

Harvest House Ministries - Entrance Interview

Date: _____

Name: _____

Age: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Financial Status: _____

If employed, where: _____

If not, why: _____ How long: _____

If ADC, what county: _____

Monthly wages or grant: _____

How much money do you have left for the month? _____

Workers name & number: _____

How did you hear about Harvest House?

Referral Source: Name: _____ Number: _____

Have You ever heard about accepting Jesus as your personal Savior? _____

If yes:

Have you ever asked Him into your heart: _____

What Church did you attend: _____

When and how long did you attend: _____

Why did you quit: _____

Interviewer: The reason that Harvest House exist is because we believe Jesus can change your life. We know that there isn't anything you can do in your own strength to change things for yourself. Jesus is the only answer. Also, if you are accepted to Harvest House you will be expect to do anything we ask you to do. An example is sometimes for disciplinary action we ask you to do extra chores Are you willing to do this? _____

Are you willing to make permanent changes in your life and are you tired of the way you've been living? _____

What do you consider to be your biggest problem? _____

What help do you think you need to work through this problem? _____

Do you smoke? yes no Are you willing to quit? yes no

Interviewer: if no, inform them that they are not allowed to smoke if accepted to Harvest House

Are you on drugs or alcohol? _____

What types of drugs and alcohol have you taken? _____

How many times have you used controlled substances in the last year? _____

When was the last time you used? _____

Do you consider yourself a drug addict or alcoholic? _____

Have you ever been in a rehabilitation program? yes no

If yes, When _____ Where _____

Why did you go into the program? _____

Did you complete the program? yes no

If not, why? _____

Are you involved in the criminal justice system in any way (court, probation, recent jail time, parole)? _____

Are there any outstanding warrant for your arrest? _____

What county _____ What for? _____

Have you ever been arrested? _____

What for? _____ Jail time served? _____

Have you ever had mental health problem? yes no

What was your diagnosis? _____

What were your symptoms (ie. hearing voices, depression, paranoid) _____

Were you on medication? _____ When? _____

Did you receive mental health treatment? _____ Where? _____

When? _____ Did you complete your treatment, why or why not? _____

Have you ever thought of or tried suicide? _____ When? _____

What was going on in your life at this time? _____

What methods did you use to try to kill yourself? _____

Do you feel you have mental health problems now and that you require medication? _____

Interviewer: If so, inform them that we are not equipped to help people with severe mental health problem and our staff are not able to monitor their medication, give them a referral to another agency.

Are you involved in a relationship at this time? yes no

Marital status: single, married, common law marriage, living together, separated, divorced,

If you have children, is the man your involved with you child's father? _____

Are you willing to put this relationship on hold while you get your life together in Jesus? _____

Interviewer: At Harvest House we believe that being involved in a relationship can distract you from making changes in you life and in your kids' lives. We want the only man in your life to be Jesus Christ right now. He is the one who can change and help you. He will never let you down, leave you or forsake you. So many times we put our trust in men, especially if were lonely or needy, Jesus wants you to put your trust in Him!

What habits do you have that control your life (ie. anger, bad attitude, abusive, codependent, ect.) _____

Do you take instruction well?, why or why not? _____

What do you think would be the biggest adjustment you would have to make to live at Harvest House. _____

Are you willing to be taught how to please the Lord in your life? _____

Do you understand that this means you don't do things your way but the way the Lord wants you to do it? _____

Are you ready to begin a new life and leave all your unhealthy lifestyles behind? _____

Are you tired and hope things can be different for you and your children? _____

If accepted, you will be on a two month probationary period. You will be shadowed for these two months to help you start a new beginning. During this time we will monitor your mail and phone calls. For the first two weeks you will not receive any mail or phone call or make any outgoing call. This may continue if you are untrustworthy Do you agree to this? _____

If you are accepted after the two months probation period, are you willing to commit to six months? _____

What goal do you have for yourself and you children? _____

Where do you see yourself in 5 years? _____

What do you want for your and your children's future? _____

Where is your family and how is the relationship. _____

Your rent is _____

Did you read the rules? _____ Which rule will be the most difficult for you to follow?

Sign if you agree to follow the rules: _____

Do you own a car? _____

Are you willing to park it and allow us to put your keys in our safe? _____

Interviewer: The reason we ask you to do this is because we want to give you the chance to make changes in you life, we believe that your car can be a temptation for you and we want to remove these types of temptations.

Do you have any medical problems? _____

What are they? _____

Do you require an special medical treatment?(ie. special accommodations, medication) _____

When was you last medical exam? _____ Are you willing to have an exam? _____

Have you had an AIDS test? _____ Results? _____ Are you willing to have a test? _____

How many children do you have? _____

Name	sex,	birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are your children involved in CPS (Social Services) & why? _____

Do you children have any medical problems? _____

Do they have behavior problems and/or problems in school? _____

What are they? _____

Do you discipline you children? _____ How? _____

Do your children play well with other children? _____

Do you have problems getting along with others? _____

What would you change in YOUR behavior if you could? _____

Your Children's? _____

Do you agree to speak with a counselor if you having thoughts of suicide? _____

If you agree, sign _____

How emergent is you situation, do you have somewhere safe to stay tonight? _____

Interviewer's Comments:

Interviewer's Recommendation: _____

If not good candidate, did you provide referral & where _____

Interviewer's Signature _____

Interviewer: ask woman if involved with social services for child abuse, If so get the name and number of their worker. If woman is involved with the court system or on parole or probation, get the name and number of their officer. This information will be helpful if they leave the program and these people need to be notified. List information here: