

King's Table House Application

Kings' Table House is a faith-based recovery house that accepts no government funds. Please understand that acceptance to King's Table will require you to participate in Biblical instruction and mentoring.

In addition to exhibiting a devotion to sobriety, to the sobriety of housemates and personal growth, you will be expected to exhibit a devotion to the Lord Jesus Christ, spiritual growth, and the health of the church also.

King's Table House is not able to accept registered sex offenders.

If you are interested in applying for residency at King's Table House, please complete the following application form and either mail it to:

Vince Grove, % F Street Neighborhood Church, 1302 F Street, Lincoln, NE 68508;
or, scan the completed application form and email it to Vince Grove at
KingsTable2S9@gmail.com.

After review of the application, you will be contacted either for an interview or notification of availability of space in the program.

**Application for Membership in
King's Table House for Men**

Personal Information

Print Name (First, Middle, Last)

Present Address

Email

Date of Birth (Month, Day, Year)

Phone Where You can Be Reached

Home _____ Work _____

Cell _____

History

Are you an alcoholic? _____ Yes _____ No

Date of your last drink? _____

Are you addicted to drugs? _____ Yes _____ No

List drugs used addictively:

When did you attend your first AA, NA, or CR meeting?

How many AA/NA/CR meetings do you now attend each week?

Do you want to stop drinking alcohol and using addictive drugs?

_____ Yes _____ No

Are you attending a local church? _____ If so, which one? _____

Employment

Are you employed? _____ Yes _____ No

If yes, who is your employer? _____

Are you receiving non-employment based income? _____ Yes _____ No

If yes, what? _____

If you do not have a job, will you get one? _____ Yes _____ No

If yes, what job plans do you have? _____

What is your monthly income right now? _____

What do you expect your monthly income to be next month? _____

Do you serve as a volunteer in community service? _____ Yes _____ No

If yes, list job and number of hours per week: _____

Marital Status

_____ Married _____ Never Married _____ Separated _____ Divorced

Medical Information

Do you have a medical doctor? _____ Yes _____ No

If yes, list the doctor's name and phone number: _____

Have you ever been to a treatment facility for alcoholism and/or drug addiction?

_____ Yes _____ No

If yes, list the treatment provider, phone number, and primary counselor, if any: _____

Do you take prescription drugs? _____ Yes _____ No

If yes, list drugs prescribed: _____

Move In Information

Date of move in? _____ Immediately _____ Other

If other, list the date you would want to move in if accepted: _____

Why is the date in the future rather than immediately? _____

Have you previously lived in transitional housing? _____ Yes _____ No

If yes, provide the name and location of the housing. _____

I left the previous housing for the following reason:

_____ Relapse _____ Voluntarily _____ Other

If Other, list reason: _____

I owe money to the house I left. _____ Yes _____ No

If I do owe money to the house I left, I will agree to repay the money I owe to my former transitional housing. _____ Yes _____ No

Why do you want to live at King's Table House? _____

Emergency Contact

Name and Address: _____

Relationship _____

Phone: _____

Additional Information

Use this space for additional relevant information:

Personal References - List two people who have known you a year or longer who can speak about your character.

Name, relationship, and phone _____

Name, relationship, and phone _____

By signing the application, you are acknowledging that residence at King's Table does NOT create a landlord/tenant relationship between the client and King's Table or an expectancy, or right to shelter, room, board, or housing. It does not confer upon any client rights under landlord/tenant, innkeeper/guest or other law.

Signature and Date
