

GENESIS MEN'S PROGRAM



St. Louis Dream Center

Genesis Men's Program

St. Louis Dream Center

4324 Margareta Ave.

St. Louis, MO 63115

314.381.0700 ext. 8048

Emergency Contact:

1. Name: _____ Phone #: (____) _____

Relationship to applicant: _____

2. Name: _____ Phone #: (____) _____

Relationship to applicant: _____

3. Name: _____ Phone #: (____) _____

Relationship to applicant: _____

Business Information:

Date of entrance into our Home: _____ Referred by: _____

Social Security #: _____-_____-_____ Are you a U.S. Citizen? **Y/N**

Do you have medical insurance: **Y/N** Name of Provider: _____

Do you have a valid driver's license? **Y/N** If so, what state: _____

Do you receive unemployment, SSI, SSD, or any type of financial assistance? **Y/N**

Education:

Highest grade completed: _____ Graduate from High School: **Y/N** or GED **Y/N**

Do you have any learning disabilities? **Y/N** Please explain:

Have you had any technical, vocational, or college schooling? **Y/N** Please explain:

Areas of Interest:

What are your hobbies or areas of interest? _____

What are your talents or gifted areas? _____

Family Information:

Marital Status

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Do you currently have a girlfriend? **Y/N** Name of girlfriend: _____

Spouse/Ex-Spouse's Name: _____

Address: _____ City: _____ State: _____

Phone #: (____) _____ Occupation: _____

Describe your relationship with your wife/girlfriend: _____

Children

How many children do you have? _____

Name: _____ Age: _____ Current Caretaker: _____

Name: _____ Age: _____ Current Caretaker: _____

Name: _____ Age: _____ Current Caretaker: _____

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Do they have a Social Worker? **Y/N** Please state their name: _____

Which State? _____ Phone # of Social Worker: (____) _____

Parents

Father's Name: _____ Phone #: (____) _____

Living: **Y/N** Deceased: **Y/N**

Address: _____ City: _____ State: _____

Mother's Name: _____ Phone #: (____) _____

Living: **Y/N** Deceased: **Y/N**

Address: _____ City: _____ State: _____

Are your parents:

Married: _____ Separated: _____ Divorced: _____ Widowed: _____ Remarried: _____

Describe your relationship with your mother: _____

Describe your relationship with your father: _____

As a child, who did you feel closest to? Father: ____ Mother: ____ Someone else: ____

Do either of your parents have a history of substance abuse? **Y/N** Please explain:

How many brothers and sisters do you have? _____

Sexual History:

Please check those which apply:

Heterosexual: _____ Homosexual: _____ Bisexual: _____ Transsexual: _____

If you checked anything other than heterosexual, please explain: _____

Have you ever been involved in prostitution? **Y/N** If yes, how long? _____

Have you ever been sexually abused? **Y/N** Have you ever been raped? **Y/N**

At what age(s)? _____ By whom? _____

Employment History:

What is your trade/profession, if any? _____

Name of last employer: _____

Type of work: _____ How many jobs have you held in the last year? _____

Reason(s) for leaving: _____

What career, job, or trade would like to do in the future? _____

What type of work skills do you have? _____

Legal History:

Have you ever been arrested? **Y/N** How many times: _____

Date: _____ Charged with: _____ Sentence: Jail / Probation

Date: _____ Charged with: _____ Sentence: Jail / Probation

Date: _____ Charged with: _____ Sentence: Jail / Probation

Date: _____ Charged with: _____ Sentence: Jail / Probation

Legal History Cntd:

Are you currently on probation/parole? **Y/N** Time Remaining: _____

Probation/Parole Officer's Name: _____ Phone#: (____) _____

Name of lawyer: _____ Phone#: (____) _____

Do you have any upcoming court dates or outstanding warrants? Please explain: _____

Personality and Mental Health History:

Self-Description

Please circle the characteristics that best describe you:

