

Chrysalis Shepherding Home



Application for Residents

**Chrysalis Shepherding Home, 1726 East County Road 2300, Burnside, IL 62330
217-755-4402 877-755-4402**

OR

**Tri-State Family Services, 603 Walnut Street, Carthage, IL 62321
217-357-3343 800-357-1991**

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Instructions for Application

Thank you for considering joining our family at Chrysalis Shepherding Home. We are looking forward to meeting you and seeing how we can encourage you to become all that God intends for you. Entrance to the Chrysalis Home is determined by two specific factors: by your true desire for change and our availability.

Please use the following steps to complete your application:

- 1. Read all information.**
If you have questions, call Chrysalis Shepherding Home at 217-755-4402 or 877-755-4402 OR call Tri-State Family Services at 217-357-3343 or 800-357-1991.
- 2. Complete the entire application.**
The application is to be filled out by the applicant only. (If you are unable to fill out the application for any reason, a letter from the person filling out the application for you must accompany the application stating they completed the application on your behalf and why.)
- 3. Mail the application to:** Chrysalis Shepherding Home, c/o Tri-State Family Services, 609 Locust Street, Carthage, IL 62321
- 4. When we receive your application, we will contact you to set up an appointment for an interview.** If possible, we will interview you in person. If for some reason this is not possible, the interview will be conducted by telephone.
- 5. When we receive all of the required information and the completion of the interview, the staff will make a prayerful decision of whether to accept you as a resident.** You will be informed of the acceptance or denial of your application. If accepted, you will be given an entry date. If there is no space currently available, you will be placed on a waiting list.

We are looking forward to having you join our Chrysalis Shepherding Home family.

Chrysalis Shepherding Home

Guidelines

(alphabetized)

Accidental Injury:

The Medical Payments, under the Chrysalis Shepherding Home insurance policy, do not provide coverage for residents of the home. Should an injury to a resident occur, it may be covered by their personal Health Insurance, or at their own expense. Paid staff would be covered by Worker's Compensation for injuries occurring while they are performing their duties.

Activities:

Resident will participate in CSH activities in so far as possible. House Managers will make reasonable exceptions for residents working outside the Home, mothers attending their children's activities, etc. Each resident needs to let House Managers know their daily schedule.

Attitude:

All residents (including children) are to be considerate and respectful of staff and other residents. Residents will be agreeable in following the directions and guidance of the House Managers and other staff. There is to be no cursing or improper language.

Bedtimes:

Bedtimes will be determined by the House Managers according to age and the amount of rest you need. There is to be no getting out of bed at night except to go to the bathroom. There is to be no roaming around the house. (House Managers may make exceptions.)

Check-In:

When residents first arrive, they will be given a tour of Chrysalis Shepherding Home. They will also be interviewed and given additional information.

Check-Out:

When leaving the program, residents will be checked out by a staff member on duty to ensure that they have all of their belongings and that they return anything belonging to Chrysalis Shepherding Home.

Chores:

All residents will be responsible for their own rooms as well as other duties determined by the House Managers. Rooms are to be clean and orderly at all times and may be inspected at any time. Nothing is to be hung on the walls in the bedrooms. The same person who does a job incorrectly must correct it. When a special need arises, everyone's cooperation in doing extra duties will be required.

Church:

Residents are required to attend Sunday morning Sunday School and church as a group. The church will be a local Christian denomination designated by the House Managers with approval of the Board. If outside work schedules prevent attendance, the House Managers may arrange alternatives.

Computers:

Computers are to be used for completing various assignments, whether for one's schooling, work, or any course assignments which may be designated by the House Manager. The House Manager will determine how much time may be spent in other leisure activities on the computers. Inappropriate uses of the computer would include violent internet games, dating sites, gambling, viewing or sending pornography, etc.

Counseling:

Each resident will have the opportunity, if needed, for a private, individual Biblical counseling session scheduled during the week. Residents are to notify the staff on duty if they need immediate help or counseling.

Devotions

The home will have devotions daily.

