



Frontline Harvest Ministry

Harvest Home Application

Thank you for applying to The Harvest Home at Frontline Harvest Ministry! Please be sure to fill this Application out completely, carefully read and sign the Harvest Home Covenant, and attach a letter sharing life experiences that have shaped who you are.

When completed, send either by email to princess01@aol.com or by mail to PO Box 12582 Green Bay WI, 54303 After we have received your signed Application & Covenant, we will review your Application, follow-up with an interview in jail, in person or by phone. For any questions or more info call Sarah the director 920-366-6988

Name: _____
(First) (Last) (Middle)

Date of Birth: ____ / ____ / ____ **Today's Date:** ____ / ____ / ____

Facility Name (Current Location) & Phone #: _____

Facility Address: _____

Racial Identity: Black Native American Hispanic White _____

Have you ever applied/participated at Frontline Harvest Ministries before? Yes No

Were you involved in the Juvenile Justice System as a youth? Yes No

Do you have any children? Yes No **If so, how many?** _____

Do you have any addictions? Drug Alcohol Other (Gambling, Pornography, etc.) _____

Have you ever had a mental health evaluation? Yes No **If yes, when?** _____

Are you being treated for any medical/mental health condition? If yes, please explain: _____

Are you taking any prescription medications? If so, please list them: _____

List date and nature of all convictions: (Please use separate sheet if needed) _____

Recent County of Conviction: _____ **Release date:** ____ / ____ / ____

Caseworker/Counselor/other worker: _____ **Phone #:** _____

Name of Probation/Parole Officer: _____ Phone #: _____

What classes have you completed while in prison or treatment? Please attach any certificate copies

Please attach any written recommendations (Caseworker/Counselor, job supervisor, Pastor/Chaplin, etc.)

What are some of your goals for the future & what are your greatest challenges to achieving your goals?

Please list work skills and jobs that you have had: _____

Are you a Christian? Yes No If yes, please share how & why you came to faith in Jesus Christ.

Why are you interested in being a resident at The Frontline Harvest Ministry Home? _____

Please ensure that you have fully completed The Harvest Home Application, read and signed The Harvest Home Covenant, and attached your life experiences letter. Thank you again for applying and we will contact you and/or your Caseworker/Counselor regarding your application when we receive it.

Application fully completed

Covenant read and signed

Attached life experiences letter

Signature: _____

Date: ____ / ____ / ____



Frontline Harvest Ministry

Intake Assessment

Name: _____ Date _____
(First) (Last) (Middle)

Date of Birth: ____ / ____ / ____ Age ____ SSN: _____

Are you a Veteran: _____ / War, era served: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

What was your last address?

Emergency Contact: _____ Relationship: _____

Address

Phone #: _____

The following assessment will be used to help us become better suited to serve you and your needs. Please answer all questions that you can to the best of your ability.

A – Spiritual

- 1) Where do you feel that you are spiritually? Please rate that on a scale from 1 to 10 with 10 being the highest. _____
- 2) Do you have a particular church affiliation or denomination? _____ If so, please explain

- 3) Have you ever been baptized? _____ If not, would you like to? _____
- 4) What do you consider to be your spiritual strengths _____

- 5) What do you see as a weakness? _____

B – Health/Leisure and Life-style

- 1) Please list all physical or mental health problems that you are experiencing now or have experienced in the past: _____

- 2) Are you currently or have you ever taken any medications for any mental health issues? _____

List all meds & related diagnosis:

1.	2.
3.	4.
5.	6.

- 3) Have you ever attempted suicide? _____
- 4) Do you/did you have a regular doctor? _____ If so, who or where did you go?

- 5) Have you ever had an HIV/AIDS test? _____ Are you HIV positive? _____

6) Do you have any food or drug allergies? _____ If so, please explain: _____

7) What was the date of your last tetanus booster? _____

8) Have you ever been diagnosed with Hepatitis A, B or C? _____

9) Are there any other concerns that you would like to discuss at this time? _____

10) Do you have any substance abuse issues? _____ What were the drug(s) of choice? _____

List of drugs and how often did you use. D = Daily, W = Weekly, M = Monthly

Alcohol	Heroin	Tobacco	Marijuana
Amphetamine	Other Opiates	Cocaine	Barbiturates
Other:	Other:	Other:	Other:

11) Have you ever been a patient in either an alcohol or drug treatment? _____
If so, please list the dates you attended the program(s) _____

12) What is your longest period of sobriety? _____

13) How were you able to maintain that sobriety? _____

14) What are your relapse triggers? _____

15) Do you have a plan to use right now? _____

16) List any recreational activities that you were involved with or would like to become involved in. (Such as softball, exercise, or biking)

17) Describe your normal day's activities and patterns prior to entering prison.

C – Family History

1) Mother's Name: _____ Is she living? _____

2) Father's Name: _____ Is he living? _____

3) Please describe your parents' relationship _____

4) Have either of your parents ever been incarcerated? _____

5) How many siblings do you have? _____

6) How would you describe your family's economic status? _____

7) Is there any past family history of substance abuse? _____

8) Is there any past family history of mental health issues? _____ If yes, please explain:

9) Is there a history of either physical or emotional abuse in your family? _____

10) Have you ever been a victim of crime? _____ If yes, please describe: _____

11) Is there a history of medical issues? (Diabetes, heart disease, ect.) _____

12) Are you estranged from any members of your family? _____ If so, please explain:

13) Would you like to reconcile any issues or relationships? _____

14) Are there any other family issues that you would like to discuss? _____

15) Have you ever been married? _____ Are you currently married? _____

16) How many children do you have? _____

Names and Ages of children:

D – Education

1) Highest grade you completed? _____ Do you have a GED/Diploma? _____

2) Have you completed any other school? College? _____ Trade Schools? _____

3) Are you interested in furthering your education? _____

4) Do you have any learning disabilities? _____ If so, could you explain? _____

E – Job Skills

1) List all previous jobs: _____

2) Do you have any certificates or special areas of training? _____ If so, please list _____

3) What is the longest that you worked at one job: _____

4) Do you have a valid Drivers License? _____

F – Financial

A savings plan needs to be established as soon as possible in order for you to be accountable for your income. This will be an ongoing goal that will be reviewed weekly while you are staying here.

- 1) Do you have a regular bank? _____
- 2) Have you ever had a savings/checking account? _____

G – Legal

Probation Officer/Parole Officer _____ Phone # _____

Case Worker/Social Worker _____ Phone # _____

Do you have any fines to pay? _____

How many times have you been incarcerated? _____

What was your last offense? _____

H – Goals and Desires

- 1) Do you have any short/long term goals now? _____

- 2) What do you see as your main obstacles or roadblocks to achieving these goals? _____

Staff Signature (Date)

Participant Signature (Date)