

PRECIOUS GEMS HOME FOR WOMEN

Application for Residency

What is Precious Gems? This home is the inspiration of two women who had the desire to serve young ladies as they step from their teen years into adult life. With the support of many, a Christian home came into existence to enhance the lives of success-oriented young women.

We appreciate the opportunity to support and assist you in setting and accomplishing your goals. Our purpose is to provide you with a solid start to your adult life and to see you ultimately develop into the person God wants you to become.

We are delighted that you have chosen to apply for residency in our home. We pray that this home will provide you with what is necessary to become an independent, productive member of our community.

What can you expect from Precious Gems? We are offering a caring, loving, home environment, where you can flourish, blossom and grow into a healthy, strong, prosperous woman. We partner with you to create an individual program that focuses on your goals and plans for the future.

We will assist you with the difficult areas of your life. With the aid of professionals in our community Precious Gems can provide financial support, educational direction, career counseling, emotional and life skills guidance.

Our wish is that your life will be changed for the better because of your time at Precious Gems. Our goal for you is to live independently with health, happiness and financial security. Our prayer is that our spirituality/faith will influence yours to become a lifelong pursuit.

What Precious Gems will ask from you:

Honesty - It said "the truth will set you free." It can also allow us to give you the best guidance available as well as create harmony at Precious Gems.

Respect - For yourself, other residents, houseparent(s), guidance counselors, and all who deserve your respect. Respect for other's property, the house and your property is also needed.

Courtesy - Treat others as you wish to be treated. Manners, a simple please and thank you, can keep things running smoothly. Share all things politely, i.e. computer, bathroom, TV, phone, washer, etc.

Caring - Be understanding and thoughtful to those around you. Care for your own health and welfare.

Responsibility - To take care of the physical things around you, i.e. your room, the house (which will require chores), your person and your messes.

You will be guided to successfully manage your time and your money so you can work towards independent living. You will be assisted in setting goals and be asked to do what is necessary to achieve those goals.

Resident Application

Please complete the following application to the best of your ability. If a question does not apply to you, simply write N/A in that space. If you have questions or need help completing the application, please contact our home at (231)468-2053.

Your completed application may be e-mailed to preciousgemshome@gmail.com or mailed to

Precious Gems Home for Women
901 N. Mitchell St.
Cadillac, MI 49601

Full Name: _____

Your current or last address/location: _____

What is your birthdate (MM/DD/YYYY)? _____

How can you be reached? _____

Emergency Contact _____ Contact Phone # _____

Are you currently homeless? Y N

Have you been in any other shelters or homes? Y N If so, when and where?

What goals would you like to accomplish in the next 1 to 5 years? _____

What steps have you taken to accomplish these goals? _____

Have there been any obstacles to achieving these goals? _____

How have you overcome these obstacles? _____

If you have no goals, are you open to creating a plan for yourself? Y N

What do you see as some of your strengths? _____

What do you see as some of your weaknesses? _____

Are you currently working? If so, where? _____
What is your position? _____

Supervisors Name: _____ Phone Number: _____

What is your favorite food? _____

Are you currently attending classes? _____
If so, where? _____ For what? _____

Do you have any medical conditions or allergies that we should know about? Y N
If so, please explain: _____

Are you taking any medications? Y N What are they? _____

What are your medications for? _____

Have you had any harmful thoughts to yourself or others in the last 30 to 60 days? _____

Do you or your family have any history of mental illness? _____

Have you ever been in foster care? Y N Do you currently have a DHHS case worker? Y N
If so, who? _____

Do you have a case worker through any other agency? Y N If so, who? _____

Do we have your permission to contact this person? _____
What is the best way to contact them? _____

Are you currently sexually active? Y N Are you currently pregnant? Y N

On average, how many hours of sleep do you get each night? _____

How would you rate your quality of sleep, 1 being the worst and 10 being the best? _____

How many meals do you eat per day? _____

Do you have any children? Y N How many? _____ Do you have custody of them? Y N

What does your relationship look like with your family? _____

What is your relationship look like with your friends? _____

Are you currently in a relationship? Y N

How do you handle conflict? _____

Give an example of a personal conflict and how you resolved the issue: _____

Do you have a history of aggression or violent behavior? Y N

Have you experienced abuse or neglect? _____

Do you or your family have history of substance abuse? _____

Do you use any form of tobacco? Y N What kind? _____

Have you ever consumed alcohol? Y N
How frequently (daily, weekly, monthly)? _____
In what quantity? _____

Have you ever been convicted of a crime? Y N
If yes, please explain: _____

How do you feel about Precious Gems being a Christian home? _____

How did you find Precious Gems? _____

Please list any personal references or advocates: _____

Is there anything else that you would like us to know? _____

I affirm that the answers I have given are true and accurate to the best of my knowledge, I hereby give authorization for Precious Gems to contact any of the above named persons or organizations for verification. Precious Gems reserves the right to perform a background check if deemed necessary.

Signature: _____ Date: _____