Discipline:

Discipline will be given for disobedience and wrong attitudes. Extra household duties, restriction from privileges, essays, and even dismissal will be used.

Dismissal:

A resident may be subject to dismissal from the program for the following behavior:

- Using or possessing alcohol, tobacco products, or illegal drugs.
- Possessing pornography, weapons, or other contraband
- Being continually uncooperative
- Any sexual activity
- Not sincerely working toward their goals

Dress Code and Personal Hygiene:

Appropriate dress will be worn at all times outside of bathrooms. Clothing, including bathing suits, must be clean and modest. House Managers will make decisions regarding modesty. All piercings except ear piercings need to be removed upon arrival and no additional tattoos or piercings will be acquired while residing at the Chrysalis Shepherding Home.

Financial Considerations:

Chrysalis Shepherding Home (CSH) is a non-profit ministry of Tri-State Family Services. We are supported by donations from individuals, churches, businesses, and fund raisers. We do not accept any governmental funding. It is our desire to temporarily help meet financial needs that you cannot meet, like room and board, although we cannot help with your medical expenses. However, if you are receiving an income, we encourage you to donate part of your income to CSH to help pay for your room and board.

In addition, if your child is (or your children are) receiving Social Security Insurance, child support, or other income, 90% of the money you receive on their behalf should go directly to CSH. In this way you, as a parent, avoid any legal problems for misappropriation of funds.

Food and Drink:

All food and drink will be kept in the kitchen/dining room area. House Managers will make reasonable exceptions such as group activities involving watching a movie while eating popcorn with a drink, or when illness requires eating meals in a bedroom, etc.

Laundry:

Residents are responsible for their own laundry. Clothes are to be removed from washers and dryers as soon as they have completed their cycle. There are to be no clothes (clean or dirty) left on the laundry room floor. CSH is not responsible for lost, stolen, or ruined clothing.

Length of stay

There is no minimum or maximum amount of time set for residents to stay at Chrysalis Shepherding Home. Residents are encouraged to stay until significant progress has been made toward achieving their goals.

Mail:

Mail is confidential. Residents' mail will not be opened or read by any staff member without the resident's permission. However, if contraband is suspected in incoming or outgoing mail, the resident may be required to open the mail in the presence of a staff member who will check the contents.

Medical and Dental Care:

Payment for medical or dental care is the responsibility of each resident. Residents are to report all medical and dental needs to the staff. Residents will sign a release allowing medical information to be given to CSH upon request. Transportation will be worked out by the resident and staff.

Money and valuables:

We encourage residents to not keep a lot of money with them. CSH staff is not responsible for lost or stolen money. The House Managers will be glad to record, lock up residents' money or possessions and to allow them to have access to them when needed.

Music, Television & Internet:

House Managers have the right to disapprove of any music deemed inappropriate. House Managers will also give guidance for TV viewing and internet. There will be no TV's in the bedrooms.

Outside Shoes:

Outside shoes will be removed when entering the home and kept near the door to be put on whenever leaving. Residents may wear inside shoes or slippers in the Home.

Pets:

Residents may bring their dog or cat with them, on a case-by-case basis, but all pets are to remain outside of the Chrysalis Home at all times. Residents are responsible for food, vet bills, medicine, etc. and for the care of their pets.

Preventing Abuse:

It is the responsibility of every staff member and resident to make Chrysalis Shepherding Home a safe place, free from verbal, physical, and sexual abuse.

Child abuse is the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional. Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

If anyone, adult or child, is touching you in a way that you feel uncomfortable with, you are to immediately tell the person to stop and remove yourself from the situation. If you are prevented from leaving or

threatened in any way, you are to yell as loud as possible until help comes.

Young children should tell their mother or a House Manager.

Adults and older youth are required to report any physical or sexual abuse or sexual misconduct by any adult or young person associated in any way with the Home (staff, volunteer, or resident) to the House Managers or to the Executive Director (217-219-0078) or call 911 if the Executive Director cannot be reached. The Child Abuse Hotline is (800) 25-ABUSE, or 217-524-2606. The Hotline is located at the Department's State Central Register in Springfield. Anyone may report suspected child abuse or neglect. However, state law mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. All staff and support staff of Chrysalis Shepherding Home should consider themselves as mandated reporters.

