



Dear Applicant:

Thank you for your interest in Beauty For Ashes Transitional Home. A Christian transitional home program built on the foundation of Jesus Christ. We provide furnished housing, assistance and resources, plus teach Christian living and life skills necessary for a stable future. Helping men and women transition from where they are coming from to where they are going. The time after you give yourself to Christ and/or transition to rebuild you life is a very important time. What you do with that time, who you spend that time with and the environment you are in will either help you grow in Christ or will lead you back to where you came from. Just like a seed, if you lay it on the ground, in the sun and do not place it in the environment that God intended it to be in, it will dry up and be no good. Otherwise if you put the same seed into good soil, water it and provide the proper amount of sun, it will grow and flourish into what God intended it to be. What made the difference is that the seed was in the proper environment. That is our vision at Beauty For Ashes, to provide the proper environment and skills to help you live a successful Christian life.

This program is limited to select individuals that meet the qualifications and are willing to participate and adhere to our rules and guidelines, listed below. We will accept applications and schedule interviews as space becomes available. Please note the following requirements before submitting an application:

- This is a drug and alcohol free program
- After employment is obtained there is a monthly program cost of \$350.00
- Employment must be obtained within 35 days (weekly report required) and retained
- Applicants must have a desire and determination to live a successful Christian life
- Only approved visitors are allowed on the property
- Participate in provided classes and complete all materials as requested
- Weekly church attendance is mandatory
- Display a positive and supportive attitude with the program staff and other members
- Must be responsible will all daily activities and duties
- For the most efficient use of our homes, double occupancy may be required
- Program length is 11-18 months

If you are interested in participating in our program please fill out the application for acceptance. Please give the completed application to your facility director or chaplain. Or you can fax your application to 850-769-0371. Thank you for your interest in Beauty For Ashes Transitional Home, God Bless You!

If you have any questions please contact:

Jamie Gary  
Executive Director

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Panama City, FL 32405  
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## APPLICATION FOR ACCEPTANCE

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

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Family Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Other Contact Telephone: \_\_\_\_\_

### Information About Applicant

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

### Marital Status

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ In Relationship \_\_\_\_\_

### Children

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

List names and ages:

- |    |            |
|----|------------|
| 1. | Age: _____ |
| 2. | Age: _____ |
| 3. | Age: _____ |
| 4. | Age: _____ |

Who has custody of your children? \_\_\_\_\_

Is the Department of Children and Families currently involved? \_\_\_\_\_

Do you have arrangements for your children while you are at Work? \_\_\_\_\_

### Financial

Are you on any type of government or financial assistance? \_\_\_\_\_

What type? \_\_\_\_\_ How long? \_\_\_\_\_ How much? \_\_\_\_\_

Educational

Name of last school attended? \_\_\_\_\_

Did you graduate? \_\_\_\_\_

If not, last grade completed: \_\_\_\_\_

Would you like to work towards your GED? \_\_\_\_\_

Do you wish to continue your education? \_\_\_\_\_

If so what are you interested in? \_\_\_\_\_

Work History

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

What do you feel are your strengths? \_\_\_\_\_

What do you feel is a weakness in the area of  
Employability? \_\_\_\_\_

Pregnancy

Are you pregnant? \_\_\_\_\_ Approximate Due Date: \_\_\_\_\_

Has a doctor confirmed your pregnancy? \_\_\_\_\_

Is the birth father aware of your pregnancy? \_\_\_\_\_

What involvement do you anticipate the birth father having with you during your pregnancy?

Medical

Physician's name: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

Legal Background

Are you currently incarcerated? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ How many times? \_\_\_\_\_

Dates and charges: \_\_\_\_\_

Are you a convicted felon? \_\_\_\_\_ What were you convicted of? \_\_\_\_\_

Do you have any pending court cases? \_\_\_\_\_ What county? \_\_\_\_\_

Explain: \_\_\_\_\_

Court Date: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

Do you have any outstanding warrants? \_\_\_\_\_ Where? \_\_\_\_\_

Name of Attorney? \_\_\_\_\_ Telephone number: \_\_\_\_\_

Have you ever been on probation or parole? \_\_\_\_\_

Are you now? \_\_\_\_\_ Time remaining? \_\_\_\_\_

How often do you report? \_\_\_\_\_ In person or by mail? \_\_\_\_\_

Name of probation or parole officer: \_\_\_\_\_

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

Substance Abuse

Do you smoke cigarettes? \_\_\_\_\_ Approximately how many per day? \_\_\_\_\_

When was the last time you smoked a cigarette? \_\_\_\_\_

Are you ready to quit? \_\_\_\_\_

When was the last time you used a drug? \_\_\_\_\_

What drug and how much did you use? \_\_\_\_\_

Have you ever experimented with the following: (circle)

- |              |                |           |
|--------------|----------------|-----------|
| Alcohol      | Hallucinogenic | Morphine  |
| Amphetamines | Crank          | Opium     |
| Barbiturates | Crystal Meth   | Heroin    |
| Cocaine      | Marijuana      | Ecstasy   |
| Crack        | Tobacco        | Inhalants |

Other: \_\_\_\_\_

Drug of choice:

1. \_\_\_\_\_ Length of use: \_\_\_\_\_
2. \_\_\_\_\_ Length of use: \_\_\_\_\_
3. \_\_\_\_\_ Length of use: \_\_\_\_\_
4. \_\_\_\_\_ Length of use: \_\_\_\_\_

Longest period clean: \_\_\_\_\_

Have you ever been in treatment program or detox before? \_\_\_\_\_

Was it a religious program? \_\_\_\_\_

Please list all prior facilities:

Entry Date	Program name	City/ State	Reason for leaving	Discharge Date
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Spiritual

Have you ever witnessed or been involved in any occult activities? \_\_\_\_\_

Write a brief explanation of involvement:

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