaine     Sedatives     Ecstasy
- Heroin     Inhalants (huffing)     Stimulants     Prescription Medications (abuse only)
- Hallucinogens (Acid, LSD, etc.)     Others (Special K, Meth Amphetamines, etc.)     Crank

Please list: \_\_\_\_\_

Drug of Choice:

1) \_\_\_\_\_ Length of Use \_\_\_\_\_

Habit cost per day? \_\_\_\_\_ Longest Period Clean? \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age at time of first use: \_\_\_\_\_ Frequency of use per week: \_\_\_\_\_ Per month: \_\_\_\_\_

2) \_\_\_\_\_ Length of Use \_\_\_\_\_



**Substance Use: Drugs, continued**

Habit cost per day? \_\_\_\_\_ Longest Period Clean? \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age at time of first use: \_\_\_\_\_ Frequency of use per week: \_\_\_\_\_ Per month: \_\_\_\_\_

3) \_\_\_\_\_ Length of Use \_\_\_\_\_

Habit cost per day? \_\_\_\_\_ Longest Period Clean? \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age at time of first use: \_\_\_\_\_ Frequency of use per week: \_\_\_\_\_ Per month: \_\_\_\_\_

Do you currently smoke cigarettes? Y / N

**Legal**

Have you ever been arrested? \_\_\_\_\_ If yes, please describe briefly: \_\_\_\_\_

Is jail pending for you now? \_\_\_\_\_ For what reason? \_\_\_\_\_

Do you have any pending or unresolved legal issues? \_\_\_\_\_ If yes, please describe briefly: (What County and State)

Name of Attorney \_\_\_\_\_ Telephone Number \_\_\_\_\_

Have you ever been or are you currently on probation? \_\_\_\_\_ parole? \_\_\_\_\_ If yes, please describe briefly: \_\_\_\_\_

How often do you report? \_\_\_\_\_ Name and number of probation or parole officer \_\_\_\_\_

Are you currently incarcerated? \_\_\_\_\_ How long? \_\_\_\_\_ Time remaining \_\_\_\_\_

**Financial**

Do you have any financial concerns? \_\_\_\_\_ If yes, please describe briefly: \_\_\_\_\_

Please indicate any debt, including credit card debt, you currently have: (Indicate dollar amounts that you owe)



Do you intend to repay these debts? \_\_\_\_\_

Will you make arrangements for these outstanding debts to be paid while you are at A Friend's House? Explain: \_\_\_\_\_

Who will provide for the financial needs you may have at A Friend's House? \_\_\_\_\_

A Friend's House will provide shelter and food. There is no cost to live here. We are not responsible, however, for medical expenses or prescriptions. It is the responsibility of parents or guardians of minors to cover these expenses. Other expenses may include stamps, personal items, etc. If you do not have the means to cover the above mentioned expenses, please be sure to inform the in-take coordinator during your interview.

Are you currently receiving money from Medicaid? \_\_\_\_\_ Policy Number: \_\_\_\_\_

Other government assistance (please list): \_\_\_\_\_

**Goals and Expectations**

What specific issues do you want to address at A Friend's House? \_\_\_\_\_



What expectations do you have for A Friend's House? \_\_\_\_\_

**Comments**

Is there anything else you would like us to know? Please use this space to comment: \_\_\_\_\_