- ❖ Gentle ❖ Sensitive ❖ Demanding ❖ Talkative ❖ Impatient ❖ Joyful
- ❖ Fearful ❖ Shy ❖ Quiet ❖ Humorous ❖ Content ❖ Calm
- ❖ Stern ❖ Kind ❖ Stubborn ❖ Independent ❖ Forgiving ❖ Leader
- ❖ Happy ❖ Angry ❖ Lonely ❖ Critical ❖ Strong ❖ Encouraging
- ❖ Loving ❖ Caring ❖ Bold ❖ Meek ❖ Passive ❖ Controlling
- ❖ Distant ❖ Loyal ❖ Gracious ❖ Positive ❖ Moody ❖ Energetic
- ❖ Weak ❖ Short-Tempered ❖ Trustworthy

Have you ever been in counseling? **Y/N** Please explain:

Have you ever been treated for emotional or mental problems? **Y/N** Please explain:

Have you ever had an eating disorder (anorexia, bulimia, over-eating)? **Y/N**

Please explain: _____

Physical Health History:

Do you have any medical or dental problems? **Y/N** Please explain: _____

What provisions, if any, have been made for medical expenses? _____

Do you wear glasses or contact lenses? **Y/N** Date eyes were last checked: _____

Are you currently on any medication(s)? **Y/N** Please explain: _____

Will you consent to an HIV test and other test for sexually transmitted diseases? **Y/N**

Do you have **any past** or **current** medical problems (surgeries, dietary requirements, sexually transmitted diseases, seizures, allergies) that may affect you while in the program? **Y/N**

Do you have any type of sleep disorders, nightmares, sleep walk, etc.? If yes, please explain: _____

Drug History:

Are you currently abusing any drugs and/or alcohol? **Y/N** Please explain: _____

At what age did you first use drugs and/or alcohol? _____

Drug History Cntd:

What drugs have you used? Please circle all that apply:

- ❖ Alcohol ❖ Barbiturates (downers) ❖ Amphetamines (uppers) ❖ Heroin
- ❖ Cocaine ❖ Hallucinogenic ❖ Opium ❖ Marijuana
- ❖ Tobacco ❖ Crack ❖ Methadone

I depend on drugs? Please circle all that apply:

- A.** To cope with life **B.** For Pleasure **C.** To escape reality **D.** To be with the "in" crowd

Drug of choice: _____

Longest period clean: _____

When? _____ Dates: _____

When was the last time you used? _____

The Problem:

Why do you want to be a part of this program?

Have you ever been in other programs? **Y/N** Please explain: _____

What is the longest you have stayed in another program and why did you leave? _____

What areas do you need to work on in your life? _____

The Problem Cntd:

Why do you feel you are ready to make a change in your life? _____

What would you like to do after you leave our home? _____

Spiritual Life:

Have you ever committed your life to God? **Y/N** When: _____

Did you attend church as a child? **Y/N** As an adult? **Y/N**

What type of church did you attend? _____

Have you ever been involved in Satanism, witchcraft or occult activity? **Y/N**

Please explain:

What is your opinion of God? _____

I do hereby agree that all the information contained in this application and any attachments is true, correct, and complete; I understand that any misrepresentation, falsification or omission of information on this application may result in immediate dismissal from the home.

Applicant's Signature

Date

I _____ have read and fully understand the guidelines of this Home. I do hereby agree to abide by these guidelines while I am a resident of the "Genesis Men's Program."

I understand that if I do not abide by the rules, disciplinary action or dismissal from the program may be the consequential result.

Resident's Signature

Staff's Signature

Date

Release Agreement

I agree that I will not hold the "Genesis Men's Program", an outreach of St. Louis Dream Center (DBA Dream Builders, Inc.), responsible for any injury that may occur to me while in the program.

I understand that should I leave or be dismissed, my clothes and personal items can be taken with me upon departure. Anything left over 24 hours (without special arrangements for pick up), will become the property of the "Genesis Men's Program."

I understand that the "Genesis Men's Program" will not be held responsible for any person's property left, lost, or stolen from the premises of the house.

I give permission for the director (or authorized personnel) to open all of my incoming or outgoing mail.

I understand that my belonging will be searched and checked upon arrival into the program.

I realize that upon entrance into the "Genesis Men's Program", I am submitting to the program, its rules, and schedules. I will do my best, with God's help, to cooperate with the rules and staff of the home and the St. Louis Dream Center.

Resident's Signature

Staff's Signature

Date