titus

LIFE transforming & empowering for women

Dear Applicant,

Thank you for your interest in the Titus 2 ministry.

What started as a word from God about mentoring women has grown into a larger vision. Many women make impulsive decisions that turn out inappropriate because they did not have support emotionally, physically or spiritually. Titus 2 Ministry Center provides a place for broken hearted women the time and encouragement to make better decisions.

Titus 2
. . . empowers women to live successfully and develop a better self image.
. . . assists women to integrate faith into their lives.
. . . encourages women to pursue education in skills needed for employment.

Enclosed you will find our application for the Titus 2 Ministry Center.

If you feel this would benefit you to live in our home fill out the application and return it to:

Titus 2 Ministry Center
c/o Mary Yaw
PO Box 938
Alexandria, MN 56308

Web pages:
Credit report: www.annualcreditreport.com
Criminal background: https://cch.state.mn.us/

In His service

Titus-2.org 320•491•1851
Mary Yaw CEO / Founder Mary@titus-2.org
7005 Co Rd 82 SE • Alexandria • 56308

Application

For I know the plans I have for you declares the Lord, plans to prosper you and not harm you, plans to give you a hope and a future.
Jeremiah 29:11

We need information about you to determine if the Titus 2 Ministry Center is appropriate for you. We also want to assist you in growing in your relationship with Jesus Christ and to help you continue to set short and long term-goals for your life. This application will help us determine if staying at Ministry Center is appropriate for you and what specific materials will be helpful to you. Please fill this out to the best of your ability.

Name _____Date_____

Address _____

Phone Number: (Area Code_____)-_____-_____ Cell Phone: (Area Code_____)-_____

Date of birth_____ Current age____ Social Security #_____US Citizen Status____

Marital Status: Married_____ Divorced_____ Separated_____ Never married_____

Spouse's name_____

Do you have a driver's license? _____state_____

Do you have an ID?_____state_____

Do you have a birth certificate? Y _____ N _____

Do you have a high school diploma? Y _____ N _____GED ?_____

Do you have any other additional education? _____

Do you have a disability or any significant health related challenges which require special attention?

If yes, please list._____

_____

Are you on any medications?_____ Please list_____

_____

_____

Do you have any children?_____ What are their names and ages?

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Do you smoke? Yes ___No___

Do you or have you ever-used alcohol or drugs? Yes ___No___

If so, when was the last time you used? Date_____

We are a ZERO TOLERANCE drug/alcohol free facility.

Use/consumption or possession of non-prescription drugs, or alcohol or mis-use of prescription drugs is **NOT ALLOWED and IS GROUNDS FOR IMMEDIATE DISMISSAL.**

Have you ever been in treatment for chemical dependency or mental health issues? Yes___ No___

When? _____ Did you complete the program? _____

Where? _____

Goal Assessment

What are your short-term goals?

What are your long-term goals?

Is there anything else you wish to share?

Legal Assessment

Name of Probation Officer (if applicable)_____

County_____

Address_____

Phone Number_____

Length of probation_____

Please list any charges from your past or present.
Charges Felony/Misdemeanor Dates

_____

_____

_____

_____

Have you ever been charged or convicted of any sexual assault, harassment, or sexual misconduct?
Yes ___No___

Financial/Employment Assessment

Are you currently on public aid? (food stamps, etc) Y _____ N _____ If yes, what?_____

_____

What are your sources of income?(wages, child support, SSI, etc)_____

_____

Employment History:

Current Place of Employment_____

Address_____Phone_____

Supervisor's Name_____

PAST EMPLOYMENT

Place of employment_____

Beginning date _____Ending date_____

Place of employment _____

Beginning date _____ Ending date_____

There are three main criteria for staying at the Ministry Center. They are:

- I must admit the need for positive change in my life. Do you agree? Yes ___No___
- I must be willing to accept correction and direction to accomplish this change. Do you agree? Yes ___No___
- I must be willing to allow Jesus Christ to help me by applying Biblical principles to daily life situations to allow my character to be developed. Do you agree? Yes ___No___

If during your stay, you choose not to follow the above criteria (after a discussion), your stay at Titus 2 Ministry Center will be terminated if you choose not to comply.

Personal Reference Form

I authorize Titus II, Inc. to obtain information about me from the personal references I have listed below.

Name_____

Address_____

Phone Number_____

Name_____

Address_____

Phone Number_____

Name_____

Address_____

Phone Number_____

Complete the release of information sheet attached.

Please understand that misrepresentation or omission of facts will be cause for cancellation of consideration into the Titus II, Inc. program.

Signature_____ Date_____

Witness _____ Date_____

Each applicant is interviewed and a specialized plan is developed to address current issues. We want to provide you with a supportive living environment where each one is treated with respect and honor. We believe each person is wonderfully and marvelously created by God and that God has good works for you to accomplish in your life. We want to help you discover these truths for yourself. (Psalm 139 and Ephesians 2:10)

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release all information or materials needed to complete and verify my application for the Titus II, Inc. program.

I understand that past and present verifications and inquiries may be included but are not limited to:

. Residences and Rental Activity
. Employment, Income and Assets
. Credit History
. Criminal Activity

The groups and individuals that may be asked to release information include but are not limited to:

. Previous and Present Landlords
. Public Housing Authorities
. Courts and Post Offices
. Law Enforcement Agencies
. Past and Present Employers

I agree that a photo copy of this authorization may be used for the purposes stated above.

Signature

_____ Date_____

Comments_____

_____

This Application Approved_____ Denied_____ Reason_____

Applicant Notified: Date_____ Letter_____ Phone_____ In Person_____