

# APPLICATION FOR HARMONY MINISTRIES

## (Selah House)

DATE \_\_\_\_\_

**PLEASE PRINT**

1. Client's Name: \_\_\_\_\_ Sin # \_\_\_\_\_  
 Care Card # \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone \_\_\_\_\_ (wk) \_\_\_\_\_ best time to call: \_\_\_\_\_

Marital Status: \_\_\_\_\_ single \_\_\_\_\_ engaged \_\_\_\_\_ married \_\_\_\_\_ widowed \_\_\_\_\_ divorced  
 \_\_\_\_\_ separated \_\_\_\_\_ common-law            how long \_\_\_\_\_ how many times \_\_\_\_\_  
 Education \_\_\_\_\_ Occupation \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Birth date \_\_\_\_\_ Sin # \_\_\_\_\_ Care Card \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Ministry Worker \_\_\_\_\_ A/D Worker \_\_\_\_\_ Other \_\_\_\_\_

Income source \_\_\_\_\_ Monthly Income \_\_\_\_\_

2. List name, birth date, sex, relationship of all children, and whether they live at home with you.

NAME	BIRTH DATE	SEX	RELATIONSHIP	AT HOME?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**3. CRISIS INFORMATION:**

Do you have any current suicidal thoughts feelings or actions? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes please explain:

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Do you have any past problems with hospitalizations, or jailing for suicidal or assaultive behavior?

\_\_\_\_\_ yes \_\_\_\_\_ no - If yes please explain:

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Do you experience any current threats of significant loss or harm (illness, divorce, custody, job loss etc.)?

\_\_\_\_\_ yes \_\_\_\_\_ no - If yes please explain:

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Are you presently on probation, or parole? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes please explain:

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Name of Parole/ Probation Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

**4. MEDICAL INFORMATION:**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you presently taking any medications? If yes, please list below:

MEDICATIONS: \_\_\_\_\_

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Any problems with: \_\_\_\_\_ eating \_\_\_\_\_ sleeping \_\_\_\_\_ chronic pain \_\_\_\_\_ recent weight changes.

Describe any answers checked above:

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Any other medical problems: \_\_\_\_\_

Have you or a family member ever been hospitalized for mental or emotional illness?

\_\_\_\_yes \_\_\_\_no - If yes, please explain dates, places, reason:

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5. Who referred you to us? (Name, relationship, and phone number(s))

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6. By signing this form, I agree to follow all guidelines. I will show up for scheduled appointments.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Client Signature: \_\_\_\_\_

Harmony Ministries Director: \_\_\_\_\_