

# Application for Membership in The Harvest House

\* Indicates required question

---

1. Name (Last, First, Middle) : \*

---

2. Date of Birth: \*

---

*Example: January 7, 2019*

3. Gender: \*

Male

Female

4. D.O.C. Number

---

5. Phone Number where you can be reached: \*

---

6. Present Address: \*

---

---

---

---

---

7. Is this address a treatment center or D.O.C.? \*

Yes

No

8. Are you an alcoholic? \*

Yes

No

9. Date of last drink:

---

*Example: January 7, 2019*

10. Are you an addict? \*

Yes

No

11. Date of last use:

---

*Example: January 7, 2019*

12. Please list drugs you use addictively:

---

---

---

---

---

13. Do you want to stop using drugs and alcohol? \*

Yes

No

14. How many AA/NA or other meetings do you attend a week?

---

15. Do you have a sponsor? \*

Yes

No

16. Will you attend church services? \*

Yes

No

17. If "No," please explain. If "Yes," do you already have a church? \*

---

---

---

---

---

18. Are you employed? \*

Yes

No

19. If "Yes," who is your employer?

---

20. Are you getting disability or other non-job related income? \*

Yes

No

21. If "Yes," what?

---

22. What is your income right now? \*

---

23. What do you expect your income to be next month? \*

---

24. Do you have a medical doctor? \*

Yes

No

25. Name of provider:

---

26. Phone number of provider's office:

---

27. Do you have a mental health provider? \*

Yes

No

28. Name of provider:

---

29. Phone number of provider's office:

---

30. Do you take prescription drugs? \*

Yes

No

31. If "Yes," please list all medications prescribed to you and why.

---

---

---

---

---

32. Have you ever been in a treatment facility for drug/alcohol addiction? \*

Yes

No

33. How many?

---

34. If you are currently in treatment, please list the facility:

---

35. Name of provider:

---

36. Name of counselor:

---

37. Phone Number of treatment facility:

---

38. Have you ever been convicted of a felony? \*

Yes

No

39. If "Yes," please list (make list as complete as possible):

---

---

---

---

---

40. Are you currently on probation/parole? \*

Yes

No

41. If "Yes," what is the name and phone number of your officer?

---

42. What is your highest level of education? \*

- Did not graduate
- High School/GED
- College

43. Emergency Phone Numbers (list family doctor if you have one and 2 family members or friends): \*

---

---

---

---

---

44. Please use this space for any additional relevant information:

---

---

---

---

---

45. Date expected to be released from treatment or incarceration:

---

*Example: January 7, 2019*



46. There is a non-refundable sobriety deposit required of the first month's fees for all accepted into the Harvest House (\$360.00). Do you have the deposit? \*

*Check all that apply.*

Yes

No

47. I realize that the Harvest House to which I am applying for residency is under Harvest Outreach and is a Christ Centered House, and if I choose to seek residency, I must follow Harvest Outreach's mission and rules and can be exited if infractions occur. **(1)** I understand that signing this says that I understand the Harvest House is Christ Centered, and I have a choice not to seek membership into said house. **(2)** I understand that the Harvest House is sober living and use of drugs and alcohol can/will be a reason to be exited from the house and my probation/parole officer will be notified. **(3)** I understand that if I sign this form, I agree to the rules (written and unwritten) of the Harvest House and Harvest Outreach. **(4)** I understand this form does not guarantee my admittance into the Harvest House. **(5)** I have read all of the material on this application, including the limitations set forth in item. **(6)** I have answered each question honestly and want to know Jesus Christ and achieve comfortable recovery from alcoholism and/or drug addiction without relapse. \*

I agree that my digital signature is the equivalent of my manual/handwritten signature on this application. By selecting "I agree" using any device, means, or action, I consent to the binding terms and conditions of this application.

I Agree

48. Signature: \*

Date: \*

---

