

Emmaus House

Application

Overcoming Life Controlling Sin Bondage

Duluth, Minnesota

Emmaus House

Application

Please complete, scan, and email a copy of this document to paul.mattfield@gmail.com or mail to:

Paul Mattfield 4715 Otsego St. Duluth MN 55804. Please print clearly so that it is legible. Thank You!

Emmaus House is a transition house for those seeking to come out of a life controlling sin bondage such as drugs, alcohol, sex, gambling, etc. We intend to rebuild your foundation upon the Rock which is Jesus Christ. It is only when our identity and foundation is firmly seated upon him that we will find victory over the world, the flesh, and the Devil. It is not life's problems or the drugs or alcohol, etc. that has caused our addictions or the situations we are in; it is a foundation that is built upon sand that has caused our problems. Simply taking away the drug is not the answer, this still leaves us upon sand where any storm can take us out.

There are no right or wrong answers to be approved for the program. Please be honest, one of the things we will not put up with is dishonesty. If we find out you are not honest, you will not be accepted, if we find out after you have entered the program that you were not honest, you will be immediately discharged. No exceptions.

We are looking for men who are desperate for God. Men who have given up on the emptiness that is in all the things that this world has to offer. Men with a deep desire to know Him and to serve Him with all their heart, mind, and soul.

This program is not academically complicated but it will require a great deal of commitment and diligence. If you plan to just add Jesus Christ or this program on to your life, it will not work. He must be your life. The program at Emmaus House in itself will do nothing for anybody. It is Jesus Christ which you will find within the program that will save you, set you free, and give you victory. However, this does not come easy, not for anyone. It will take you much time in study and prayer to build this foundation.

Do you believe that you have been saved? ___Yes ___NO If yes, give an account of your repentance and what changed in your life? _____

Are you willing to die to yourself, take up your cross, and follow him? Yes___ No___

Are you willing to forsake all that you have in this world to follow him? Yes___ No___

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PERSONAL INFORMATION:

Date: _____

Full name: (First) _____ (middle) _____ (Last) _____

Address: (Street) _____ (Town) _____ (State) _____ (ZIP) _____

Date of Birth: _____ Social Security Number _____ - _____ - _____

Marital Status: Single Married Divorced Separated Engaged Widowed

Phone # _____ Are you a veteran? Yes/ No

Present Housing situation:

Live with spouse Live with Friends Homeless

Live with Parents Incarcerated Live alone

Live with Relative Other _____

Emergency Contact Person (friend or family member): (Name) _____

Address: (Street, P.O. Box) _____ (Town) _____ (State) _____ (Zip) _____

Day time Phone# _____ Evening phone _____ Cell # _____

Relationship to you _____ E-mail address _____

Corrections Agent (if applicable):

(Name) _____ (Phone) _____

Attorney/Public Defender Information (if applicable)

(Name) _____ (Phone) _____

Next Court Date (if applicable): _____ Where _____

FAMILY INFORMATION:

Mother's Information:

Name: _____

Street: _____

City: _____

State: _____ zip code: _____

Phone: (____) _____

Custodial parent? Yes No

Father's information:

Name: _____

Street: _____

City: _____

State: _____ Zip code _____

Phone: (____) _____

Custodial Parent? Yes No

Spouses Information:

Name: _____

Street: _____

City: _____

State: _____ Zip code: _____

Phone :(____) _____

Children's Information:

Name: _____

sex: M / F Age: _____

Name: _____

sex: M / F Age: _____

Name: _____

sex: M / F Age: _____

Name: _____

sex: M / F Age: _____

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Write a brief biography of your life, where you were born, how you were raised, where you have been, why you are here now, and your plans for the future and also include your spiritual experiences: (You may add additional sheets if you'd like).

EDUCATIONAL BACKGROUND: Highest level of school completed: _____. List all schools, certificates and diplomas: _____

RELIGIOUS AFFILIATION: Name of church: _____

Address _____

Name of pastor: _____ Phone number: _____

WORK HISTORY:

List the last 5 jobs you have had:

1. Where? _____ Start date _____ End Date _____

Reason for leaving: _____

2. Where? _____ Start date _____ End Date _____

Reason for leaving: _____

3. Where? _____ Start date _____ End Date _____

Reason for leaving: _____

4. Where? _____ Start date _____ End Date _____

Reason for leaving: _____

5. Where? _____ Start date _____ End Date _____

Reason for leaving: _____

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Housing History

List the last 5 places you lived: (Date) (Date)

1. Where? _____ Move in: _____ Move out _____
Reason for leaving: _____

2. Where? _____ Move in _____ Move out _____
Reason for leaving: _____

3. Where? _____ Move in _____ Move out _____
Reason for leaving: _____

4. Where? _____ Move in _____ Move out _____
Reason for leaving: _____

5. Where? _____ Move in _____ Move out _____
Reason for leaving: _____

FINANCIAL SITUATION:

Are you working? ___ Yes ___ No If yes, where? _____ Hours: _____
Supervisor: _____ Phone number _____
Monthly income from job: _____ How long at this employment? _____

