

# GLORY MANSIONS APPLICATION FORM

## IDENTIFICATION DATA

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 BIRTHDATE Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_  
 WHO ARE YOU PRESENTLY LIVING WITH? \_\_\_\_\_  
 EDUCATION: Last Grade Completed (prior to college) \_\_\_\_\_ Other Education (List Types & Years) \_\_\_\_\_  
 \_\_\_\_\_  
 WHAT ARE YOUR EDUCATIONAL GOALS? \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ BUS PHONE \_\_\_\_\_ CURRENTLY EMPLOYED? Yes \_\_\_ No \_\_\_  
 REFERRED HERE BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## MARRIAGE AND FAMILY INFORMATON

CURRENT MARITAL STATUS: Single \_\_\_\_\_ Going Steady \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 NAME OF HUSBAND/BOYFRIEND \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
 YOUR HUSBAND/BOYFRIEND'S AGE \_\_\_\_\_ RELIGION \_\_\_\_\_  
 HAVE YOU EVER BEEN SEPARATED OR DIVORCED? Yes \_\_\_\_\_ No \_\_\_\_\_  
 EXPLAIN \_\_\_\_\_  
 DATE OF MARRIAGE(S) \_\_\_\_\_ YOUR AGE WHEN MARRIED \_\_\_\_\_  
 GIVE BRIEF INFORMATION ABOUT ANY PREVIOUS MARRIAGES/RELATIONSHIPS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHILDREN'S NAMES	AGES	GENDER	LIVING?		EDUCATION IN YEARS	FATHER'S NAME
			Yes	No		

EXPLAIN YOUR RELATIONSHIP WITH YOUR FATHER \_\_\_\_\_  
 MOTHER \_\_\_\_\_  
 IF YOU WERE REARED BY ANYONE OTHER THAN YOUR OWN PARENTS BRIEFLY EXPLAIN \_\_\_\_\_

	BROTHERS	LIVING?	SISTERS	LIVING?
NUMBER OF OLDER				
NUMBER OF YOUNGER				

EXPLAIN POSITIVE/NEGATIVE RELATIONSHIPS WITH BROTHERS OR SISTERS \_\_\_\_\_  
 \_\_\_\_\_

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**RELIGIOUS BACKGROUND**

CHURCH PREFERENCE \_\_\_\_\_

WHAT CHURCH DO YOU CURRENTLY ATTEND? \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

MAY WE CONTACT YOUR PASTOR FOR INFORMATION AND HELP? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_\_\_

CHURCH ATTENDED IN CHILDHOOD \_\_\_\_\_

ARE YOU A RELIGIOUS PERSON? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_ DO YOU BELIEVE IN GOD? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_\_\_

DO YOU READ THE BIBLE? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_ DO YOU PRAY TO GOD? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

IF YOU WERE TO STAND BEFORE GOD AND HE WERE TO ASK YOU "WHY SHOULD I LET YOU INTO MY HEAVEN? WHAT WOULD YOUR ANSWER BE? \_\_\_\_\_

WHAT IS YOUR BASIS FOR ANSWERING THE ABOVE QUESTION AS YOU DID? \_\_\_\_\_

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR? Yes \_\_\_ No \_\_\_ I don't know what you mean \_\_\_\_\_

HOW DO YOU KNOW THAT JESUS CHRIST IS YOUR SAVIOR? \_\_\_\_\_

IF YOU HAVE RECEIVED CHRIST AS SAVIOR, WHAT CHANGES TOOK PLACE IN YOU LIFE WHEN YOU BECAME SAVED? \_\_\_\_\_

**BASIC PROBLEM IDENTIFICATION**

EXPLAIN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE \_\_\_\_\_

WHAT IS THE PROBLEM THAT BRINGS YOU TO GLORY MANSIONS? \_\_\_\_\_

WHAT HAVE YOU DONE ABOUT IT? \_\_\_\_\_

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## PERSONALITY and HEALTH INFORMATION

HAVE YOU HAD ANY PSYCHOTHERAPY OR COUNSELING BEFORE? Yes \_\_\_\_\_ No \_\_\_\_\_

COUNSELOR/THERAPIST NAMES	DATES From      To	MEDICATION PRESCRIBED*	OUTCOME AND DIAGNOSIS

\*ARE YOU CURRENTLY TAKING THESE MEDICATIONS?

