



LIFE transforming  
&  
empowering  
for women



Dear Applicant,

Thank you for your interest in the Titus II, Inc 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 II, Inc. was established to train and equip women to live a Christ-centered life, regain their dignity, and assist them in becoming re-established in the community. Inside the Titus 2 Ministry Center, miracles happen, friendships develop, self-respect increases, and trust is established. God's love is displayed.

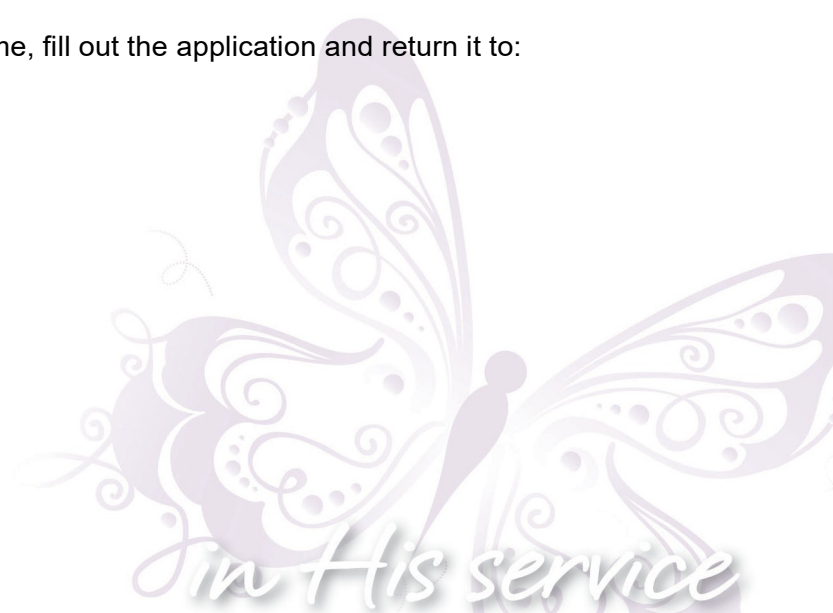
Titus 2 Ministry Center

- . . . 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



*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

We need information about you to determine if the Titus 2 Ministry Center is appropriate for you. We also want to help you grow in your relationship with Jesus Christ and 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 help you. Please fill this out to the best of your ability.

We are a **ZERO TOLERANCE** drug/alcohol-free facility. Use/consumption or possession of non-prescription drugs, or alcohol, or misuse of prescription drugs is **NOT ALLOWED and IS GROUNDS FOR IMMEDIATE DISMISSAL.**

## 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 develop my character. Do you agree? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are accepted and moved into the Ministry Center, choose not to follow the above criteria.

The Executive Director will terminate your stay at the Ministry Center immediately.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of birth \_\_\_\_\_ Current age \_\_\_\_\_ Social Security # \_\_\_\_\_ US Citizen Status \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Never married \_\_\_\_\_

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?

Do you smoke/vape? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or have you ever used alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when was the last time you used it? Date \_\_\_\_\_

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 \_\_\_\_\_

Phone Number \_\_\_\_\_ Length of probation \_\_\_\_\_

Please list any charges from your past or present.

Charges	Felony/Misdemeanor	Dates
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\_\_\_\_\_

\_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Financial/Employment Assessment**

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

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## **Employment History:**

Current Place of Employment \_\_\_\_\_

# **Personal Reference Form**

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

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Complete the release of the information sheet attached.

Please understand that misrepresentation or omission of facts will cause cancellation of consideration or immediate termination and removal from the Titus II, Inc. property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Each Applicant is interviewed, and specialized goals to address current issues. We want to provide you with a supportive living environment where there are respect and honor. We believe God wonderfully and marvelously creates each person 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 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 a photocopy of this authorization may be used for the purposes stated above.

Signature

\_\_\_\_\_ Date \_\_\_\_\_