



Housing Application

Mighty to Save Ministries (MtSM)

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Office Physical Address:

390 NE Midway Blvd, A#103

Oak Harbor, WA 98277

Mailing Address:

P.O. Box 1738

Oak Harbor, WA 98277

Mission Statement

Offering hope and new beginning to young adults who want to be free from addiction by providing mentoring, discipling and transition assistance.

MtSM Housing Vision Statement:

MtSM seeks to provide a safe, drug and alcohol free living environment along with mentoring, discipling and transitional assistance for those coming out of incarceration or rehab in order that they might have continued freedom from addiction.

Mighty to Save Ministries (MtSM) is registered with the Internal Revenue Service (IRS) as a 501(c)3 entity

Housing Application

Applicant Information

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Address:	<i>Street Address</i>	<i>Apartment/Unit #</i>
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<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Phone:		Email	
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Date of Birth:	
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Valid Drivers License YES NO License/Identification Card # _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to live in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever lived in MtSM Transitional housing before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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How did you hear about MtSM Transitional Living?	
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Tell Us About Yourself...

What is your current living situation?	
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Are you coming from Jail, Prison, or Rehab? _____

What is your family situation; Married, Children, Parents? _____

What is your current financial situation; SSI, Disability, Employed, Savings? _____

Tell Us About Your Sobriety

Are you currently sober?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is your sobriety date?: _____
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If not, do you want to be? YES NO If not, when and what did you use last?: _____

What made you decide to get clean? _____

What are you willing to do to get and stay sober? _____

If already sober, how did you accomplish this? _____

Treatment History

Are you currently releasing from rehab? YES NO If yes, what is (was) your release date: _____

Are you currently using Medication Assisted Treatment (MAT)? YES NO

If yes, what is the name of the MAT and the start date? _____

What is (was) your drug(s) of choice? _____

How often do (did) you use?

How long has your addiction lasted? _____

How many recovery attempts have you had? _____

Legal Issues

Have you ever been convicted of a crime? YES NO

If yes, please tell us about it _____

Are you releasing from jail or prison? YES NO If yes, what is your ERD: _____

What prison are you releasing from: _____

What is your county of origin: _____

Do you have a warrant for your arrest in any State in the U.S? YES NO

If yes, please tell us about it _____

Do you have any current or on-going legal issues? YES NO

If yes, please tell us about it _____

Our Program

Do you understand we are a Christian, Faith-based program? YES NO

Who do you understand Jesus to be? _____

Do you have a relationship with Jesus? YES NO If yes, what is your conversion date? _____

Do you currently attend church regularly? YES NO If yes, what church? _____

Please explain why you want to enter into our MtSM Transitional Living Program: _____

Do you understand that this is a one-year program? YES NO

Are you committed to staying for one-year? YES NO

What do you see could prohibit or get in the way of you completing this one-year program? _____

Medical History

Do you have any health conditions or disabilities we need to be aware of? _____

Are you currently under a doctor's care? YES NO

If yes, what is the name and phone number of your primary? _____
Name Phone

