



Beauty for Ashes Transitional Home Muncie Mission Ministries

Thank you for your interest in Beauty for Ashes Transitional Home. Beauty for Ashes exists to bring hope and healing to women who find themselves homeless.

We are the best fit for women who can commit to the following:

- Be committed to growth of whole self
- Find empowerment through living a life of respect, integrity, and accountability
- Face challenges through hard work with a positive attitude.

The entire admission process typically takes 7- 14 days to complete. We are not an emergency shelter. If you need immediate placement, please don't hesitate to call and we can refer you to someone who can help better meet your needs. However if you are seeking stability and are ready for the hard work of life change, you've come to the right place!

To begin your journey at Beauty for Ashes, please follow these steps:

1. Complete and submit your application.
2. Within 1 week of receiving the application, staff will contact you. As long as you meet the criteria for admission, a phone interview will be scheduled. This is a great time to ask any questions you may have about the program. You may be asked to complete permission to release information form, criminal history release or health screens.
3. You will be contacted within 3 days of phone interview. You may be asked to schedule a face-to-face interview.
4. At face-to-face interview staff will ask questions to assess your suitability for the transitional program. Any forms or actions that were requested at the phone interview need to be present at this interview. Potential residents must pass a drug test and agree to the terms of the Transitional Living Agreement.
5. Staff will notify you within 24 hours of face to face interview of your acceptance status and will arrange orientation and move-in dates.

At any point in the admission process, the Director may determine that applicant is not suitable for the program at Beauty for Ashes Transitional Home and will offer referrals to other housing opportunities.

If you have any questions throughout the admission process, please call: 765.288.9122 Ext 702

We look forward to hearing from you!

As you complete this application, you may need to answer "NA"="does not apply to me" in some places.

Your confidentiality will be kept by Beauty for Ashes staff. Please be completely honest.

Today's Date _____

Personal Information

Name: _____
(First) (Middle) (Last)

Maiden Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: (____) _____ - _____

Date of Birth: _____ Age: _____ Sex: M F

Current Marital status: S M D W Separated Engaged

Are you currently romantically involved? _____

If yes, briefly describe relationship status: _____

Are you presently living with a partner? _____ Name of Partner: _____

Are you presently in an abusive/domestic violence situation? _____

Have you ever been physically, sexually, or emotionally abused in past relationships? _____

Explain _____

What is your present housing situation? Own ___ Rent ___ Motel ___ Car ___

Living w/ family members ___ Living w/ friend ___ Living in shelter ___ Other: _____

Religious Preference: _____ How often do you attend church? _____

Are you willing to attend church on a weekly basis? _____

How did you hear about Beauty for Ashes?

___ Internet ___ Muncie Mission ___ Referred by: _____

Have you ever received assistance from BFA before? ___ If yes, please briefly explain assistance

given and approximate dates: _____

Family

Information about Children:

Name	DOB	Age	Gender	Living/ deceased	Highest Grade Completed	Marital Status S/M/D/W	Living with you?

Do any of your children have special needs? ____ If yes, please explain:

Is DCS involved with any of your children? ____ If yes, please explain:

Employment

Are you currently employed? _____ If no, how long has it been since you had a job? _____

If yes, where do you work? _____ What is your job title? _____

What are your average work hours? _____

Are you currently physically/emotionally able to work? _____

What jobs have you held in the past 3 years?

Job	Dates	Reason for Leaving Job

Education

Highest grade/level of education completed: _____ Your educational goal? _____

If you have education/vocational training beyond high school, please explain what was earned:

When	Where	Final Degree/Certification

Health

What are your current Medical Problems/Concerns: _____

Do you have any disabling conditions? **Yes No** If yes, have you applied for disability? **Yes No**

Are you able to take care of yourself and live independently? **Yes No**

Please explain any hospitalizations--dates & reasons—within the last 5 years

Hospital	Date	Reason

Have you ever been hospitalized for psychological problems? _____

What are your current mental health diagnoses? Please provide documentation for all Mental Health Diagnoses.

Please list your current medications:

MEDICATION NAME	DOSAGE	CONDITION TREATED

Are you currently in counseling? _____ How long have you been in counseling? _____

Do you smoke? _____ How many packs a day? _____ Use Alcohol? _____ If so, how much/often? _____

Are you HIV positive? _____ Do you have Hepatitis A,B, or C? _____

Is addiction (food, alcohol, codependency, drugs, sex, etc.) a current problem? _____

What is your drug of choice? _____ How long have you had this addiction? _____

How many days have you been clean of substance abuse? _____

Are you participating in an intensive recovery program (IOP)? _____

Have you been in treatment for this addiction? _____

Are you currently attending any type of 12 step meeting? _____

What treatment have you had for addiction? (classes, inpatient treatment, etc.)

