

where _____

Are you on any medications? _____ If so what are they and what are they for _____

Do you have any college background and or degrees? _____
What college did you attend? _____

Do you have any children? _____ How many? _____

Do you get to see your children? _____

List 3 reasons why you want to come to the House of Rest

1. _____
2. _____
3. _____

Tell us your goals that you would like to complete while in this program

Where can you be reached at? _____

What resource did you hear about us from? _____

Are there other programs that are like this one? _____

Applicants Signature _____ Date _____