



# Men's Discipleship House (Application)

**Mission:** To see the Gospel of Jesus CHRIST FULLY transform the lives of those who have struggles with addiction, homelessness, and incarceration.

**Vision:** To provide a safe home for men to grow in life and godliness. This is best accomplished through gospel-centered community, gospel-centered accountability, and gospel-centered service.



## PERSONAL INFORMATION

Full legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education Level: Need GED - GED - HS Diploma - Some College - College Degree

**RELATIONSHIPS:** If you are accepted in the Acts 247 Discipleship house, over the course of the next 6 months, you cannot under any circumstance be in a romantic relationship. That means emotional or physical. We have found that the #1 cause of relapse is relationships. When you are ready for a relationship that means you are ready to live on your own. The next six months is designed for you to get on your feet and grow in your relationship with God. For the short time that you are in the Acts 247 Discipleship House we require that you abstain from all sexual, physical, and emotional relationships. Violation of this policy is grounds for immediate dismissal.

Are you presently in a relationship? N / Y

If Yes,

Status: Dating / Engaged / Married / Separated

Person's name: \_\_\_\_\_

Please describe the nature of your relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION

**Rent is \$525.00 per month.** This pays for your housing (including utilities), but does not include food, hygiene, or personal items (you will be provided with a starter kit with hygiene)

There is no security deposit.

If you are in need of rental assistance, please ask us for names of agencies.

**JOB AGREEMENT**

I, \_\_\_\_\_, understand that a job is a requirement to be accepted into the Acts 247 Discipleship House. If I do not have a job, I understand that I am **required to obtain a steady job within my first month at the Acts 247 Discipleship House. If I am not able to obtain a job, I understand that I will be considered for removal from the house.**

Are you currently working? N / Y

If yes, how many hours do you currently work weekly? \_\_\_\_\_

What is your typical schedule?

(M)\_\_\_\_\_ (Tu)\_\_\_\_\_ (W)\_\_\_\_\_ (Th)\_\_\_\_\_ (F)\_\_\_\_\_ (Sa)\_\_\_\_\_ (Su)\_\_\_\_\_

What are typical shift times?

*If no, For those not currently employed*

(Initial)\_\_\_\_\_ I do not currently have a job, but commit to spending a minimum of 4hrs/day searching for a job.

(Initial)\_\_\_\_\_ I understand that if I do not have full time work by the end of my first month in the house, I may be asked to leave.

(Initial)\_\_\_\_\_ I understand that it is my responsibility to ask for time-off to attend **mandatory** Thursday Night Family Dinners from 6-8pm and Sunday night Acts 247 church 5:30—8:00pm

Please state work history: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are not currently working, please state what type of work you would like to do, and we will try to help you in your job search:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **FAMILY BACKGROUND**

Describe the health of your current relationship with your family? How do they feel about your desire to live a new life?

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Describe your family background:

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Do you have any children? If yes, please describe your current relationship with your children: \_\_\_\_\_

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## **CHRISTIAN EXPERIENCE**

*(Residents of the Acts 247 Discipleship House will be required to attend weekly Acts church services, meetings, and serve those others around you)*

At what age did you accept Christ? \_\_\_\_\_

Briefly describe how you began your relationship with Jesus. Share your conversion story:

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Current Church membership: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

How would you describe your involvement in the church?

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How did you hear about the Acts 247 Discipleship House?

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How would you describe your current relationship with Jesus Christ?

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**CONFIDENTIAL MEDICAL AND PSYCHOLOGICAL QUESTIONNAIRE**

*\*We recognize that a person's past can be a very tender subject due to the painful experiences that many have had. On the following questionnaires please be extremely honest in order for us to assess how we can most effectively help you.*

*A past or present problem in an area **does not** necessarily exclude you from the house. The information that you share with us will be treated confidentially and will be seen only by those directly involved in your application decision.*

How many days were you absent from work (or school) due to illness in the last year?  
Please explain. \_\_\_\_\_

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Do you have medical insurance? N / Y (Not a requirement to be in the house)

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Are you currently taking any medication or under a doctor's care? N / Y  
If so, indicate medication, purpose and any limitations it may cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any handicaps or health conditions that require special care? N / Y  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic illnesses or allergies? N / Y If so, what are they: \_\_\_\_\_  
\_\_\_\_\_

Have you used narcotics, hallucinogens or drugs not prescribed by a physician in the  
past 5 years? N / Y If so, what kind, how often, and are you currently using? \_\_\_\_\_  
\_\_\_\_\_