Failure to report physical abuse, sexual abuse, or sexual misconduct may be deemed as cooperation with the misconduct and may result in severe consequences. All serious incidents of physical or sexual abuse will be reported to the police.

Privacy:

House Managers, other staff, and residents will knock before entering bedrooms. Changing of clothes will take place in private, not in front of others.

Relationships:

All residents are encouraged to work on their own development before developing romantic relationships during their stay in the program.

Resident Missing:

In the event that a resident or resident's child is not where they are expected to be, we will make appropriate phone calls to locate the person, and if unable to locate them, we will call the authorities for assistance, and notify the Emergency Contact Person which the resident has designated.

Reviews:

There will be a monthly meeting between the resident and/or Executive Director and/or House Managers and/or Counselors to review the progress that the resident has made on the goals set at placement or at previous reviews.

Searches:

In the event that weapons, stolen items, pornography, cigarettes or other tobacco products, alcohol, illegal drugs, or other contraband are suspected, rooms, purses and clothing may be searched without notice by staff or police.

Substance Use:

Residents of Chrysalis Shepherding Home, and their children who are also living at Chrysalis, are never permitted to possess or use tobacco products, alcohol, or illegal drugs. Random drug tests may be given.

Telephone Communication:

Limited communications are allowed. Either staff members or the answering machine will answer the Chrysalis phone, so the staff will be aware of incoming and outgoing calls from the Chrysalis Home as described in the **Staff and Support Staff Phone Call Policy** in this manual. Staff will protect residents'

confidentiality and will shield residents from calls from those whom residents have listed on their “No Call List.” Residents may purchase phone cards to be used on the Chrysalis telephone within guidelines. If residents wish to make long-distance phone calls on the Chrysalis telephone, they must make arrangements to pay for those calls in advance. Residents over 16 may keep their cell phones with them and use them to make or receive calls, within limits. There may be times a resident is asked to turn off or to put on vibrate, such as meal time, class time, bedtime, etc. During those times, texting would also be inappropriate. If the privilege is abused, the resident forfeits their right to a cell phone for a period of time. Residents are responsible for all billing associated with their cell phones and for keeping their cell phones charged.

Tractor and Mower Safety:

Before operating any power lawn equipment for the first time, the resident should ask staff to go over safety requirements. Understanding and practicing safe and proper operation of all lawn, tractor, and power equipment is expected. Any adult resident must sign a waver form before using such equipment, and the parent of any child who is a resident must sign a waver for that child to use such equipment.

Utilities:

Lights are to be turned out by the last person who leaves a room.
Residents are not to adjust the thermostat themselves.

Visits:

Visits may be allowed at the discretion of the House Managers.

Chrysalis Shepherding Home
Applicant Code of Honor

I _____, (full name)

have read the Chrysalis Shepherding Home Guidelines, and agree to abide by these guidelines. I also agree, while residing at Chrysalis, to work toward my goals that the Chrysalis Staff and I will develop together.

Signature: _____ Date: _____

Use this page if you need space to explain answers to marital status questions on page 11:

Chrysalis Shepherding Home

Application for Admission

All information in this application will not be held against you or used to judge you in any way. The Chrysalis Shepherding Home is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason we are not able to meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may determine how best to help you. Please do not leave any blanks in your application, as this will delay processing.