**Resident Survey**

**Your Name:** \_\_\_\_\_

**Please circle the appropriate number for each of the following questions.**

1. What's your current level of depression, with 0 being none and 10 being hopeless?  
0 1 2 3 4 5 6 7 8 9 10
2. What's your current level of anger, with 0 being none and 10 being furious?  
0 1 2 3 4 5 6 7 8 9 10
3. What's your current level of anxiety/worry, with 0 being none and 10 being petrified?  
0 1 2 3 4 5 6 7 8 9 10
4. What's your current level of fear, with 0 being none and 10 being terrified?  
0 1 2 3 4 5 6 7 8 9 10
5. What's your current level of self-confidence, with 0 being none and 10 being secure?  
0 1 2 3 4 5 6 7 8 9 10
6. What's your current level of joy, with 0 being none and 10 being bliss?  
0 1 2 3 4 5 6 7 8 9 10
7. How comfortable do you feel handling conflict with others, with 0 being very uncomfortable and 10 being perfectly comfortable?  
0 1 2 3 4 5 6 7 8 9 10
8. How good are you with maintaining relationships with others, with 0 being not good at all and 10 being excellent?  
0 1 2 3 4 5 6 7 8 9 10

**Please check the range that most accurately states how many times a day you:**

9. Think about suicide  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
10. Think about cutting  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
11. Think about purging  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
12. Think about binging  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
13. Think about drinking  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+



14. Think about drugs  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
15. Weigh yourself  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
16. Harm yourself  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
17. Actually Binge  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+
18. Actually Purge  
\_\_\_ 0-3      \_\_\_ 4-6      \_\_\_ 7-10      \_\_\_ 11+

**Please answer True or False for each of the following questions.**

19. \_\_\_\_\_ I live a healthy lifestyle.
20. \_\_\_\_\_ I like the way I look.
21. \_\_\_\_\_ I threaten my health.
22. \_\_\_\_\_ I believe I can graduate from A Friend's House.
23. \_\_\_\_\_ I feel hopeless.
24. \_\_\_\_\_ I believe God loves me.
25. \_\_\_\_\_ I have a hard time forgiving people.
26. \_\_\_\_\_ People misunderstand me.
27. \_\_\_\_\_ I like my life.
28. \_\_\_\_\_ Enjoying activities is difficult because I'm self-conscious about my appearance.
29. \_\_\_\_\_ I am lovable.





**Rate each statement with a letter A through D. Each letter means:**

**A – I worry about this everyday**

**B – I think about this some days**

**C – Thinking about this is a waste of time because I'll never have it**

**D – I've never had to worry about this**

30. \_\_\_\_\_ Food to eat
31. \_\_\_\_\_ A steady job
32. \_\_\_\_\_ Friendship
33. \_\_\_\_\_ Self-respect
34. \_\_\_\_\_ Getting sleep
35. \_\_\_\_\_ Safe place to live
36. \_\_\_\_\_ A significant other
37. \_\_\_\_\_ My reputation
38. \_\_\_\_\_ Physical pain/discomfort
39. \_\_\_\_\_ Financial savings
40. \_\_\_\_\_ Being accepted by others
41. \_\_\_\_\_ Accomplishing a goal
42. \_\_\_\_\_ My appearance
43. \_\_\_\_\_ My weight
44. \_\_\_\_\_ Having a career
45. \_\_\_\_\_ Education
46. \_\_\_\_\_ Approval of others
47. \_\_\_\_\_ How to help others
48. \_\_\_\_\_ Self-esteem
49. \_\_\_\_\_ My feelings
50. \_\_\_\_\_ My relationship with God





51. \_\_\_\_\_ Understanding the Bible

**Rate the following on Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD).<sup>1</sup>**

52. \_\_\_\_\_ I feel that I'm a person of worth, at least on an equal plane with others.

53. \_\_\_\_\_ I feel that I have a number of good qualities.

54. \_\_\_\_\_ All in all, I am inclined to feel that I am a failure.

55. \_\_\_\_\_ I influence the events of my environment in many ways.

56. \_\_\_\_\_ I am able to do things as well as most other people.

57. \_\_\_\_\_ I feel I do not have as much to be proud of as others.

58. \_\_\_\_\_ I take a positive attitude toward myself.