Do you drink alcohol? N / Y If yes, how frequently? \_\_\_\_\_  
\_\_\_\_\_

Do you use tobacco products? N / Y If so, how frequently? \_\_\_\_\_  
\_\_\_\_\_

Are you willing to make steps towards complete abstinence from alcohol, drug, and  
tobacco consumption? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been treated for drug or alcohol addiction in the past 5 years? N / Y If yes,  
please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of chronic relapse or treatment facilities? N / Y If yes, please  
explain: \_\_\_\_\_  
\_\_\_\_\_

Do you struggle with pornography or sexual immorality of any kind? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you now or in the past struggle with addiction or compulsive behavior towards: social media, TV watching, internet use, gaming, or general phone use? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

In social situations or in doing something new, do you ever feel anxiety or fear? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever experienced suicidal thoughts or engaged in self-harm N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a mental health diagnosis? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to sit down for weekly check-ins as part of your admission to the Acts 247 Discipleship House? N / Y

Please rate the following on a scale of 1-5. Please be open and honest  
1 being "I don't struggle with this at all"  
5 being "I struggle with this on a frequent basis"

Comparison \_\_\_\_\_ Self-Justification \_\_\_\_\_ Lust/Pornography \_\_\_\_\_  
Insecurity/Self Worth \_\_\_\_\_ Control \_\_\_\_\_ Masturbation \_\_\_\_\_ Materialism \_\_\_\_\_  
Envy/Jealousy \_\_\_\_\_ Anger \_\_\_\_\_ Anxiety \_\_\_\_\_ Rebellion \_\_\_\_\_ Greed \_\_\_\_\_  
Fear \_\_\_\_\_ Manipulation \_\_\_\_\_ Crude Joking \_\_\_\_\_ Lying \_\_\_\_\_ Codependence \_\_\_\_\_  
Idolatry \_\_\_\_\_ Pride \_\_\_\_\_ Depression \_\_\_\_\_ Hatred \_\_\_\_\_ Anger \_\_\_\_\_  
Gluttony \_\_\_\_\_ Passivity \_\_\_\_\_ Same-sex Attraction \_\_\_\_\_ Unforgiveness \_\_\_\_\_

Any other struggles that we should be aware of (remember, this is so we can best serve you and help you in your transition) \_\_\_\_\_  
\_\_\_\_\_

Are you a morning or a night person? Please describe: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY:**

Please answer the questions in this section fully and honestly:

Do you have any open charges / warrants in Alaska or any state? N / Y If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? N / Y If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a sexual offense? N / Y If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been incarcerated? N / Y If yes, please list. : \_\_\_\_\_  
\_\_\_\_\_

If you were incarcerated, did you have any infractions? N / Y If yes, how many? For what? \_\_\_\_\_  
\_\_\_\_\_

If you were incarcerated, what programs did you complete? \_\_\_\_\_  
\_\_\_\_\_

Are you presently incarcerated? N / Y

If yes, what facility? \_\_\_\_\_

Release Date: \_\_\_\_\_ Are you eligible for EM? N / Y

Length of Parole: \_\_\_\_\_ Length of Probation: \_\_\_\_\_

PO Name: \_\_\_\_\_

PO contact info: \_\_\_\_\_

**PASTOR/LEADER REFERENCE** (This person will be submitting this application for the applicant.)

The pastoral / leader should be a person who is in direct authority over the applicant in a ministry / spiritual environment who can speak about this applicant's character and personality.

The Acts 247 Discipleship House Management would appreciate your honest, straightforward answers. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strictest confidence and that the applicant will not see this form after it is submitted.

**Name of Reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Is there any indication that this person's decision to apply to the Acts 247 Discipleship House has been significantly influenced by a desire to escape personal, family or vocational situations? \_\_\_\_\_

Does the applicant have the ability to make decisions and follow through on them? \_\_\_\_\_

How does the applicant respond to authority? \_\_\_\_\_

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Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

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Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others:

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Ability to work with others: \_\_\_\_\_

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What is the applicant's attitude toward other groups, races or nationalities? \_\_\_\_\_

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To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

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Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had reason to question the applicant's morals?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What gifts or talents does the applicant have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, in your opinion, are the 3 areas of growth that you would like to see the applicant accomplish while in the Acts 247 Discipleship House? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation: \_\_\_\_\_

This form is an essential part of each resident's acceptance into the house.

**Please send this form directly to Acts 247:**

[Acts247dh@gmail.com](mailto:Acts247dh@gmail.com)  
Fax: 907-276-0033

Acts 247 Discipleship House  
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Anchorage, Ak 99510