Other income:

Social Security	___ YES	___ NO	Monthly Income \$ _____
Disability	___ YES	___ NO	Monthly Income \$ _____
Retirement	___ YES	___ NO	Monthly Income \$ _____
Un-earned income	___ YES	___ NO	Monthly Income \$ _____

Assistance Received:

General Assistance	___ YES	___ NO	County _____
Medical Assistance	___ YES	___ NO	County _____
Food stamps	___ YES	___ NO	County _____
Have you applied for assistance?	___ YES	___ NO	County _____

Debts:

Do you have any unpaid student loans? YES ___ NO ___ Balance \$ _____	Do you have any credit card debt? YES ___ NO ___ Balance \$ _____
Do you have any unpaid personal loans? YES ___ NO ___ Balance \$ _____	Do you have any unpaid fines/court cost? YES ___ NO ___ Balance \$ _____
Do you have any unpaid vehicle loans? YES ___ No ___ Balance \$ _____	Do you have any unpaid restitution? YES ___ NO ___ Balance \$ _____
Do you have any home mortgage loans YES ___ NO ___ Balance \$ _____	Are you required to pay child support? YES ___ NO ___ Balance \$ _____
Have you co-signed for any unpaid loans? YES ___ NO ___ Balance \$ _____	Do you owe any back child support? YES ___ NO ___ Balance \$ _____
Dou you have any unpaid medical bills? YES ___ NO ___ Balance \$ _____	Do you have any other unpaid debts? YES ___ NO ___ Balance \$ _____

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Assets:

Do you own a home?

YES ___ NO ___

Do you own any real-estate property?

YES ___ NO ___

Do you have any vehicles? ___ YES ___ NO How many? _____

Vehicle #1 Make: _____ Model: _____

Vehicle #2 Make: _____ Model: _____

Vehicle #3 Make: _____ Model: _____

Legal Situation:

Current Legal Status:

YES/NO

If yes, list state/county

Are you currently on probation? _____

Are you currently on parole? _____

Do you currently have any court cases pending? _____

Are you currently under investigation for anything? _____

Are you currently involved in any type of lawsuit? _____

Are you currently ordered to do community service _____

Are you currently required to pay child support _____

Are you currently behind in child support payments? _____

Are you currently required to pay any restitution? _____

Do you currently have any unpaid fines? _____

Pending court dates _____ If yes when _____

Probation Officer? _____ If yes, Name of Officer _____

What county _____ Phone number _____

Past Legal Status:

YES/NO

If yes, list state, county, dates

Have you ever been arrested? _____

Have you ever been in a juvenile detention center? _____

Have you ever been sentenced to jail? _____

Have you ever been in prison? _____

Have you ever been on probation? _____

Add additional sheets if necessary

MEDICAL INFORMATION:

Physical Health Information:

Are you currently under any treatment? _____

Name of Doctor: _____ Name of Clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last Physical: ___/___/___

Dental Health Information:

Are you currently under any treatment? _____

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Name of Dentist: _____ Name of Clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last Physical: ___/___/___

Mental Health Information:

Are you currently under Psychiatric treatment? _____

Name of Psychiatrist: _____ Name of clinic: _____

City: _____ State: _____ Phone: _____

Dates of Treatments: ___/___/___ to ___/___/___ Date of last Physical: ___/___/___

Are you using any anti-psychotic medication? Yes ___ No ___ Please List: _____

Insurance provider: Name of Health Insurance Company: _____

ID & Policy #: _____

Phone Number: _____

Medical Needs:

Present medical concerns: _____

List all physical, mental or emotional health issues? _____

Are you currently taking medications? ___YES ___NO If yes, list medications: _____

Medical History: (Check all that apply by writing "C" if current and "P" if in the past)

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Head Trauma | <input type="checkbox"/> Rape |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hepatitis (type) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> HIV Virus | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Suicide Thoughts |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Venereal Disease (STD) |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Nervous Condition | Other: _____ |
| <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Paranoia | |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Physical abuse | |

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Chemical Dependency:

Type of chemical/drug(S) of choice: _____
Date of last use: _____ How often did you use: _____
Method of Use: ___ Inject ___ Snort ___ Oral ___ Other
Previous or current treatment program (s): ___ YES ___ NO
Number of programs in which you have participated: _____
Name(s) of programs: _____
Longest period of sobriety: _____ Do you have current desire to use? ___ YES ___ NO
What do you think led to your use? _____

Substance Abuse: (check all that you have used)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> GHB/MDMA
<input type="checkbox"/> Crack	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Huffing/Sniffing	<input type="checkbox"/> Over the counter Drugs
<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Cocaine
<input type="checkbox"/> Amphetamines (uppers)	<input type="checkbox"/> Heroin
<input type="checkbox"/> Ecstasy	<input type="checkbox"/> Meth
<input type="checkbox"/> LSD	<input type="checkbox"/> Prescription Drugs
<input type="checkbox"/> PCP	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> Barbiturates (downers)	

Do you use tobacco? ___ YES ___ NO If yes, check all that apply: ___ Cigarettes ___ Chew/snuff