Please feel free to attach additional paper or write on the back if you need more room to complete answers:

Name _____
First Middle Last

Name you go by _____

Permanent Address _____

Temporary Address _____

Telephone #: home () _____ cell () _____

E-Mail: _____

Parent/Guardian/Spouse _____

Address _____

Telephone # home () _____ cell () _____

Referred by: Government Agency _____ Court _____ Parents _____ Church _____ Radio _____

Other (please specify) _____

Telephone # () _____

Information About You

Date of Birth _____ Age _____

Where you were born? _____ Where were you raised? _____

Social Security Number _____ - _____ - _____

Driver's License Number _____ Expiration date _____

Marital Status

Single _____ Engaged _____ Married _____ Separated _____ Divorced _____

If not married, are you currently in a romantic relationship? _____ (if "yes," explain on pg. 12)

If married, is this a first marriage? _____ (if "no," explain on pg. 12) Date of this marriage: _____

If separated or divorced, date of separation or divorce: _____

What is your sexual preference? Heterosexual _____ Homosexual _____ Bisexual _____

Other People Living in Your Current Home:

Name	Date of Birth	Relationship	Health Status

Military

Have you served in the military? _____ Which branch? _____

Are you committed to any reserve obligations? _____

If yes, explain: _____

Education

Circle last year completed Grade School: 3 4 5 6 7 8 High School: 9 10 11 12

High School attended _____

Did you graduate? _____ Did you get a GED? _____ Year graduated or GED? _____

Have you taken any college courses? Yes _____ No _____ Number of hours _____

Circle last year completed College 1 2 3 4 Other: _____

Degree(s) _____ Major _____ Minor _____

Children

Do you have any children? _____ How many? _____

List names and ages:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

Who has custody of your children? _____

Do you have a DCFS caseworker? _____

Name of caseworker: _____ Phone number: _____

Are you desiring your children to be residents with you at the Chrysalis Home? _____

If not, what arrangements are being made for your children while you reside at the Chrysalis Home? _____

Are you on any type of government or financial assistance? _____

What effect, if any, will coming to Chrysalis have on this assistance? _____

Pregnancy

Are you pregnant? _____ Approximate Due Date: _____

Has a doctor confirmed your pregnancy? _____

Is the birth father aware of the pregnancy? _____

What involvement do you anticipate the birth father having with you during your pregnancy?

Are you considering parenting? _____ placing for adoption? _____ undecided? _____

Chrysalis Shepherding Home firmly believes that it is the responsibility and right of the birth mother to make the decision to parent or to make an adoption plan. We believe that God will give the birth mother direction for her life and that of her unborn child. The staff of the Chrysalis Home will affirm and support the birth mother with whatever option she chooses.

PERSONAL MEDICAL HISTORY

Rate your health: Very good ___ Good ___ Average ___ Declining ___

Number of working or school days lost in the past twelve months due to illness _____

Condition of your health (please list any major illnesses/operations in the past five years including any mental counseling).

Number of working days you have lost in the past twelve months due to illness _____

Describe your use of tobacco products

Describe your use of alcoholic beverages

Do you have any allergies such as food, medication, latex, etc.? _____

List each allergy: _____

List any and all prescription and non-prescription medications that you are currently taking:

Medication	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you on a special diet? _____ Explain: _____

If yes, was this diet prescribed by a Doctor? _____ Dr.'s name and phone # _____

Do you have, or have you ever had, a problem with food or eating? _____ Explain _____

Have you been diagnosed with an eating disorder, or treated by a physician? _____

Dr.'s name and phone # _____

List any physical limitations that you may have as indicated by a physician: _____

Explain the limitations: _____

On the form below, if you check yes, please explain symptoms in the same box as the condition:

	Yes, and the symptoms are:	No
Asthma		
Blood in urine		
Burning on urination		
Frequent kidney infections		
Kidney stones		
Vomiting Blood		
Diarrhea		
Constipation		
Arthritis		
Blackout spells		
Convulsions		
Backache		
Fatigue		
Dizziness		
Excessive fatigue		
Are you nervous?		
Are you often depressed?		
Do you worry?		