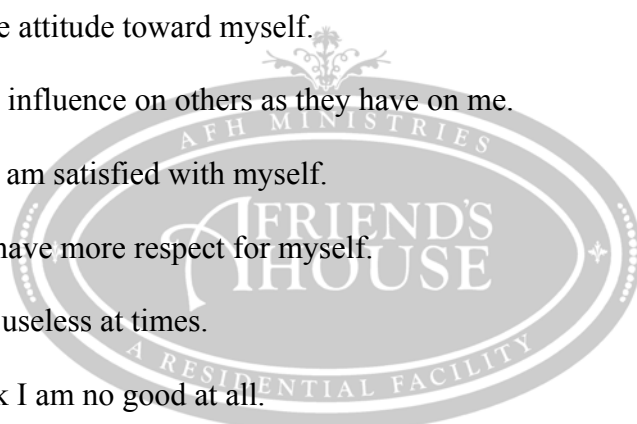
59. \_\_\_\_\_ I have as much influence on others as they have on me.

60. \_\_\_\_\_ On the whole, I am satisfied with myself.

61. \_\_\_\_\_ I wish I could have more respect for myself.

62. \_\_\_\_\_ I certainly feel useless at times.

63. \_\_\_\_\_ At times I think I am no good at all.



---

<sup>1</sup> [www.brocku.ca/healthservices/assessments](http://www.brocku.ca/healthservices/assessments)



I have completed this application myself and understand that if I have misrepresented myself it can be considered grounds for refusal to admit or grounds for dismissal from the program. Submitting an application does not guarantee acceptance into the program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or guardian signature (if minor)** \_\_\_\_\_ **Date** \_\_\_\_\_

## **A Friend's House**

### Interstate Compact

*This information applies only to applicants who are under 18 years of age and live outside the state of Indiana.*

Upon acceptance of your child into the program at A Friend's House we will provide you with numbers to contact Interstate Compact in your state. This process must be completed by the parents and it is their responsibility to get all the paperwork in order from both the sending state and the receiving state (Indiana).





## A Friend's House

### INSURANCE INFORMATION FORM

Please list the name, address, and phone number of your family practitioner:

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

Phone \_\_\_\_\_

Do you have insurance coverage for dental? \_\_\_\_\_ Vision? \_\_\_\_\_

If you are a dependent, are you covered by your parent/guardian's insurance policy? \_\_\_\_\_

Name of your insurance provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does your policy provide coverage outside your network for both emergency and non-emergency visits?

\_\_\_\_\_ Percentage covered: \_\_\_\_\_

Do you have prescription drug coverage? \_\_\_\_\_

Is your prescription drug coverage covered outside the policy network? \_\_\_\_\_

What is the co-pay for doctor visits inside your insurance company's network? \_\_\_\_\_

What is the co-pay for doctor visits outside your insurance company's network? \_\_\_\_\_

Will your policy cover all the following medical needs while you are at A Friend's House?

Emergency room \_\_\_\_\_ Hospitalization \_\_\_\_\_ Lab Work \_\_\_\_\_

If pregnant, does it cover normal pregnancies? \_\_\_\_\_ High risk pregnancies? \_\_\_\_\_

A Friend's House will require your insurance and prescription cards upon arrival into the program (copies please).

*If you do not have prescription drug coverage, or if your policy does not cover lab work, emergency room, or hospitalization, please contact the Executive Director to discuss costs that may be accrued during you or your daughter's stay at A Friend's House. You should contact the Executive Director if your/your daughter's pregnancy is not covered in your medical insurance policy.*