Other Addictions

<input type="checkbox"/> Sex	<input type="checkbox"/> Pornography
<input type="checkbox"/> Gambling	<input type="checkbox"/> Food
<input type="checkbox"/> Work	

Have you ever been classified as a sex offender under Minnesota Law? ___ Yes ___ No

What level? _____

Or any other state? ___ Yes ___ No

What level? _____

Explain:

Special needs:

	YES	NO	Type
Do you have any type of disability?	___	___	_____
Do you require a special diet?	___	___	_____
Do you have any medical restrictions?	___	___	_____
Do you have any allergies?	___	___	_____
Do you have any chronic conditions?	___	___	_____
Do you need any other type of special needs?	___	___	_____
Explain other type of special need:			_____

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Why are you interested in being a part of Emmaus House? _____

What are your goals for the next year? _____

Who has encouraged you to become a part of Emmaus House? _____

In addition to completing this application, you may need to have a health physical, a urinalysis and/or a criminal background check (at your expense). When the required documents have been completed and returned to EMMAUS HOUSE, the leadership will review your application and you will be contacted regarding your acceptance/non-acceptance for an interview. Thank you for your interest in EMMAUS HOUSE.

If you are not accepted, we may or may not give you a reason. If you are not accepted, please don't think that you have failed, we have failed you, or that God has failed you. If you do not get in, please consider it God's will and that he has a different plan for you elsewhere.

I authorize the EMMAUS HOUSE staff to contact any individuals named in this application. Also, I authorize the EMMAUS HOUSE staff to exchange information with pertinent church leaders and Emmaus House staff regarding application and acceptance.

Signature _____

Date _____

Dismissal: I understand that any violation of Emmaus House's guidelines could result in my immediate discharge and/or eviction from the home. No financial refund will be given.

Signature _____

Date _____

Emmaus House

Application

RELEASE FORM FOR YOUR PUBLIC DEFENDER / ATTORNEY

Name :(Last) _____ (First) _____ (M.I.) _____
Phone: (____) _____ Birth date: _____

I hereby do give consent and authorize:

EMMAUS HOUSE

4715 Otsego Street , Duluth MN 55804

To release information to:

Obtain information from:

Phone: 218-461-7413

Email: paul.mattfield@gmail.com

Information can be communicated verbally, written, and/or email.

I understand the purpose of this is to facilitate the assessment, treatment planning, and discharge planning regarding the client who has accessed EMMAUS HOUSE for treatment services. I understand the specific information to be disclosed includes information on the items X below.

Discharge summary

Assessment/Admission Intake

Chemical Dependency Evaluation

Treatment plan/Recommendations

Progress in Treatment/Progress Notes

Lab: Urine Drug Screens

Acknowledgement of Client's access of service

Psychological/Psychiatric Consults

Doctor's consult Results

Other: communication

History and Physical

Other: _____

Effective this date _____ to expire in one year on _____ unless revoked by me.

Note: This authorization, except for action already taken, can be revoked at any time.

* I understand that information in confidential records cannot be released without my written consent unless otherwise provided for in legal statutes and judicial orders. My signature below indicates that I understand the condition of this release and that I give my authorization voluntarily.

SIGNATURE: _____ **Date:** _____

Notice: Further disclosure of confidential information without the specific written consent of the person to whom it pertains is prohibited by state and federal statutes.

NOTICE TO WHOM EVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS: This information has been disclosed to you from records protected by Federal Confidentiality Rules 42 CFR PART 2. The Federal Rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DO NOT WRITE BELOW THIS LINE UNLESS YOU ARE REVOKING THIS RELEASE

I revoke this authorization for Release of information on _____ 20____ for the above designated person or persons. Signature _____ Witness Initials _____

Emmaus House

Application

RELEASE FORM FOR EMMAUS HOUSE LEADERSHIP

Name :(Last) _____ (First) _____ (M.I.) _____
Phone: (____) _____ Birth date: _____

I hereby do give consent and authorize:

EMMAUS HOUSE

4715 Otsego Street, Duluth MN 55804

To release information to:

Obtain information from:

Phone: 218-461-7413

Email: paul.mattfield@gmail.com

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History and Physical

Other: _____

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Emmaus House

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RELEASE FORM FOR YOUR CD/RULE 25 ASSESSOR

Name :(Last) _____ (First) _____ (M.I.) _____
Phone: (____) _____ Birth date: _____

I hereby do give consent and authorize:

EMMAUS HOUSE

4715 Otsego Street, Duluth MN 55804

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Obtain information from:

Phone: 218-461-7413

Email: paul.mattfield@gmail.com

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Emmaus House

Application

RELEASE FORM FOR YOUR SUPERVISING AGENT or CORRECTIONS OFFICER

Name :(Last) _____ (First) _____ (M.I.) _____
Phone: (____) _____ Birth date: _____

I hereby do give consent and authorize:

EMMAUS HOUSE

4715 Otsego Street , Duluth MN 55804

To release information to:

Obtain information from:

Phone: 218-461-7413

Email: paul.mattfield@gmail.com

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