



Goshen Renewal Ministries
PO Box 43509 RPO Lower James
Hamilton, ON
L8P 4X5

Resident Application Form

Applying to Goshen Renewal Ministries is quick and easy. Just fill out the information required below and submit your application along with the processing fee (\$25). Acceptance of an applicant will not be determined until all components have been received by Goshen Renewal Ministries.

If you are accepted, you will be placed on a waiting list pending available space. When a bed becomes available, your entrance day will be scheduled. To maintain your position on the waiting list, you are required to call the centre weekly to demonstrate your continued interest in the program.

Contact Information

First Name

Middle Name

Last Name

Address

City

Postal Code

Country

Date of Birth

Email Address

Phone Number

Emergency Contact Information

Emergency Contact Name

Relationship to you

Contact Address

City

Postal Code

Home Phone Number

Work phone number

Cell phone number

Email Address _____

Family Doctor Information

Name _____

How long have you visited this Dr.? _____

Contact Address _____

City _____

Postal Code _____

Date Last Visit _____

Work phone number _____

Cell phone number _____

Email Address _____

Applicant's Information on Personal Issues

Please check in the box the condition you have been diagnosed with and have been on medication for. Check all that apply.

- | | | | |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Acute Stress Disorder | <input type="checkbox"/> | Grandiose Delusions |
| <input type="checkbox"/> | Asperger's Syndrome | <input type="checkbox"/> | Huntington's Disease |
| <input type="checkbox"/> | Attention Deficit Disorder (ADD) | <input type="checkbox"/> | Hysteria |
| <input type="checkbox"/> | Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> | Intellectually Development Disorder |
| <input type="checkbox"/> | Autism Spectrum Disorder | <input type="checkbox"/> | Learning Disorder |
| <input type="checkbox"/> | Bipolar Disorder | <input type="checkbox"/> | Multiple Personality Disorder |
| <input type="checkbox"/> | Borderline Personality Disorder | <input type="checkbox"/> | Narcissistic Personality Disorder |
| <input type="checkbox"/> | Delusional Disorder | <input type="checkbox"/> | Panic Disorder |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Paranoid Personality Disorder |
| <input type="checkbox"/> | Depressive Personality Disorder | <input type="checkbox"/> | Schizoid Personality Disorder |
| <input type="checkbox"/> | Dissocial Personality Disorder | <input type="checkbox"/> | Schizophrenia |
| <input type="checkbox"/> | Emotionally Unstable Personality Disorder | | |

Applicant's Emotional Information

Which of the following areas are concerns for you now (N), or in the past (P)? Circle those that you consider the most important.

- | | | | |
|--------------------------|---------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Anger | <input type="checkbox"/> | Social relationships |
| <input type="checkbox"/> | Anxiety | <input type="checkbox"/> | Eating |
| <input type="checkbox"/> | Confusion | <input type="checkbox"/> | Trouble concentrating |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Sexual |
| <input type="checkbox"/> | Guilt | <input type="checkbox"/> | Stress |
| <input type="checkbox"/> | Frustration | <input type="checkbox"/> | Work |
| <input type="checkbox"/> | Loneliness | <input type="checkbox"/> | Worry |
| <input type="checkbox"/> | Worthlessness | <input type="checkbox"/> | Discouragement |
| <input type="checkbox"/> | Depression | <input type="checkbox"/> | Insecurity |
| <input type="checkbox"/> | Hatred | <input type="checkbox"/> | Doubts |
| <input type="checkbox"/> | Bitterness | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | Day dreaming | <input type="checkbox"/> | Confusion |
| <input type="checkbox"/> | Fantasy | <input type="checkbox"/> | Compulsive thoughts |
| <input type="checkbox"/> | Inadequacy | <input type="checkbox"/> | Obsessive thoughts |
| <input type="checkbox"/> | Unforgiveness | <input type="checkbox"/> | Lustful thoughts |
| <input type="checkbox"/> | Jealousy | <input type="checkbox"/> | Fear of losing your mind |
| <input type="checkbox"/> | Temper | <input type="checkbox"/> | Fear of committing suicide |
| <input type="checkbox"/> | Impatience | <input type="checkbox"/> | Fear of hurting loved ones |
| <input type="checkbox"/> | Abuse(emotional, physical,
sexual) | <input type="checkbox"/> | Fear of terminal illness |
| <input type="checkbox"/> | Education | <input type="checkbox"/> | Fear of going to hell |
| <input type="checkbox"/> | Family problems | <input type="checkbox"/> | Fear of death |
| <input type="checkbox"/> | Financial problems | <input type="checkbox"/> | Fear of _____ |

Other: _____

Additional Applicant Information

Drivers Licence

- yes
- no

Health Card number

Province of Health Card

Citizenship

- Canadian Citizen
- Landed Immigrant

Social Insurance number

Fluent in English

(Spoken and written)

_____ yes

_____ no

Highest Grade Completed

Height

Weight

APPLICANT INTEREST IN GOSHEN RENEWAL MINISTRIES

Why are you applying?

Why not another program?

Describe your lifestyle briefly

Who referred you to GRM?

Criminal Record Information

Do you have a history of violence? _____yes _____no

Have you ever been charged with assault? _____yes _____no

Are you currently in jail? _____yes _____no

If yes, what is your release plan?

Bail

Time Served

Early Parole

Probation

Other: _____

Other: _____

Do you have any pending court cases? _____yes _____no

Do you have any outstanding warrants? _____yes _____no

Do you have any restraining orders? _____yes _____no

Attachments to Application:

- Valid Criminal Record Check, including Vulnerable sector, done within the last 6 months
 - 2 Personal Character references
 - 1 Pastoral Reference
 - TB and HIV Test Results
-

CONSENT TO

CONTACT FAMILY DOCTOR (initials)_____

CONTACT LAWYER (initials)_____

CONTACT PAROLE/ PROBATION/ BAIL OFFICER (initials)_____

PHOTOCOPY DRIVER’S LICENCSE (initials)_____

PHOTOCOPY HEALTH CARE CARD (OHIP) (initials)_____

I hereby give Goshen Renewal Ministries consent to contact the institutions and people I have initialled above to contact.

Signature of Applicant

Date Signed