



Covenant House Program Agreement & Resident Application

Thank you for considering Covenant House as a resource in your steps toward stability, community, and a real relationship with the Lord. Acceptance into the program means that we will partner with you along the way and are here to answer any questions you might have about your potential future with Covenant House. Our community of believers stands to offer hope and truth to you as you commit to a lifestyle that honors God, enabling you to reach your full potential. We believe walking with the Lord produces nothing less than the best total-life outcomes!

The following is Covenant House's Program Agreement & Resident Application. Please read carefully and answer honestly. By initialing below, you acknowledge that you have read and agree to these terms should you be accepted into Covenant House. If you have any questions, please see our contact info above and we will be happy to clarify any information for you. *If any information does not apply to you, please answer No or leave those fields blank.*

I understand that I will need to show 1) Identification and 2) a Social Security Card. Initial _____

I understand that Covenant House has a zero-tolerance policy for drugs, alcohol, pornography, or overnight guests. Failure to abide by this policy is a breach of the Program Agreement. Initial _____

I understand that Covenant House has a zero-tolerance policy for violence. This includes harming others or the destruction of property. Failure to abide by this policy is a breach of the Program Agreement. Initial _____

I understand that Covenant House has a zero-tolerance policy for firearms and weapons. Initial _____

I understand that any unexcused absence at any Covenant House Programming named in the Mission Statement on the previous page is also a breach of the Program Agreement. Initial _____

*I understand any breach of the Program Agreement may result in forfeiting my membership at Covenant House. This includes the above items and those that follow in this document under the **Additional Statements of Agreement** heading. Initial _____*

I understand that any falsified information in this application or in the Interview Process will be a forfeit of my consideration into Covenant House. Initial _____

I understand that by submitting an application, I am not hereby accepted into the Covenant House program. Covenant House has limited space. Should your application not be accepted, you are not excluded from future consideration as spaces open. Your application will be kept on file and we encourage you to check in with us regularly about open spaces and in order to exemplify your willingness to commit to the program. Initial _____

Date: _____

Applicant

First Name: _____ MI _____ Last Name: _____

Phone #: _____ E-mail: _____

Social Security # _____ DOB: _____

Place of Birth: _____

How did you hear about Covenant House?

Relationship Status: Single Married Divorced Separated Widowed Dating

Name of significant other: _____ Phone # _____

City/State: _____ Length of relationship: _____ Is the relationship healthy? Yes No

Do you have children? Yes No If so, how many and what are their ages?

Who is caring/guardian for the children listed above? Is there any DHS involvement?

Do you have a background within the Church or Christian faith? Yes No

Are you currently a member of a congregation? Yes No.

If yes, where: _____ Pastor: _____

Driver's License & Vehicle

Driver's License #: _____ License Plate #: _____

Vehicle Year/Make/Model/Color : _____

Current Residence

Address: _____ City: _____ State: _____

How long have you resided at this address? _____

If less than two years, please share your reason for leaving:

Are you currently incarcerated? Yes No

If so, name of institution: _____

Are you currently homeless? Yes No

Emergency Contact

In case of emergency, I authorize Covenant House to notify the following individual(s)

Name: _____ Phone # _____

Address: _____ City: _____ State: _____

Other Phone # _____

Name: _____ Phone # _____

Address: _____ City: _____ State: _____

Other Phone # _____

Employment

In order for consideration, I authorize Covenant House to contact my employer as shown below. If currently unemployed, please leave blank and fill out the information in Previous Employment / Skills

Employer: _____ Phone # _____

Address: _____ City: _____ State: _____

Number of hours per week: _____ I am paid: weekly bi-weekly monthly

Circle all shifts that apply: 1st 2nd 3rd Other scheduling: _____

Are you under a court order to pay child support? Yes No

If yes, are your payments current? Yes No

Do you have any garnishments taken out of your check? Yes No

If yes, please explain:

Other forms of income (social security, disability, unemployment, food assistance, etc.)

Do you have a payee? Yes No.

If yes, Name: _____ Phone# _____

Previous Employment / Acquired Skills

Please fill out whether you are currently employed or not. Covenant House can use the information below to serve us both in seeking employment for you.

Employer: _____ Time of employment: _____

Skills Acquired: _____

Employer: _____ Time of employment: _____

Skills Acquired: _____

Other skills: _____

Education

Please circle all that apply and list any degrees or technical training you may have

High School GED College Trade School

Technical Training: _____

Degrees/Certificates/Diplomas/etc:

Other: _____

If none of the above apply, please provide the last grade you completed: _____

Citizenship

Are you an American citizen? Yes No

If married, is your spouse an American citizen? Yes No

References

Please provide any personal references you may have in order to assist Covenant House in considering your application. Although we rely heavily on our interviewing process, any references you provide will be considered as an assistance to Covenant House in the process. By including references below, you will authorize Covenant House to contact the listed individuals for our purposes in assessing your application.

Name: _____ Phone # _____
Relationship: _____ City: _____ State: _____
Name: _____ Phone # _____
Relationship: _____ City: _____ State: _____
Name: _____ Phone # _____
Relationship: _____ City: _____ State: _____

Religious/Faith Background

Are you a member of a church? Yes No What denomination did you grow up in, if any? _____
Church Name: _____ City: _____ State: _____
Pastor's Names: _____ Phone # _____
How often do you pray? Often Sometimes Rarely Never
How often do you read the Bible? Often Sometimes Rarely Never
Do you believe in heaven? Yes No Do you believe in hell? Yes No
Explain any recent changes in your spiritual life: _____

Legal Information

Covenant House requests information about your legal records. Any former non-violent convictions do not exclude you from consideration and only serve as a means by which we assess our needs in potentially serving you through the ministry. Violent offenders will still be considered, but with special consideration as to the degree and frequency of violations.