Do you sleep well?		
Are you excessively sleepy?		
Do you cry easily?		
Scarlet fever		
Measles		
Chickenpox		
Mumps		
Whooping cough		
Small pox		
Typhoid fever		
Cancer		
Anemia		
Syphilis		
Gonorrhea		
Diphtheria		
Hepatitis		
Tuberculosis		
Pneumonia		
Nervous breakdown		
Goiter		
TB		
Severe/persistent headaches		
Blurred vision		
Pain in the eyes		
Hearing loss		
Hay fever		
Sinus trouble		
High blood pressure		
Low blood pressure		
Severe chest pain		
Racing of the heart		
Shortness of breath		
Swelling of ankles		
Leg cramps		
Rheumatic fever		
Heart trouble		

Have you had any miscarriages? Yes ___ No ___ How many? ___ When? _____

Have you had any stillborn births? Yes ___ No ___ How many? ___ When? _____

Have you experienced the death of your child? Yes ___ No ___ How many? ___ When? _____

Have you had any abortions? Yes ___ No ___ How many? ___ When? _____

Any other past or present illness(es) not listed: _____

Do you have epilepsy? _____ Type: _____

Have you ever had seizures? _____ If yes, how many? _____ Date of last one? _____

Have you had a blood transfusion? _____ When? _____ Where? _____

Financial

Do you have any outstanding debts or unpaid fines? _____ Explain _____

What arrangements will you make for their payment while you are at the home? _____

Will your financial needs while at the Chrysalis Home be supplemented by someone other than yourself, and if so, who will it be? _____

Chrysalis Shepherding Home provides food and shelter, but we are not responsible for medical expenses or prescriptions. It is the responsibility of the resident, parents, guardians, or a sponsoring agency to cover these expenses. Arrangements should be made prior to residency. If none of the above is available to you please inform the staff during your interview.

Financial Considerations:

Chrysalis Shepherding Home (CSH) is a non-profit ministry of Tri-State Family Services. We are supported by donations from individuals, churches, businesses, and fund raisers. We do not accept any governmental funding. It is our desire to temporarily help meet financial needs that you cannot meet, like room and board, although we cannot help with your medical expenses. However, if you are receiving an income, we encourage you to donate part of your income to CSH to help pay for your room and board.

In addition, if your child is (or your children are) receiving Social Security Insurance, child support, or other income, 90% of the money you receive on their behalf should go directly to CSH. In this way you, as a parent, avoid any legal problems for misappropriation of funds

Regarding the children who will be living at the Home with you, are you currently receiving Child Support through the court, DHS, or SSI? _____

How much do you receive each month? _____

Medical and Dental Care:

Payment for medical or dental care is the responsibility of each resident. You are to report all medical and dental needs to the staff. You will sign a release allowing medical information to be given to CSH upon request. Transportation to appointments will be worked out by the resident and staff.

Legal Background

Have you ever been arrested? _____ How many times? _____ List dates, charges, etc:

Do you have any pending court dates? _____ Explain _____

Do you have any outstanding warrants? _____ Explain: _____

Are you currently incarcerated? _____ Where? _____

How long have you already served? _____ Length of Time Remaining? _____

Name of Counselor where I am incarcerated? (This is the contact person to set up the telephone interview) _____

Telephone # of Counselor where I am incarcerated: _____

Attorney or Legal Representative: _____

Telephone # of Attorney or Legal Representative: _____

Have you ever been on probation or parole? _____ How many times? _____

Dates, charges, etc. _____ Are you now? _____

Length of time remaining for probation or parole? _____

How often do you report? _____ In person or through mail? _____

Name of probation or parole officer: _____

Address: _____

Telephone Number: _____

Do you have a restraining order on anyone? _____ If yes, describe _____

Does anyone have a restraining order against you? If yes, describe _____

Substance Abuse

Have you ever experimented with the following substances? (Please circle)

- | | | |
|---------------------------------------|----------------------------------|----------|
| Alcohol | Hallucinogenic (Acid, LSD, etc.) | Morphine |
| Amphetamines (uppers) | Crank | Opium |
| Barbiturates (downers) | Crystal Meth | Heroin |
| Cocaine | Marijuana | Ecstasy |
| Crack | Meth-Amphetamines | Tobacco |
| Inhalants (Glue, Paint Thinner, etc.) | Other _____ | |

Drug use history:

1) _____ Length of Use _____ Date last used _____

2) _____ Length of Use _____ Date last used _____

3) _____ Length of Use _____ Date last used _____

Presently addicted? _____ Light _____ Moderate _____ Heavy _____

What are you addicted to? _____

Habit cost/day? _____

Longest period clean? _____

*Have you ever been in an alcohol, drug, or detoxification program before? _____

(Please list facilities below and place an "X" to the left of the name of any facility that was Christian-based).