## A Friend's House

### Nine-Month Commitment

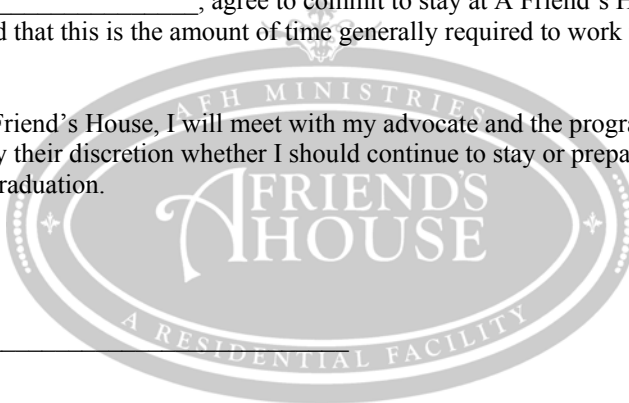
The first 30 days are crucial to the beginning of this program. The next 8 months are just as crucial. The months following your first 30 days will complete the curriculum portion of the program, culminating in graduation. During this time you may be tempted to leave before your work is finished and goals are met. We encourage you to dismiss thoughts of this nature.

The time you invest at A Friend's House will be well worth your commitment. Our commitment is serious and we require yours be just as serious. If you feel you cannot make this commitment of nine months (average length of stay), please do not sign this form.

### **Nine-Month Agreement Form**

I, \_\_\_\_\_, agree to commit to stay at A Friend's House for a minimum of 9 months (average length of stay). I understand that this is the amount of time generally required to work through curriculum and program activities.

Before I complete the program at A Friend's House, I will meet with my advocate and the program director to discuss my progress. It will be determined at that time and by their discretion whether I should continue to stay or prepare for graduation. Signing this agreement form does not guarantee graduation.



\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



## Resident House Rules (abbreviated)

### Check-In / Check-Out:

All residents, whether arriving or leaving the program, will be check in and out by a staff member. All belongings will be recorded including contents of purses.

### Church

Residents attend church together. During this time all residents will stay together and are expected to be attentive.

### Dismissal

You may be dismissed from the program for any of the following:

- \*possessing or using alcohol or drugs (on or off AFH property)
- \*taking OTC or prescription meds not prescribed for you or not taken as directed
- \*leaving property without permission
- \*showing an uncooperative attitude
- \*not making progress on goals set

### Dress Code

All clothing must be modest, clean, and appropriate. Clothing that staff does not deem modest will be returned to your home at your expense. Footwear is to be worn at all times. Showers are to be taken daily.

### Household Chores

All residents must participate in household chores. These are supervised by staff and are to be completed on time and correctly. Failure to complete work details will result in more work details.

### Mail

No mail will be delivered to a resident without a return address on it. Correspondence from persons on a resident's restricted list will not be delivered. All mail is to be opened in the presence of staff. AFH reserves the right to restrict mail from influences they feel may not benefit the resident. Mail not delivered to residents will be returned to the sender.

### Money

All money will be locked in a secure location for the resident's protection. You will have access to your money as needed.

### Pregnancy

If you are pregnant, you should plan on delivering your baby at Bluffton Regional in Bluffton, IN. All doctor visits should be rescheduled for a physician in Bluffton.

### Smoking

There is no smoking inside or outside at A Friend's House while you are in the program.

### Telephone Calls

Residents may use the phone at specific times after the first 30 days. No cell phone should be brought to AFH.

### Visitation

Anyone visiting A Friend's House must be approved by the Lead Staff one week ahead of time.



