The Branches
Phase 1 Resident's Application

Personal

Application Date:_____Primary needs (Housing __) (Recovery Encouragement __)

First Name_____MI_____Last Name_____

Street Address_____City_____

State_____Zip_____Email Address_____

Home Phone_____Cell Phone_____

SSN_____-____-_____ (4 background check) DOB __/__/__ Are you a US Citizen?___

Which church do you currently attend?_____

Are you a graduate of a recovery program? If so, which one? (_____)

Education

High School_____City/State_____

HS Diploma or GED?_____

Other School_____City/State_____

Degree/Certification_____

Other School_____City/State_____

Degree/Certification_____

References

Pastor_____Phone Number_____Email_____

Church Name_____

Friend_____Phone Number_____Email_____

How do you know this person?_____

Coworker_____Phone Number_____Email_____

Company where you worked with this person:_____

Work History

Employer_____City/State_____

Phone Number_____Supervisor_____

Job Title_____Start Date_____End Date_____

Job Description_____

_____

_____

Reason for Leaving_____

May we contact this employer? _____

Employer_____City/State_____

Phone Number_____Supervisor_____

Job Title_____Start Date_____End Date_____

Job Description_____

_____

_____

Reason for Leaving_____

May we contact this employer?

Treatment and Charges

Treatment Centers attended:

Where? _____ When? _____ Completed? Y(__) N (__)

If not completed please explain: _____

Where? _____ When? _____ Completed? Y(__) N (__)

If not completed please explain: _____

Where? _____ When? _____ Completed? Y(__) N (__)

If not completed please explain: _____

Have you attended AA or NA (or other) recovery meetings? Y(__) N (__)

When? _____ How long?

Legal Charges

Do you have any sex related convictions or charges? Y(__) N (__)

List any past and current criminal charges. (Note: a legal requirement to register for sex related crimes eliminates you as a candidate for residency)

_____

_____

Parole Office and Social Worker Name and contact info:

_____

What do you hope to accomplish through this program? (list two or three goals)

_____

_____

Please share something about your faith and relationship with Jesus Christ.

_____

_____

What have you done in the past to address your addiction, homelessness or other issues?

_____

_____

What do you need to do differently this time?

_____

_____

What would you like us to know about your family of origin and your current family relationships?

_____

_____

Do you have skills, abilities or talents that may help you in your career development?

_____

_____

Is there anything else you think we should know about you?

_____

_____

Are you willing to consent to a background check before you begin your journey with The Branches?

Yes ( ) No ( )

As a resident you will participate in morning class time, afternoon serving and trade skill time, and evening recovery meetings? Do you understand that participation in all programming is mandatory?

Yes ( ) No ( )

Do you currently own a vehicle? (__)

Make _____ Model _____ Tabs Expire _____ Insurance Carrier _____

How did you discover The Branches?

_____

Thank you for taking the time to complete this application

Applicants Signature _____ Date _____

----------END OF APPLICATION----------

(**Return applications** to the email below or call the number to make alternative arrangements)

The Branches RR Inc
Thebranches2024@gmail.com
The Branches Phone: 320-428-1705