

SONRISE HOUSE APPLICATION



A. SONRISE HOUSE (a ministry of Baptist Children's Home)

Thank you for applying to the Sonrise House. The Sonrise House is designed to help women ages 18 to 40 become independent, complete their education and gain life skills. Life coaches in the Sonrise House model a Christian marriage and family. The program offers training in financial management, car care, job training skills and many others. Educational opportunities are available through the community.

1. Complete the Sonrise House application.
2. Mail to: Baptist Children's Home and Family Ministries, Inc.
354 West Street, Ste 1
Valparaiso, IN 46383
3. Upon receipt of the application, Sonrise intake team will review and determine the availability and possibility of placement. This process normally takes 3-4 business days.

B. INTERVIEW

The next step in the application process is a personal interview conducted by a Sonrise counselor and/or life coaches. The purpose of the interview is to gather additional pertinent information, to answer any questions you may have, and to familiarize you with the Sonrise House.

As part of the interview, we ask that you visit the Sonrise House. Please allow at least two hours for the interview.

C. NOTIFICATION

After the interview, Baptist Children's Home staff will further review the information. Within 3-4 business days of the interview you will be contacted by the family case manager as to the status of your application.

When you move into the Sonrise House we require a valid Photo ID (Driver's License, Passport, or State ID).

SIGNATURE _____ **DATE** _____





Return completed form to:
Baptist Children's Home
354 W. Street, Ste 1
Valparaiso, IN 46383

SONRISE HOUSE APPLICATION

PERSONAL INFORMATION:

Today's Date: _____

Name	
Age	
Birth date	
Social Security #	
Address	
Telephone Number	
Religion	
Referred By	

MARITAL STATUS –

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | |

Any Present Relationships: _____

DESCRIBE YOUR PRESENT LIVING SITUATION:

CHECK THE FOLLOWING THAT APPLY TO YOU:

- | | | |
|---|---|--|
| <input type="checkbox"/> Use of Tobacco | <input type="checkbox"/> Cutting | <input type="checkbox"/> Homosexuality |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Stealing/Shoplifting | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Suicidal Tendencies | <input type="checkbox"/> Misdemeanors |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Profanity | <input type="checkbox"/> Felonies |

GIVE A SHORT EXPLANATION OF EACH AREA CHECKED:

CHECK OTHER SERVICES/AGENCIES INVOLVED PAST OR PRESENT:

- | | |
|--|---|
| <input type="checkbox"/> Court/Probation | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Welfare Dept. | <input type="checkbox"/> Mental Health Agency |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private Counselor |

NAME AND EXPLAIN THE EXTENT OF INVOLVEMENT OF THESE SERVICES/AGENCIES CHECKED ABOVE:

WHAT ARE YOUR CHARACTER STRENGTHS?

LIST YOUR CHILDREN:

Name		
Birth date		
Address		
Father		
Person Living with		

Name		
Birth date		
Address		
Father		
Person Living with		

WORK HISTORY:

Present Employment	
Employer	
Position	
Length of Employment	
Reason for Leaving	

Past Employment	
Employer	
Position	
Length of Employment	
Reason for Leaving	

PLEASE DESCRIBE YOUR EMPLOYMENT GOALS/PLANS:

SCHOOL INFORMATION:

School Last Attended	
Address	
Telephone #	
Year Last Attended	
Last Completed Grade	

DO YOU WISH TO CONTINUE YOUR EDUCATION? _____ If yes, please describe your educational goals and plans:

HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO WITHDRAW FROM SCHOOL? _____

If so, please explain:

DO YOU ATTEND CHURCH? Weekly Monthly 1-2 times per year Never

CHURCH INFORMATION:

Church Attending	
Pastor	
Address	
Telephone #	

DO YOU PROFESS TO BE A CHRISTIAN? _____ Share how you came to know Christ?

WHY DO YOU WANT TO COME INTO THE INDEPENDENT LIVING PROGRAM?

WHAT DO YOU WISH TO ACCOMPLISH WHILE YOU ARE IN THE PROGRAM?

WHAT AREAS IN YOUR LIFE WILL NEED TO CHANGE TO ACCOMPLISH THESE GOALS?

MEDICAL INFORMATION AND HISTORY

DATE OF LAST PHYSICAL OR DOCTOR VISIT: _____

ANY KNOWN ALLERGIES? ____ If yes, specify: _____

OPERATIONS (NATURE, DATES, COMPLICATIONS) _____

INJURIES OR CONDITIONS THAT AFFECT YOU CURRENTLY (Please describe)

DO YOU CURRENTLY TAKE MEDICATION OF ANY KIND? ____ If yes, give specifics: _____