



# Titus 2 Homes Application

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320.491.1851

[www.titus2homes.com](http://www.titus2homes.com)

[info@titus2homes.com](mailto:info@titus2homes.com)

Dear Applicant,

Thank you for your interest in Titus 2 homes ministry.

What started as a word from God about mentoring women has grown into a larger vision. Many women make impulsive decisions that turn out inappropriate because they did not have support emotionally, physically or spiritually. Titus 2 Homes will provide a place for displaced women and allow them time to make better decisions.

Titus 2 homes

- . . . empowers women to live successfully and develop a better self image.
- . . . assists women to integrate faith into their lives.
- . . . encourages women to pursue education in skills needed for employment.

Enclosed you will find our application for the Titus 2 homes.

If you feel this would qualify/benefit from living in our home fill out the application and return it to:

Titus 2 Homes  
c/o Mary Yaw  
PO Box 938  
Alexandria, MN 56308



# Resident Application

Date Received \_\_\_\_\_

Jeremiah 29:11 For I know the plans I have for you declares the Lord, plans to prosper you and not harm you, plans to give you a hope and a future.

We need information about you to determine if Titus II, Inc. is appropriate for you. We also want to assist you in growing in your relationship with Jesus Christ and and to help you continue to set short and long term-goals for your life. This application will help us determine if this program is appropriate for you and what specific materials will be helpful to you. Please fill out to the best of your ability.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (Area Code \_\_\_\_\_)- \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (Area Code \_\_\_\_\_)- \_\_\_\_\_

Work Number: (Area Code \_\_\_\_\_)- \_\_\_\_\_ - \_\_\_\_\_

Date of birth \_\_\_\_\_ Current age \_\_\_\_\_ Social Security # \_\_\_\_\_ US Citizen Status \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Never married \_\_\_\_\_

Spouse's name \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ state \_\_\_\_\_

Do you have an ID? \_\_\_\_\_ state \_\_\_\_\_

Do you have a birth certificate? \_\_\_\_\_

Do you have a high school diploma? \_\_\_\_\_ GED \_\_\_\_\_

Do you need help obtaining a GED? \_\_\_\_\_

Do you have a disability or any significant health related challenges which require special attention?

If so, please list. \_\_\_\_\_

Are you are any medications? \_\_\_\_\_ Please list \_\_\_\_\_

Do you have any children? \_\_\_\_\_ What are their names and ages?

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_



## Problem/History Assessment

Please check all you have had problems with, as a "P", and all you would like help with, as a "H".

- |  |   |
|--|---|
| <input type="checkbox"/> Spiritual growth                    | <input type="checkbox"/> Pregnancy              |
| <input type="checkbox"/> Life goals/Need them                | <input type="checkbox"/> Alcohol use            |
| <input type="checkbox"/> Confused/hurtful sexual experiences | <input type="checkbox"/> Drug use or addiction  |
| <input type="checkbox"/> Emotional ups and downs             | <input type="checkbox"/> Marriage problems      |
| <input type="checkbox"/> Smoking                             | <input type="checkbox"/> Conflicts with people  |
| <input type="checkbox"/> Anger/forgiving others              | <input type="checkbox"/> Friendships            |
| <input type="checkbox"/> Spiritual direction                 | <input type="checkbox"/> Guilt/forgiving myself |
| <input type="checkbox"/> Gambling                            | <input type="checkbox"/> Loneliness             |
| <input type="checkbox"/> Attitudes                           | <input type="checkbox"/> Others, please list    |
| <input type="checkbox"/> Fear                                | _____   |
|  | _____   |

Please use a sheet of paper to write a short paragraph on each problem checked. Please give a brief description of the problem and then let us know what you'd like God to help you change.

Do you smoke? Yes \_\_\_ No \_\_\_ Are you willing to quit? Yes \_\_\_ No \_\_\_

Do you or have you ever used alcohol or drugs? Yes \_\_\_ No \_\_\_

If so, when was the last time you used? Date \_\_\_\_\_

We are a drug/alcohol/tobacco free facility. Use/consumption or possession of non-prescription drugs, alcohol or tobacco products or mis-use of prescription drugs is **NOT ALLOWED** by residents.

Have you ever been in treatment for chemical dependency or mental health issues? Yes \_\_\_ No \_\_\_

When \_\_\_\_\_ Did you complete the program? \_\_\_\_\_

Where \_\_\_\_\_



## Goal Assessment

What are your short-term goals?

What are your long-term goals?