## A Friend's House Weekly Schedule

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00am	Hygiene/Rooms	Hygiene/Rooms	Hygiene/Rooms	Hygiene/Rooms	Hygiene/Rooms
7:45am	Medication	Medication	Medication	Medication	Medication
8:00am	Breakfast & Daily Goals	Breakfast & Daily Goals	Breakfast & Daily Goals	Breakfast & Daily Goals	Breakfast & Daily Goals
8:30am	Warm-Up/ Character Qualities	Warm-Up/ Character Qualities	Warm-Up/ Character Qualities	Warm-Up/ Character Qualities	Warm-Up/ Character Qualities
9:15am	Bible Study	Bible Study	Staff with Therapist	Bible Study	Bible Study
9:45am	Break	Break	Meet with therapist/review long-term goals with advocate	Break	Break
10:00am	Group	Group		Group	Group
11:00am	Study Time	Study Time		Study Time	Study Time
11:30am	Lunch Prep/ Free Time	Lunch Prep/ Free Time		Lunch Prep/ Free Time	Lunch Prep/ Free Time
12:00pm	Lunch	Lunch	Lunch	Lunch	Lunch
1:00pm	Group	Group	House Meeting	Group	Friday Activity
1:30pm			Library or Appts.		
2:00pm	Library or Appts.	Library or Appts.	Library or Appts.	Library or Appts.	
3:30pm	Snack	Snack	Snack	Snack	3:30 - 4:30pm Library
3:45pm	Group	Group	Group	Group	
5:30pm	Exercise	Exercise	*Exercise	Exercise	Dinner
6:30pm	Dinner / Work Details	Dinner / Work Details	*Dinner / Work Details	Dinner / Work Details	Work Details
7:30pm	Quiet Time	Quiet Time	*Quiet Time	Quiet Time	Free Time
8:30pm	Prayer/ Snack	Prayer/ Snack	Prayer/ Snack	Prayer/ Snack	Prayer/ Snack
9:00pm	Free Time/ Hygiene	Free Time/ Hygiene	Free Time/ Hygiene	Free Time/ Hygiene	Movie In Room by 11:30pm
10:00pm	In Room	In Room	In Room	In Room	

\* Wednesdays schedule may vary do to exercise activities

\* Schedule subject to change at staff discretion



## Items provided by A Friend's House:

All study books and workbooks

- 2 Bath Towels
- 2 Wash Cloths
- 2 Hand Towels
- 1 Set Sheets
- 1 Pillow
- 1 Blanket
- 1 Personal Basket
- 1 Laundry Basket
- 1 Resident Handbook

Work Detail List

Laundry Schedule

Laundry Detergent

Toiletry items as needed

(AFH stocks a supply of shampoo, soap, deodorant, etc.)

Items resident should provide:

- |                               |  |
|-------------------------------|--|
| postage stamps                | limit of 2 stuffed animals                             |
| personal items                | pillow (if you like)                                   |
| clothing                      | check with AFH concerning the amount of money to bring |
| paper and pencils/pens        | shoes and socks for exercise class (required)          |
| prescription medicines        | electric razor (required)                              |
| wrist watch (required)        | no more than 10 CDs (originals only)                   |
| portable CD player (required) |  |

Items NOT to bring with you to A Friend's House:

- |  |                          |
|--|--------------------------|
| razors                                       | burned CDs               |
| radios                                       | cell phones              |
| fingernail polish                            | PDA                      |
| food   | hangers of any kind      |
| MP3 players                                  | aerosol cans of any kind |
| video or electronic games                    | mouthwash                |
| craft supplies (such as markers, pens, etc.) |                          |

All of the possessions you bring to AFH must fit inside 1 large suitcase and 1 carry-on sized suitcase. This rule will be strictly enforced. Do not bring anything other than these two suitcases with the exception of a purse. Please call if you have further questions about what to bring.



# A Friend's House RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, request and authorize:  
Name of Resident

\_\_\_\_\_  
Name of Facility/Agency/Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone/Fax/Cell (indicate best way to contact)

To release/exchange information to/with:

A Friend's House  
1001 S. Clark Avenue  
P.O. Box 22  
Bluffton, IN 46714  
260-824-5556  
FAX 260-824-5165

ATTENTION: Pam Durdahl

Information to be released (written or oral)

- Assessments       Probation/Court Records       Progress reports
- Medical records       Personal history information       Educational information & records
- Psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records
- Other \_\_\_\_\_

This consent is subject to written revocation at any time except to the extent that action has already been taken in the reliance upon this consent. If not revoked in writing, this consent does not expire.

I have read and understand the above and acknowledge that it was properly completed prior to my signature. A photocopy of this authorization is as authentic as the original signed Release of Information Authorization. An original will be retained in the Medical Record.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian & relationship to applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date