

Love And Compassion Ministries, Inc.

ONLINE INFORMATION FORM FOR ASSISTANCE

Once the application is submitted it will be reviewed and a administrator will contact you.

Describe why you are contacting Love And Compassion Ministries, Inc. in the box below.

What is your main problem, as you see it and what have you done about it?

Personal Information: * = Mandatoy Items

*Gender: Male Female *Date: *Have we help you before?

*Last Name: *First Name: MI:

*Last Four Numbers of Your SSN:

Current Address: City: State: Zipcode:

Phone Number: Email Address:

*Date Of Birth (mm/dd/yyyy) Do You Own A Home Or Property? If Yes Give Address.

Emergency Contact Person: Relationship: Emergency Phone:

Ethnicity:

Height: Weight: Eyes Color: Hair Color:

Where do you live? Schooling Completed? Need GED?

Did you graduate? Read English? Speak English?

Current Income? How Often?

Source(s)?

Do you receive government benefits? Social Security VA Workman's Comp SSI SNAP Nutrition Assistance (Food Stamps)

Other Benefits?

Are you a US Veteran?

Branch of Service?

Highest Rank: Length Of Service:

Driver's License Information

Do You Have a Valid Driver's License? License ID State License ID Number:

If You Do Not Have A Valid Driver's License, Do You Have A Valid Government ID? ID Type

Your Family:

Your Martial Status: Select

Spouse's or Significant Other's Last Name: Spouse's or Significant Other's First Name:

| Your Children's Names | Sex | Age | Mother's Name | Amount Of Child Support You Pay Each Month |
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Homelessness Documentation:

How long have you been homeless?

- Never Less than 2 weeks 2 weeks to 1 month 1 to 3 months 3 months to 1 year more than 1 year

How often have you been homeless?

- Never 1 to 2 times more than 2 times in 2 years Long term (more than 2 years)

Reason for homelessness:

- Lack of a fixed, regular and adequate night time residence.
 Primary night time residence is a shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
 Primary night time residence is an institution that provides a temporary residence for individuals intended to be institutionalized.
 Primary night time residence is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings.

Health Information:

Is your spouse or significant Other's an addict?

Are any of your family members addicts?

In the last month, have you taken a drink first thing in the morning to help recover from a hangover?

In the last year, have you had a drink while driving or driven under the influence of alcohol?

In the last 3 months, have you continued to drink until passing out?

Are more than 50% of your friends drinkers?

Do you consume more than 7 alcoholic beverages per week?

In the last 3 months, have you taken alcohol to work or drank at lunch or during your workday?

Do you hide your drinking from friends or family?

In the last year, have you done anything while drinking that you regret doing?

Do you find it difficult to stop drinking after one or two drinks?

Have you ever woken up after drinking and not remembered how you got to where you were?

Have you ever used substitutes for alcoholic such as mouthwash, hair tonic, extract, etc.?

Have you ever been hospitalized for alcoholism or drug addiction?

Have you ever tried to quit or control your drinking on your own?

Emotional Health:

Do you experience emotional Isolation? How Long Ago?

Please describe:

Have you ever become violent towards others? How Long Ago?

Please describe:

Do you suffer from depression? How Long Ago?

Please describe:

Have you ever had thoughts of suicide? How Long Ago?

Please describe:

Have you ever attempted suicide? How Long Ago?

Please describe:

Physical Health:

Describe your current health?

Are you currently taking medications?

If yes, which meds:

Are you in need of medication?

Do you have enough medications for another 30 days?

If yes, how do you get your medications refilled?

Do you have any doctor appointments in the next 30 days?

If yes, when?

Have you been treated for or told that you have any sicknesses or injuries in the past 5 years?

If yes, give diagnosis:

Been in a hospital, psychiatric hospital or other institution for diagnosis, treatment or operation in the past 5 years?

If yes, give diagnosis:

Had any prior injuries to your back that would affect your lifting, bending, or twisting capabilities?

If yes, give diagnosis:

Do you smoke or use any tobacco products? How Often?

Have you ever been told by a physician to stop smoking / using tobacco products? If yes are you willing to give them up?

Mental Health:

Do you have any mental and/or emotional health problems?

Have you ever been diagnosed and/or treated with mental or emotional health problems?

If yes, when: Details:

Are you taking medication related to mental health? If yes Give Details

Are you in need of any counseling or other mental health help?

If yes, when: Details:

Have you ever had a state claim for an industrial injury? If yes, when: Reason:

Employer:

Do you have any current physical disability? If yes, date of last examination:

Do you have any health insurance? (Give Policy Name and Number)

Health Information Continued:

Have you ever had any of the following:

- Arthritis or Rheumatism
- Polio
- Amputations
- Dizziness or Fainting Spells
- Back Surgery
- Any Permanent Disabilities
- Head Injury
- Diabetes
- Hepatitis
- High Blood Pressure
- Epilepsy
- Cancer
- Kidney or Bladder Trouble
- Asthma
- HIV
- Emphysema
- Hepatitis A, B or C
- Phlebitis
- Varicose Veins
- Heart Problems
- Knee Injury
- Back Injury
- Loss of Hearing
- AIDS
- Herpes
- Loss of Sight
- Hernia / Rupture

Which side?

Was it operated on?

Date: (mm/dd/yyyy)

Physician:

Legal Information:

Have you ever been sued? If yes, when

Details:

Are you involved in a lawsuit? If yes, when:

Details:

Ever convicted of a felony? If yes, how many:

Details:

Ever convicted of a sexual offense? If yes, how many:

Details:

Are you on probation?

What county?

What state?

Probation officer's name:

Probation officer's phone number:

Are there any charges pending against you at this time?

Do you have any warrants or charges in other counties / states?

Has your driver's license ever been suspended or revoked?

Have you ever been in prison?

If yes, give dates and location:

Any court or probation appointments in the next 30 days?

If yes, give dates and times:

Work Experience (Check all that apply):

- Office Work
- Mechanic
- Painter
- Upholstery
- Maintenance
- Electrician
- Cook
- Air Conditioning
- Radio/TV Repair
- Auto Body Repair
- Welder
- Carpenter
- Custodian
- Landscaping
- Warehousing
- Sales
- Appliance Repair
- Truck Driver
- Fork Lift Operator
- Computer Repair
- Plumber
- Cleaning Service
- Secretary (general)
- Laundry Attendent
- Other

List Any Special Skills:

Other Description

Are you working now? No if you are not working, why not? S

| Give Past Employer Names | Job Title/Description | Contact Person | Phone Number | Dates of Employment |
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Spiritual Information:

Describe your religious / spiritual experiences:

Religious Background

Have you ever had any dealings with any of the following:

- Meditation
- Ouija Boards
- Cults
- Magic
- Crystals
- Mysticism
- Tarot Cards
- Scientology
- Witchcraft
- Satanism
- Extrasensory Perception
- Parapsychology
- UFO
- Fortune Telling
- Mind Reading

Are you saved?

Have you ever been baptized?

Are you a Church member?


Did you attend Church as a child?

Were you ever a Church officer or Sunday school teacher? No

Do you ever pray? No

Are you an ordained minister? No

Because of problems arising in the past, we cannot place people in programs / half-way homes, etc. that have lovers of the same sex! Will this be a problem in your situation?



By submitting this information form to LCM, you agree / understand that LCM may need to give other organizations information about you and your situation. You must also agree / understand that giving false or incomplete information can stop or interrupt LCM from helping you!

To submit your application click The Submit Button.

Once your application has been processed a representative will contact you.

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