<u>*Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Have you ever been in pornography or sexual addiction program before? _____

(Please list facilities below and place an "X" to the left of the name of any facility that was Christian-based).

<u>*Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Counseling

Have you ever been diagnosed or treated for:

DID/Dissociative Disorder _____ ADD _____ Depression _____ Bi-Polar Disorder _____

ADHD _____ Schizophrenia _____ Borderline Personality Disorder _____

Other (please list) _____

Have you ever received professional counseling? _____

Have you ever received psychiatric care? _____

If you answered "yes" to any of the questions in the counseling section, please list doctors' name, address, and telephone number:

Have you ever been in a psychiatric hospital? _____ Please list facilities below.

<u>Date of entry</u>	<u>Program Name</u>	<u>City/State</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been a victim of rape? _____ Age (s) _____

Have you ever been a victim of incest? _____ Age of first incident _____

Your age at last incident _____

Have you ever been a victim of sexual abuse? _____ Age (s) _____

Have you ever been a victim of physical abuse? _____ Age (s) _____

Have you ever been a victim of ritual abuse? _____ Age (s) _____

Have you ever been involved in prostitution? _____ Age (s) _____

Have you ever been involved in lesbianism? _____ Age (s) _____

Have you ever tried to commit suicide? _____ Age (s) _____

Method of attempt? _____

Reason for attempt? _____

Have you ever self-mutilated? _____ Age (s) _____

Method used? _____

Reason for self-mutilation? _____

Living Conditions & History

Who do you live with now? _____

What is your relationship to the person you live with? _____

Who did you live with growing up? _____

Has anyone that lived in your household had a significant influence on your life? _____

Please list and tell how they influenced you:

Spiritual

Have you ever witnessed or been involved in the following occult activities? (Please circle)

- | | | |
|----------------------|--------------------------------------------|-----------------------|
| Astroprojection | Satanic Worship | Rituals |
| Divination | Séances | Sacrifices |
| Fortune Telling | Spell Casting | Spiritism |
| Horoscopes | Tarot Cards | Psychic Consultations |
| Levitation | Voodoo | Chanting |
| Ouija Boards | Witchcraft | Channeling |
| Palm Reading | Yoga | White Magic |
| Witches Coven | Putting Curses on Others | Other _____ |
| Dungeons and Dragons | Programing (color, number, location, etc.) | |

Write a brief explanation of your involvement with each: _____

Have you ever been abused in any of these activities? _____

Explain: _____

Have you ever been involved in any of the following groups? (Please circle)

- | | | |
|---------------------|---------------------------|------------------|
| Christian Science | Mormonism | Brotherhood |
| Eastern Religions | Scientology | New Age Movement |
| Jehovah's Witnesses | Transcendental Meditation | |

Gangs (List): _____

Other: _____

Write a brief explanation of your involvement with each: _____

Have you ever committed your life to God through a personal relationship with Jesus Christ?

Date: _____ Place: _____

Please share your experience: _____

Denominational preference: _____
Are you a member of any church or religion? _____ Which one? _____
Have been baptized by immersion? _____ Where/When? _____
How often do you attend church? _____
Do you feel you are a religious person? _____
Please explain why or why not: _____

Do you read the Bible? _____ How often? _____
Do you pray? _____ How often? _____
How do you view God? _____
How do you view Jesus Christ? _____
Do you feel that you have a need for God? _____ Explain: _____

What is your present relationship with God? _____
Why would you like to come to the Chrysalis Home? _____

Chrysalis Home exists to present the love and life of Jesus Christ as the only way to spiritual and emotional wholeness as well as to assist residents in acquiring the educational and vocational skills necessary to become functioning members of society.

What would you like to see happen in your life while at Chrysalis Shepherding Home:

I have read the Chrysalis Home Guidelines and I agree to follow these guidelines. I understand that if I have failed to answer any part of the application truthfully, or have withheld any information, my involvement in the program may be in jeopardy.