## Legal Assessment

Name of Probation Officer (if applicable) \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Length of probation \_\_\_\_\_

Please list any charges from your past or present.

Charges	Felony/Misdemeanor	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been charged or convicted of any sexual assault, harassment, or sexual misconduct?

Yes \_\_\_ No \_\_\_



## Financial/Employment Assessment

Are you currently on public aid? (food stamps, etc) \_\_\_\_\_

\_\_\_\_\_

What are your sources of income?(wages, child support, SSI, etc) \_\_\_\_\_

Please list outstanding debts.

Who do you owe?

How much?

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

Employment History:

Current Place of Employment \_\_\_\_\_

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

Supervisor's Name \_\_\_\_\_

## Social Assessment

Are there friends and associates that have contributed to your problem? Please explain.

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

Do you feel you have been a help or a problem to society? Please explain.

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

What do you believe is your purpose for living?

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



## Change for the Better

Is there anything else you would like to change in your life?

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There are three criteria for admission into our program. They are:

. I must admit the need for positive change in my life. Do you agree? Yes \_\_\_ No \_\_\_

. I must be willing to accept correction and direction to accomplish this change. Do you agree?  
Yes \_\_\_ No \_\_\_

. I must be willing to allow Jesus Christ to help me by applying Biblical principles to daily life  
situations to allow my character to be developed. Do you agree? Yes \_\_\_ No \_\_\_

Please take this space to tell us anything else you think would help us to help you.

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Complete the release of information sheet attached. We will also need a reference.

Please complete this form and return it to Titus II, Inc.

Please understand that misrepresentation or omission of facts will be cause for cancellation of  
consideration into the Titus II, Inc. homes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Each applicant is interviewed and a specialized plan is developed to address current issues. We want to provide you with a supportive living environment where each one is treated with respect and honor. We believe each person is wonderfully and marvelously created by God and that God has good works for you to accomplish in your life. We want to help you discover these truths for yourself. (Psalm 139 and Ephesians 2:10)



# Titus II, Inc. Training and Educations Assessment

Client # \_\_\_\_\_

## A. GENERAL INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Years of education (circle one) 7 8 9 10 11 12 13 14 15+

Do you have a high school diploma? (circle one) Yes No

GED (circle one) Yes No Do you need help obtaining a GED? (Circle One) Yes No

Mark the correct column of interest

Topic	Yes	No	Willing to learn
Christian service			
Computer			
Child care			
Metals			
Customer Service			
Construction			
Crafts			
Automotive			
Education			
Hygiene			
Gardening			
Housekeeping			
Creative Design			
Laundry			
Manufacturing			
Bookkeeping			
Secretarial			
Health Care			
Volunteering			
Food Services			

Office Use only



Do you have any other additional education (specialty classes, technical college, and college)?

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Do you have a disability or barrier? Yes or No Describe

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Any work modifications necessary? \_\_\_\_\_

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**B. PAST EMPLOYMENT**

Place of employment \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

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Why did you leave? \_\_\_\_\_

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

Supervisor's name \_\_\_\_\_

Office Use only



Place of employment \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you leave \_\_\_\_\_

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

Supervisor's name \_\_\_\_\_

Place of employment \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

What were your responsibilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you leave \_\_\_\_\_

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

Supervisor's name \_\_\_\_\_

Office Use only



## Supplemental Resident Information

Resident Name: \_\_\_\_\_

Resident Social Security# \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Resident Signature \_\_\_\_\_

Date \_\_\_\_\_



**Titus II, Inc. Homes Personal Reference Form**

**I authorize Titus II, Inc. Homes to obtain information about me from the personal references I have listed below.**

**Signature of resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF INFORMATION

## CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release all information or materials needed to complete and verify my application for the Titus 2 Homes program.

I understand that past and present verifications and inquiries may be included but are not limited to:

- . Residences and Rental Activity
- . Employment, Income and Assets
- . Credit History
- . Criminal Activity

The groups and individuals that may be asked to release information include but are not limited to:

- . Previous and Present Landlords
- . Public Housing Authorities
- . Courts and Post Offices
- . Law Enforcement Agencies
- . Past and Present Employers
- . Banks and Other Financial Institutions
- . Credit Providers and Bureaus
- . Utility Companies

I agree that a photo copy of this authorization may be used for the purposes stated above.

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

This Application Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Applicant Notified: Date \_\_\_\_\_ Letter \_\_\_\_\_ Phone \_\_\_\_\_ In Person \_\_\_\_\_