Have you ever been arrested and/or do you have any felony convictions? Yes No
If yes, please list dates/charges:

Please circle all that apply to your current legal record status:
Probation Parole Pending Case Ex-parte against you Order of Protection against you
Other: _____

What will we learn from a national background check? If anything, please explain below:

In what states do you have any charges, warrants or case(s) pending? Yes No If yes, please explain:

Attorney's Name: _____ Phone # _____

Do you have any upcoming court dates? Yes. No. If yes, please explain: _____

Do you have any fines or other court-ordered payments? Yes No. If yes, please explain:

Court-Ordered & Personal Counseling

Covenant House requests information about your current court-ordered and/or personal counselors. If you are currently on probation or parole, or receiving other forms of counseling, these fields are required. By filling out the information below, you are authorizing Covenant House to contact the listed individuals for our purposes in assessing your application.

If currently on probation, parole, or involved with DHS, please provide contact info below:

Name/Office: _____ Phone # _____

Name/Office: _____ Phone # _____

Name/Office: _____ Phone # _____

If currently receiving personal counseling from a therapist, pastor, or substance abuse counselor, please provide contact info below:

Name/Office: _____ Phone # _____

Name/Office: _____ Phone # _____

Name/Office: _____ Phone # _____

Health Information

Rate your physical health: Very Good Good Fair In Decline

Please list any allergies you have: _____

List all present and past physical illnesses, handicaps, and hospitalizations:

Dr. Name: _____ Phone # _____ Date of last exam: _____

Problems noted at that time: _____

List any medical conditions that require regular visits to the doctor. How often are these required?

List all medications currently being taken: _____

Medications prescribed by Dr: _____ Phone # _____

Have you used prescription or over the counter drugs for non-medical purposes? Yes No

If yes, please list all used and approximate date and lengths of use:

Have you ever had or do you have any STDs? Yes No

If yes, what medications, if any, are prescribed? _____

Have you had previous substance abuse or mental health treatment? If so, where, what dates and did you successfully complete the treatment program?

Are you currently using any illegal drugs? Yes No Kratom/CBD? Yes No

If yes, what drug(s) and when is the last time you used?

How often did you use? _____ What is your drug of choice? _____

How accessible are illegal substances to you? Highly Moderately Somewhat

What is the name of your normal hang out place: _____

Address: _____ City _____ State _____

Phone # _____

Are you sober? Yes No If yes, how long? _____

Circle all uses that apply: Alcohol Tobacco Vapes Other

Alcohol of choice: _____ If other, explain: _____

Have you ever prostituted yourself? Yes No

Have you ever been physically or sexually abused? Yes No

Circle all of the health problems you have now or have had in the past:

- Tuberculosis Hearing Loss Hypoglycemia Poor Eyesight Backache
- STDs Colitis Blackouts Epilepsy Leukemia
- Ulcers Pneumonia Bronchitis Kidney Cancer
- Toothache Depression Glaucoma Anemia Hepatitis C

Medical insurance? Yes No Company Name: _____ Policy # _____

Are you signed up to receive a medical card? Yes No If so, in what State? _____

Have you ever been diagnosed with a mental illness? Yes No Diagnosis: _____

Have you ever been hospitalized for this? Yes No If so, when? _____

Have you ever attempted suicide? Yes No If yes, please explain: _____

Do you currently have suicidal thoughts? Yes No Do you hear voices in your head? Yes No

Are you currently or have you ever been self-abused? Yes No If yes, please explain: _____

Do you currently have an order of protection on anyone? Yes No Do you have a copy of the order? Yes No
If yes, briefly describe that person and provide full name/phone number:

Do you currently or have you ever had any eating disorders? Yes No
If yes, please explain: _____

Have you ever received treatment for an eating disorder? Yes No Do you have difficulty sleeping? Yes No

Are you currently or have you ever been part of a gang? Yes No. If yes, please explain: _____

Additional Statements of Agreement

Please read the following statements of agreement carefully. By initialing below, you acknowledge that you have read and will abide by these outlines if you are accepted into Covenant House.

I understand that Covenant House has a zero-tolerance policy for alcohol and drugs. This includes CBD, Kratom, or any other illicit drugs and their derivatives. This includes any paraphernalia associated with illegal or illicit substances and their derivatives. Initial _____

I understand that Covenant House has a zero-tolerance policy for gambling. This includes but is not limited to the lottery in all its forms, sports betting, and casino games, whether live, digital, or simulated. Initial _____

I understand that Covenant House exercises the right to administer random drug and alcohol screenings. Initial _____

I understand that Covenant House exercises the right to administer random personal searches. Initial _____

I understand that there is a no smoking policy in any Covenant House or Rock Church facility. Initial _____

I understand that there is a daily Quiet Hours policy in effect from 8:00 pm until 7:00 am at Covenant House. Initial _____

I understand that I am to notify Covenant House of any police contact within 24 hours. Initial _____

I understand that failure to comply with the Program Agreement listed at the beginning of this document and the Additional Statements of Agreement above is considered a breach in the Agreement and may result in forfeiting my membership at Covenant House. Initial _____

I understand that should I forfeit my membership at Covenant House, I am subject to immediate removal from the Program as it pertains to the health, safety, and welfare of all other Members and Stewards of Covenant House. Initial _____