Signature of Applicant Date

Please write out your personal story.

Start with your earliest memories and include events which seem significant to you.

(You may use the back of this page and/or extra paper, OR you may type or print your story on other paper.)

Resident Goals

1. My educational goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. The steps that I believe I will have to take to reach my educational goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. My career goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. The steps that I believe I will have to take to reach my career goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

5. My physical goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

6. The steps that I believe I will have to take to reach my physical goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

7. My spiritual goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

8. The steps that I believe I will have to take to reach my spiritual goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

9. My emotional goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

10. The steps that I believe I will have to take to reach my emotional goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

11. My personal goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

12. The steps that I believe I will have to take to reach my personal goals are:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Filepath:

C:\Documents and Settings\user\My Documents\Chrysalis\Policy & Procedures\Resident Forms\Resident Goals.doc and C:\Documents and Settings\user\My Documents\ Application – Residents 2010.doc

**CHRYSALIS SHEPHERDING HOME
MEDICAL INSURANCE INFORMATION FORM**

1. Name, address, and telephone number of family practitioner:

2. Do you have current individual insurance coverage? Yes _____ No _____

3. Type(s) of insurance coverage Dental _____ Vision _____ Medical _____

4. If you are a dependent, are you covered by your parent/legal guardian's policy?

Yes _____ No _____

Please call your insurance provider for assistance in answering the following questions.
(If you have NO insurance coverage, you may skip the rest of the questions on this page.)

1. Name of insurance provider: _____

Policy number: _____ Group number: _____

2. Does your policy provide medical coverage outside of your network for both emergency and non-emergency visits?

Yes _____ No _____ What % does it cover? _____

If not, please specify: _____

3. What is your Dr. visit co-pay inside of the network? _____

What is your Dr. visit co-pay outside of the network? _____

4. Do you have prescription drug coverage? Yes _____ No _____

If yes to above, are prescriptions covered outside of the policy network?

Yes _____ No _____ What %? _____

5. Will your insurance policy cover all of the following possible medical needs while at Chrysalis Shepherding Home? Please check those that are covered:

Normal pregnancy _____ Complicated pregnancy _____

Emergency room _____ Hospitalization _____

Lab work _____

Chrysalis Shepherding Home will require your insurance, prescription and social security cards upon arrival into the program (No copies please.)

Chrysalis Shepherding Home

Release of Information Form

All matters relating to applicant records and information are confidential and are treated as such by the staff of Chrysalis Shepherding Home. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.

Name of Applicant: _____ **Date:** _____

I, _____, do hereby give permission for Chrysalis Shepherding Home to share information related to my application to the program with:

1. _____
2. _____
3. _____
4. _____

I also give the following person(s) or facility(ies) permission to exchange the following information with Chrysalis Shepherding Home for the purpose of application to Chrysalis Shepherding Home.

1. _____
2. _____
3. _____
4. _____

___ Medical information ___ Personal history information
___ Educational information and records
___ Psychological summary, psychiatric summary, counseling summary, treatment summary,
and discharge summary

Signature of Applicant

Date

Signature of Witness

Date

Emergency Contact Person

In the event that you or your child is not where you are expected to be, we will make appropriate phone calls to locate you or your child. If we are unable to locate you or your child, we will call the authorities for assistance, and notify the Emergency Contact Person which you designate below.

Name: _____

Address: _____

Phone Number(s): _____

E-mail address: _____

Relationship to you: _____

This person will be contacted to verify that they wish to have this responsibility.

I understand the above policy and agree to its conditions.

Signed by: _____

Date: _____

Resident No-Contact List

If I am accepted as a resident, I would rather not have any contact with:

Name	Phone #
1. _____	(____) _____
2. _____	(____) _____
3. _____	(____) _____

There is Court-Ordered No-Contact with:

1. _____	(____) _____
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Details of the court order:

2. _____	(____) _____
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Details of the court order:

3. _____	(____) _____
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Details of the court order:
