

Young Adult Application



Thank you for your interest in Life Houses, Inc.

Life Houses seeks to partner with young men and women who are willing to be a part of a community; desire to grow personally and spiritually and want to be taught the necessary life skills to live successful, self-sufficient lives.

Our application process is designed to help us understand you and guide us to select residents who will thrive with Life Houses. We work closely with each applicant; carefully and prayerfully considering each application while making our decision. The information you provide helps us get to know you better. There are no right or wrong answers, and we err on the side of vulnerability. With that in mind, please answer all questions as carefully and honestly as possible.

If you have any questions please call: (406) 800-1210 or email us at: info@life-houses.org. Information is also available at www.life-houses.org

PERSONAL INFORMATION

Name _____ Birth Date _____ Age _____

Current Address _____

Phone #s: Cell _____ Work _____ Other _____

E-Mail _____

Other Address (if applicable) _____

Person to contact in case of an emergency:

Name _____

Relationship _____ Phone _____

Ideal move-in date/time frame: _____

If you are accepted into Life House, are you willing to make a six-month commitment? Yes No

REFERENCES

Please give three references of people who are well acquainted with you:

1 Name _____

Relationship _____ Phone _____

2. Name _____

Relationship _____ Phone _____

3. Name _____

Relationship _____ Phone _____

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EMPLOYMENT INFORMATION

Life Houses charges a monthly fee to all young adults. If accepted, how will you pay?

Are you currently employed? Yes No Full-Time Part-Time

Place of Employment: _____

Position: _____

Work Phone: _____

Describe your job responsibilities:

TRANSPORTATION

Do you have a Driver's License? Yes No

Do you have a vehicle? Yes No

Do you have auto insurance? Yes No

Are there reasons why you do not drive and if so what are they? _____

EDUCATION

Have you graduated from high school? Yes No

If yes, when? _____ If no, what was your highest grade completed? _____

Check all that apply regarding your current educational status:

Not a student _____ Current College/Trade student _____ College/Trade graduate _____

Current Full-time High School student _____ Current Access student _____

If you have not yet attended college or trade school, do you plan to attend? Yes No

FINANCIAL MANAGEMENT

Do you have a bank account? Yes No

Do you have past due bills that need to be paid? Yes No

Do you have recurring bills (cell phone)? Yes No

SELF-CARE

Are you a recovering alcoholic or addict? Yes No

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If yes, please complete the following:

Have you been to chemical dependency treatment? Yes No

If yes, when and where? _____

When was your last date of substance use? _____

Are you currently part of an outpatient chemical dependency treatment? Yes No

If yes, where? _____

Are you willing to undergo drug/alcohol testing if requested (no cost to you)? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Are you currently on probation? Yes No Not Applicable

If yes, please complete the following:

Who is your Probation Officer? _____

What is their contact information? _____

Do you have health insurance? Yes No

Do you receive care from a mental health provider for mental illness and/or counseling? Yes No

If yes, please provide their name and location:

Do you take prescription medications? Yes No

If yes, please list them and what they are for here:

Medication	Reason for Taking
_____	_____
_____	_____
_____	_____
_____	_____

If yes, do you have a doctor who can write refills for you when needed? Yes No

Do you have any allergies (medication, food, environment)? Yes No

If yes, please list: _____

Are you a young adult who has aged out of the foster care system? Yes No

Have you ever been the victim of parental or relationship violence/abuse? Yes No

Yes Are you grieving the loss of a loved one? Yes No

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ATTITUDES AND RELATIONSHIPS

Briefly describe your family dynamics:

How did you hear about Life Houses?

Why do you want to join Life Houses?

Describe your belief/relationship with God? How does this impact your life?

What is your definition of leadership?

What is your definition of accountability?

What qualities do you think are necessary for a person to have in order to live with several other people?

The information given above is accurate to the best of my knowledge.

Your Signature _____ Date _____