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_____-____-_____ (for background check) 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? _____

Employer_____City/State_____

Phone Number_____Supervisor_____

Job Title_____Start Date_____End Date_____

Job Description_____

_____

Reason for Leaving_____

May we contact this employer? _____

Other

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: _____

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?

Do you have any sex related conviction? Y(__) N (__)

List any past and current criminal charges. Explain how you have changed since then.

_____

_____

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 ( )

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 program director's email or mail to the address below)

The Branches Personnel Comments:

Reviewed by: _____ Date _____

Recommendations:

Next Steps:

The Branches
P.O. Box 51
Mora, MN 55051
General Email: thebranches2024@gmail.com / Programs matminconsult@gmail.com
Phone: 320-209-1991 / Programs 715-661-3254