



**APPLICATION FOR TRANSITIONAL LIVING**

*Applications will not be accepted more than 45 days from date residency is needed.  
All Clients will be required to find gainful employment within 30 days of admittance.  
Branch15 is a Faith-Based Organization.*

Date of Application \_\_\_\_\_ Date Acceptance into the house is needed \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Preferred Nickname \_\_\_\_\_ Who referred you to the Branch \_\_\_\_\_ DOC # if applicable \_\_\_\_\_

Military ID # if applicable \_\_\_\_\_ Military Dates of Service \_\_\_\_\_ Location Served \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO BOX \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Marital Status: Married  Civil Union  Divorced  Separated  Widowed  Never Married

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**DOCUMENTATION**

Do you have your: Social Security Card Yes  No  Birth Certificate Yes  No

**TRANSPORTATION**

Driver's License # \_\_\_\_\_ Valid/Current  Expired  Suspended

Do you have a car? Yes  No  Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ Value \_\_\_\_\_

Is your insurance current? Yes  No  Insurance Company \_\_\_\_\_

If you do not have a car, what are your plans for transportation? \_\_\_\_\_

**EDUCATION**

Grade in school completed \_\_\_\_\_

Do you have a GED  High School Diploma  College Credits/Diploma

Describe any job training, certificates or education you have completed \_\_\_\_\_

**CURRENT EMPLOYMENT**

Are you currently employed Yes  No  Location? \_\_\_\_\_

Supervisor name \_\_\_\_\_ Phone number \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Business Name	Complete Address	Phone Number
Supervisor	Dates Employed	Reason for Leaving
Business Name	Complete Address	Phone Number
Supervisor	Dates Employed	Reason for Leaving

### LEGAL INFORMATION

Have you ever been convicted of a crime (felony/misdemeanor)? Yes  No

Are you on probation? Yes  No  Are you on parole? Yes  No

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes  No

If yes, explain \_\_\_\_\_

How much do you owe in legal fines? \_\_\_\_\_ Are you making payments? Yes  No

### HEALTH INFORMATION

	ARE YOU CURRENTLY EXPERIENCING	OR HAVE A HISTORY OF	N/A
PSYCHIATRIC DIAGNOSIS			
MEDICAL CONDITIONS			
TRAUMA/ABUSE			
ADDICTION TREATMENT			
PRESCRIBED MEDICATIONS	DOSAGE AMOUNT	FREQUENCY	

If yes, where? \_\_\_\_\_

Facility Name	Address/City/State/Zip Code	Did you complete the program?
Start Date	End Date	Case Worker

If not, why? \_\_\_\_\_

Do you (smoke) Yes  No  or (vape)? Yes  No

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per week? Yes  No  If yes, what is the reason? \_\_\_\_\_

### FINANCIAL INFORMATION

Do you have medical insurance? Yes  No  Do you receive food stamps? Yes  No

Do you understand that Branch15 receives monthly **program fees** in the amount of \$350? Yes  No

Could you pay this amount on the 1<sup>st</sup> of the next month? Yes  No

**PERSONAL INFORMATION**

Do you currently attend church? Yes  No  If so, where \_\_\_\_\_

Do you have children not in your custody? Yes  No

If so, please explain the situation \_\_\_\_\_

List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

Name	Relationship	Phone Number

**Branch15  
A Plan to Change Worksheet**

I need to make a change and the reason are:	
The following goals will help me make these changes:	
Actions I can take to help me with my goals are:	
Specific Action	When
People who are interested in helping me achieve my goals are:	
Person:	Possible ways to help
Difficulties that may obstruct my goals and how I can manage them are:	
Obstacle to change	Possible ways to help
Ways to recognize my goals are working are:	

**Branch 15 assists clients with:**

- Integrating Faith into daily living.
- Necessary transportation to meet the Program requirements.
- Organizational skills to successfully re-enter independent living.
- Creating and maintain Individual Service Plan.
- Budgeting skills
- Job searching
- Healthy conflict resolution
- Access to proper medical care
- Access to counselling services

**Client and House Guidelines**

- Clients work with their Program Manager and set goals for their year with the Branch.
- Clients agree to work within the boundaries of the policies and procedures covered in orientation.
- Branch15 has a curfew.
- Dating policies are in place for building healthy romantic relationships.
- Clients have a chore list in their home.
- No violence or threat of violence is acceptable.
- Random UA's are performed; positive clients are dismissed.
- Communication is necessary for healthy living in the group home.
- Attendance requirements are: church weekly, recovery weekly, Program Night weekly, Friday Night Fellowship monthly.
- Personal appearance is modest for a group living home.

*The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of Branch15 services.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return applications to [director@branch15.org](mailto:director@branch15.org) or  
PO BOX 1817, Bethany, OK 73008**