Doctors' names and phone numbers: (Include psychiatrists, therapists, dentists, medical doctors, etc.)

Doctor Name	Phone Number	What type of doctor?

Are you pregnant? **Yes No** If yes, what is your due date: _____

Allergies: _____

Legal/Social Service

What assistance are you currently receiving?

___ WIC ___ Food Pantry Assistance) ___ Energy Assistance ___ Salvation Army
___ SNAP ___ Township Trustee ___ TANF ___ Other Shelter: _____
___ Other: _____ ___ Medical Insurance: _____

Have you applied for HUD or Section 8 Housing? Yes No If yes, current status: _____

Please list the other social services agencies are you currently working with:

Have you ever been arrested? _____ If yes, when/what are the charges?

Are you currently incarcerated? _____ If yes, when is your expected release date? _____

What were you convicted of? _____

Are you currently involved in the legal system—charges pending, probation, drug court, CPS/DCS, debts/evictions etc.? _____ If yes, please explain: _____

Do you have a valid driver's license? _____ If no, how long has it been since you have? _____

Check any of the following areas that you need assistance with:

___ Transportation ___ Childcare ___ Time management
___ Budgeting finances ___ Employment ___ Spiritual growth
___ Smoking cessation ___ Food ___ Nutrition/eating habits
___ Mental health counseling ___ Sleeping habits ___ Self-esteem
___ Health Insurance ___ Acquiring GED/Furthering Education

Current Situation

Reason for homelessness:

Check any of the following behaviors that often apply to you:

- Inability to focus
- Insomnia
- Low self-esteem
- Vengeful
- Procrastination
- Anger
- Bed wetting
- Bullying
- Withdrawal
- Menstrual pain
- Nausea
- Phobic reactions
- Coarse language
- Shortness of breath
- Constipation
- Fear
- Unassertive
- Impulsive
- Can't keep a job
- Drug/Alcohol Abuse
- Crying
- Perfectionist

Choose any of the following which seem to best describe you now:

Active	Ambitious	Self-Confident	Persistent	Hard-working
Assertive	Moody	Impulsive	Depressed	Excitable
Imaginative	Short-fused	Serious	Easy-going	Good-natured
Peace-keeper	Introverted	Calm	Extroverted	Likeable
Nervous	Lonely	Leader	Compliant	Quiet
Stubborn	Submissive	Self-conscious	Hot-Tempered	Fearful
Tough	Sensitive	Confrontational	Shy	Anxious

Check the box of any of the following problems you want us to help you with:

- Alcohol use
- Drug use
- Depression
- Family relationships
- History of childhood abuse
- Feeling better physically
- Dealing with work problems
- Suicidal Thoughts
- Emotional management
- Spiritual growth
- Loneliness
- Grief
- Adjusting to separation
- Anxiety/fears
- Lack of assertiveness
- Lack of friends/support
- Making job decisions
- Learning to be better parent
- Debt
- Mental health issues
- Legal situations
- Co-dependence
- Hopelessness
- Victim mentality
- Letting others take advantage
- Evaluation of Court Hearing
- Strange thoughts, sounds
- Other: _____

What things about yourself would you like to change? What personality traits or feelings would you like to improve?

What are your biggest barriers to success?

What are your special strengths & skills?

What are your immediate needs?

Why are you seeking help?

How do you feel that staying at Beauty for Ashes will benefit you?

How long do you plan to stay at Beauty for Ashes? _____

What are your career goals?

What personal goals do you want to accomplish during your stay at Beauty for Ashes?

1. _____
2. _____
3. _____
4. _____
5. _____

In the event that **any** information provided in this application is found to be false, incomplete or omitted, your eligibility to participate in the BFA Housing Program will be terminated.

I confirm that the information in this application is true and complete. I understand that community service is part of the weekly requirements of this housing opportunity.

Applicant Signature

Date

Please return completed application to:

Muncie Mission
Beauty for Ashes
PO Box 2349
Muncie IN 4730

Or email to: kthornburg@missionministries.us
Phone: 765-288-9122 ext. 702
Website: www.munciemission.org/womens-services/