



Housing Application

Mighty to Save Ministries (MtSM)

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Mission Statement

Offering hope and new beginning to young adults who want to be free from addiction by providing mentoring, discipling and transition assistance.

MtSM Housing Vision Statement:

MtSM seeks to provide a safe, drug and alcohol-free living environment along with mentoring, discipling and transitional assistance for those coming out of incarceration or rehab in order that they might have continued freedom from addiction.

Mighty to Save Ministries (MtSM) is registered with the Internal Revenue Service (IRS) as a 501(c)3 entity

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(4/2021)(rev: 1/2022)

Applicant Information						
Full Name:	<i>Last</i>		<i>First</i>		<i>M.I.</i>	Date:
Address:	<i>Street Address</i>					<i>Apartment/Unit #</i>
<i>City</i>				<i>State</i>		<i>Zip Code</i>
Date of Birth:				Phone:		
Email:						
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	License or ID card #:			
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to live in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever lived in MtSM transitional housing before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?			
How did you hear about MtSM transitional living?						

Tell Us About Yourself	
What is your current living situation?	
Where are you coming from? (jail, prison, rehab, etc.)	
What is your family situation? (married, children, parents)	
What is your current financial situation? (SSI, disability, employed, savings)	

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Tell Us About Your Sobriety			
Are you currently sober?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is your sobriety date?
If not, do you want to be?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, when did you use last and what did you use?
What made you decide to get clean?			
What are you willing to do to get and stay sober?			
If already sober, how did you accomplish this?			

Treatment History			
Are you currently releasing from rehab?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is (was) your release date?
Are you currently using Medication Assisted Treatment (MAT)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is the name of the MAT and the start date?
What is (was) your drug(s) of choice?			
How often do (did) you use?			
How long have you been in addiction?			
How many recovery attempts have you had?			

Legal Issues			
Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please tell us about it:
Are you now registered, or are you required to register as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please tell us about it:
Are you releasing from jail or prison?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is your ERD?
What jail/prison are you releasing from?			

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What is your county of origin?			
Are you under supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is the name of your probation or DOC officer?
Do you have a warrant for your arrest in any state in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please tell us about it:
Do you have any current or ongoing legal issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please tell us about it:

Our Program			
Do you understand we are a Christian, faith-based program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who do you understand Jesus to be?
Do you have a relationship with Jesus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is your conversion date?
Do you currently attend church regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what church?
Please explain why you want to enter into our MtSM Transitional Living Program:			
Do you understand this is a 1-year program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you committed to staying for 1 year?
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
What do you see could prohibit or get in the way of you completing this one-year program?			

Military Service			
Branch:		From:	To:
Rank at discharge:		Type of discharge:	
If other than honorable, please explain:			

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Medical History			
Do you have any health conditions or disabilities we need to be aware of?			
Are you currently under a doctor's care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what is the name and phone number of your primary physician:
Are you on any medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list the names of the medications and frequency taken:
Note: We do not allow any controlled substance prescription medications of any kind. Please taper off before arriving. We are not a medical facility and are not equipped to manage medications.			
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list them:
Who is your emergency contact?		Phone:	

Fees and Living Arrangements			
<p>There are 8 beds in the house. Each occupant is required to pay a monthly fee of \$450 (plus a one-time non-refundable \$200 deposit). This \$450 monthly fee includes rent, utilities, and other household items. Each resident is responsible for their own food, toiletries and transportation. A lack of available funds is not a reason for denial.</p> <p>If you choose to leave or are asked to leave our program early, you forfeit any refund of program fees.</p>			
Please indicate how you intend to pay:			
Personal savings/investments:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Friends/Family Members: Yes <input type="checkbox"/> No <input type="checkbox"/>
DOC voucher:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Opportunity Council: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please explain:
None (I have no money. Please talk to me about other options):			Yes <input type="checkbox"/> No <input type="checkbox"/>

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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the program, I understand that providing false or misleading information in my application or interview may result in my termination.

Signature

Date