



RESIDENT APPLICATION

If you downloaded this application or received it via email, please complete it and mail it to:

Hearts of Change, 309 High Street, Barton VT 05822

CONTACT INFORMATION

Name: _____ Age: _____ DOB: _____

Current Address: _____

Street Address City State Zip Code

Telephone Number: _____

Cellphone Number: _____

Work Number: _____

RELATIONSHIP INFORMATION

Marital Status: Single Married Divorced Separated Engaged Serious

Do you have any children? _____ If yes, how many? _____

OVERALL PHYSICAL AND MEDICAL HEALTH

Are you in generally good health? _____ Do you have any medical conditions? _____

If you have any medical conditions, please describe them here: _____

List any physical limitations that you may have as indicated by a physician: _____

RESIDENT APPLICATION

Do you have any conditions or events in your past that would limit your ability to fully participate in the Hearts of Change program? If yes, please explain: _____

Do you have any allergies? _____ If so, please list them: _____

List any and all medications you take:

Medication	Dosage	For What Reason?	For How Long?

LEGAL BACKGROUND

PLEASE SEND COPIES OF ALL LEGAL/COURT DOCUMENTS FOR ALL CHARGES, OPEN OR CLOSED WITH YOUR COMPLETED APPLICATION.

Is there anything else you feel Hearts of Change needs to know about you, your situation, or your application for residency? _____

APPLICANT AGREEMENT

I have read the rules of Hearts of Change as laid out in the Handbook and agree to submit to the rules at the Hearts of Change Ministry. I understand that if I have failed to answer these questions truthfully, or if I have purposely withheld information, it can be grounds for either refusal or dismissal from the program.

Applicant Signature: _____

_____ Date