

# The Branches

## Phase 1 Resident's Application

### Personal

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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

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High School\_\_\_\_\_City/State\_\_\_\_\_

HS Diplomaor GED?\_\_\_\_\_

Other School\_\_\_\_\_City/State\_\_\_\_\_

Degree/Certification\_\_\_\_\_

Other School\_\_\_\_\_City/State\_\_\_\_\_

Degree/Certification\_\_\_\_\_

### References

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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

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Employer\_\_\_\_\_City/State\_\_\_\_\_

Phone Number\_\_\_\_\_Supervisor\_\_\_\_\_

Job Title\_\_\_\_\_Start Date\_\_\_\_\_End Date\_\_\_\_\_

Job Description\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

May we contact this employer? \_\_\_\_\_

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Employer\_\_\_\_\_City/State\_\_\_\_\_

Phone Number\_\_\_\_\_Supervisor\_\_\_\_\_

Job Title\_\_\_\_\_Start Date\_\_\_\_\_End Date\_\_\_\_\_

Job Description\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

May we contact this employer? \_\_\_\_\_

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## Treatment and Charges

### Treatment Centers attended:

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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)

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Parole Office and Social Worker Name and contact info:

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

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

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

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What do you need to do differently this time?

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

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

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

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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?

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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