## 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:

- Anyone registered as a sex offender
- Anyone convicted of arson
- Anyone awaiting felony charges

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

Beth Heerspink % F Street Neighborhood Church, 1302 F Street, Lincoln, NE 68508; or, scan the completed application form and email it to <a href="mailto:KingsTable2S9@gmail.com">KingsTable2S9@gmail.com</a>.

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)				
Home Phone	Work Phone	Cell Phone		
History				
Are you an alcoholic?	Y	N		
Date of your last drink				
Are you addicted to drugs?	Y	N		
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 and using addictive drugs?	Y	N		
Are you on parole, probation, or post-release supervision? Circle if any apply.				
If on parole, list name and phone number of parole officer:				

Are you attending a local church?	Y	N		
If so, which one?				
Employment				
Are you employed?	Υ	N		
If yes, who is your employer?				
Are you receiving non-employment based income?	Y	N		
If yes, what?				
If you do not have a job, will you get one?	Y	N		
If yes, what job plans do you have?				
What is your monthly income now?				
What do you expect your monthly income to be next month?				
Do you serve as a volunteer in community service?	Y	N		
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?	Y	N		
If yes, list the doctor's name and phone number				

Have you ever been to a treatment facility for alcoholism and/or drug addiction?	Y	N		
If yes, list the treatment provid	er, phone number, and primary cou	nselor, if any:		
Do you take prescription drugs?	Y	N		
If yes, list drugs prescribed:				
Move In Information				
Date of desired 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?	Y	N		
If yes, provide the name and location of the housing:				
I left the previous transitional housing for the following reason:				
Relapse	Voluntarily	Other		
It Other, list reason:				
I owe money to the transitional housing I left	Y	N		

If I do owe money to the housing I left, I will agree to repay the money I owe to my former				
transitional housing.	Υ	N		
Who referred you to King's Table	House? Why do you want	to live at King's Table House?		
Emergency contact				
Name and Address				
Relationship				
Phone				
Additional Information				
Use this space or back of form to	provide additional releva	nt information:		
Personal References				
List two people who have known	you a year or longer who	can speak about your character:		
Name, relationship, phone				
Name, relationship, phone				
a landlord/tenant relationship be	tween the client and King's	idence at King's Table does NOT create s Table, or an expectancy, or right to any client rights under landlord/tenant,		
Signature and Date				