CIRCLE ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU? Active

Ambitious	Self-Confident	Persistent	Nervous	Hardworking	Impatient	Impulsive	Moody
Often-Blue	Excitable	Imaginative	Calm	Serious	Easy Going	Shy	Good-Natured
Extrovert	Likeable	Leader	Quiet	Hard-Boiled	Submissive	Sensitive	Self-Conscious
Lonely							

Other \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE RESPONSE:	YES	NO	WHEN
HAVE YOU EVER FELT PEOPLE WERE WATCHING YOU?			
DO PEOPLE'S FACES EVER SEEM DISTORTED?			
DO YOU EVER HAVE DIFFICULTY DISTINGUISHING FACES?			
ARE YOU SOMETIMES UNABLE TO JUDGE DISTANCE?			
HAVE YOU EVER HAD HALLUCINATIONS?			
ARE YOU AFRAID OF BEING IN A VEHICLE?			
IS YOUR HEARING EXCEPTIONALLY GOOD?			

APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT? \_\_\_\_\_

EACH NIGHT, WHEN DO YOU: Go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Get out of bed? \_\_\_\_\_

DESCRIBE RECENT CHANGES IN SLEEP HABITS: \_\_\_\_\_

HAVE YOU EVER HAD A SEVERE EMOTIONAL UPSET? Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES, DESCRIBE \_\_\_\_\_

RATE YOUR HEALTH: Very good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

YOUR APPROXIMATE WEIGHT \_\_\_\_\_ lbs. RECENT WEIGHT CHANGES? \_\_\_\_\_ HEIGHT \_\_\_\_\_

LIST ALL-IMPORTANT PRESENT OR PAST ILLNESSES, INJURIES OR HANDICAPS \_\_\_\_\_

DO THE ABOVE LIMIT YOU IN ANY WAY? Yes \_\_\_\_\_ No \_\_\_\_\_ PLEASE DESCRIBE: \_\_\_\_\_

DATE OF LAST MEDICAL EXAMINATION \_\_\_\_\_ REPORT \_\_\_\_\_

YOUR PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

ARE YOU PRESENTLY TAKING MEDICATION? Yes \_\_\_\_\_ No \_\_\_\_\_ DESCRIBE \_\_\_\_\_

DO YOU DRINK ALCOHOLIC BEVERAGES? DESCRIBE \_\_\_\_\_

HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? DESCRIBE \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? Yes \_\_\_\_\_ No \_\_\_\_\_ OUTCOME \_\_\_\_\_

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## FINANCIAL INFORMATION

WHAT IS YOUR CURRENT FINANCIAL SITUATION? \_\_\_\_\_

DO YOU HAVE ANY OUTSTANDING DEBTS AND/OR COURT MANDATED RESTITUTION? \_\_\_\_\_

EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING ANY FEDERAL AID OR PUBLIC ASSISTANCE (i.e. AFDC, Section 8, Food Stamps)? \_\_\_\_\_

DO YOU HAVE A CHECKING/SAVINGS ACCOUNT? \_\_\_\_\_

ARE THEY IN YOUR NAME ONLY? Yes \_\_\_ No \_\_\_ WHO ELSE CAN SIGN ON THEM? \_\_\_\_\_

HAVE YOU EVER HAD A BUDGET? \_\_\_\_\_

## ADDITIONAL INFORMATION

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY

NAME	ADDRESS	PHONE (Include Area Code)	RELATIONSHIP
		(    )	
		(    )	
		(    )	

ARE YOU WILLING TO IMPLEMENT AND COMMIT TO A STUDY AND PERSONAL APPLICATION OF GOD'S WORD? Yes \_\_\_ No \_\_\_  
IF NO, EXPLAIN \_\_\_\_\_

ARE YOU WILLING TO SIGN A RELEASE OF INFORMATION FOR SOCIAL, PSYCHIATRIC, OR MEDICAL REPORTS? Yes \_\_\_ No \_\_\_  
IF NO, EXPLAIN? \_\_\_\_\_

**All applicants will be drug tested and must be free from all substance abuse for a period of 45 days before entering Glory Mansions.**

**If accepted to Glory Mansions a one year commitment to the discipleship program is required.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Return To:  
Glory Mansions  
P.O. Box 320735  
Cocoa Beach, FL 32932**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Date of Screening \_\_\_\_\_

Screening Committee \_\_\_\_\_  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised 08/03

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NAME \_\_\_\_\_

**Additional information or comments:**