

**STEPPING STONES MINISTRY**

Elmwood Avenue Church of God  
1427 Elmwood Avenue  
Columbia, SC 29201 –  
Telephone 803-765-9711, Ext. 207  
FAX: 803-765-4555

Application for Residence

Date: \_\_\_\_\_

1.

NAME: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_

What name do you prefer to be called: \_\_\_\_\_?

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City & State

Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Any Identifying Marks/Tattoos: \_\_\_\_\_

Address you claim as your residence: \_\_\_\_\_  
\_\_\_\_\_

2. Emergency Contact Information: (Give Two Point of Contacts)

Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Number, Apt. number

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Area Code Number

Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Number, Apt. number

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Area Code Number

3. Military Services: Branch: \_\_\_\_\_ Dates : \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ . Rank: \_\_\_\_\_

4 EDUCATION: High School \_\_\_\_\_ GED \_\_\_\_\_ College \_\_\_\_\_  
Special Vocational Training: \_\_\_\_\_

Last date of school attended: \_\_\_\_\_ Course of Study: \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests You have developed: \_\_\_\_\_  
\_\_\_\_\_

5. WORK HISTORY: List the last five jobs you held. Start with the current or last.  
You may use a blank sheet of paper to complete the information

Employer Name: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Dates of Employment. \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Position or Job Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you eligible for rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ don't Know

6. Do you have any known physical or mental conditions? \_\_\_\_\_ Yes \_\_\_ No

If yes, describe the Condition: \_\_\_\_\_

Does the condition require medical treatment? \_\_\_\_\_ Yes \_\_\_ No State the  
Conditions (Diagnosis)

\_\_\_\_\_

What Treatment is required?  
\_\_\_\_\_

Are you taking any medically prescribed medications for the condition? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Have you received treatment for Alcohol or other substance addiction before this  
stay? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes. How many times prior to this time \_\_\_\_\_

Where \_\_\_\_\_

Dates of treatment \_\_\_\_\_

What age did you begin to use alcohol or the drug of your choice? \_\_\_\_\_

Do you have a history of seizures? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, Diagnosis and description of seizures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rate or frequency of seizure: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Are you in need of any immediate medical or dental treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever received Psychiatric Care \_\_\_\_\_ Yes \_\_\_\_\_ No? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you a member of a church? \_\_\_\_\_ Yes \_\_\_\_\_ No. Which Church: \_\_\_\_\_

\_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ yes \_\_\_\_\_ No

8. How will you pay for your stay at Stepping Stones Recovery House?

\_\_\_\_\_

\_\_\_\_\_

Describe your current financial obligations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you doing to meet your financial responsibilities:

\_\_\_\_\_?

\_\_\_\_\_

\_\_\_\_\_

Do you have an income? \_\_\_\_\_ Yes \_\_\_\_\_ No. What is the source of income \_\_\_\_\_ How Much do you receive: \_\_\_\_\_?

Do you currently receive Food Stamps? \_\_\_\_\_

9. Do you have a current ID card or driver's license? \_\_\_\_ Yes \_\_\_\_ No. If yes, what State: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Valid Date \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Do you have a Social Security Card? \_\_\_\_\_

10. Do you have transportation? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ If Yes describe: \_\_\_\_\_

11. What kind of work will you be seeking while at the Transitional House? \_\_\_\_\_

12. Do you have a current job or the probability for work ? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

**OTHER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL INFORMATION:**

Have you ever been charged with Criminal Domestic Violence? Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

Have you ever been charged with any Sexual Offense? Yes \_\_\_\_ No \_\_\_\_

If Yes Explain: \_\_\_\_\_

Are you required to register as a Sex Offender? Yes \_\_\_\_ No \_\_\_\_

Have you been charged/convicted for criminal offense including motor vehicle violations?

List Present Charge:

Court Date:

Disposition:

List Present Charge:

Court Date:

Disposition:

List Present Charge:

Court Date:

Disposition:

Are you presently on Parole or Probation? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, list your Parole/Probation Officer's name, phone number and address:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been on Parole or Probation? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes list your Parole/Probation Officer's name, phone number and address:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Give your attorney's name, phone number and address:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street, Number, Apt. number

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Area Code Number

Please Print your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Final approval for Admission to the Stepping Stones Ministry Transitional Housing will come from the Stepping Stones Ministry Board and Director of Housing Program.