Resident Application

Nondiscrimination Policy:

The Potter's Hands Foundation is a faith-based non-profit organization formed in 2013. At that time, under the leadership of our founder, a small group of Christians from different churches and denominations came together and committed to caring for and serving survivors of sex trafficking and sexual exploitation. Jesus did not come to be served, but to serve those the world continually rejected, and we desire to follow His leading.

While this is our motivation, we recognize that not everyone shares our faith, including the survivors who reside in our home and participate in our programs. Our intention is that ALL persons who enter our home or participate in our programs would feel safe, secure and welcome. Although our Christian faith is inextricably tied to our mission and methods, we place no obligation or requirement on our residents, volunteers or referral partners.

* Indicates required question

1. Email *

Contact Information

2. Address:

3. Full Name *

4. City *

5. State/Province *

6. Zip/Postal Code

7. Country *

8. Date of Birth *

Example: January 7, 2019

9. Email *

10. Phone Number *

11. Emergency Contacts (List 3) *

Please provide the names, addresses, and phone numbers for 3 emergency contacts.

Personal Information

12. Marital Status * Dropdown

Mark only one oval.

- Single
- Married
- Divorced
- Widowed

13. Do you have a driver's license or permit? * Dropdown

Mark only one oval.

- Yes
- No

14. What is your living situation? *

15. Do you have children? If so, please list gender, names, and ages. *

16. Phone number where your children can be reached:

17. Do you have custody of your children? If not, please state who does and your relationship with their guardian.

18. Are you on government assistance? If yes, please describe the types of assistance you receive. *

Medical History

19. Please list all medications you are currently taking, the dosage, and diagnosis (Why are you taking this medication?). *

20. Please list your height, weight, and eye color. *

21. Do you have a primary care physician? If yes, please provide name, phone number, and address of the physician with the date of your last physical exam. *

22. Please list all current or past medical conditions, hospitalizations, and surgeries. *

23. Are you currently pregnant or is there a chance you could be? * Dropdown

Mark only one oval.

- Yes
- No
- Maybe

24. If you are pregnant, how far along are you?

_____

25. Have you ever had an abortion? * Dropdown

Mark only one oval.

- Yes
- No

26. If yes, how many?

_____

27. Do you have allergies? If yes, please list them. *

_____

_____

_____

_____

_____

28. Do you have any other physical issues that we should be informed about? *

_____

_____

_____

_____

_____

Educational Background

29. Have you received your high school diploma or GED? * Dropdown

Mark only one oval.

- Yes
- No

30. Have you ever attended college? * Dropdown

Mark only one oval.

- Yes
- No

31. How long did you attend? *

_____

32. Did you ever require any of the following services while in school? *

Check all that apply.

- [ ] Individualized Instructional Plan (IEP)
- [ ] Occupational Therapy
- [ ] Speech Therapy
- [ ] Behavioral Plan
- [ ] Academic Accommodations
- [ ] Other: _____

Legal Background

33. Have you ever been arrested? * Dropdown

Mark only one oval.

- Yes
- No

34. If yes, please explain. *

35. Do you have any outstanding warrants? * Dropdown

Mark only one oval.

- Yes
- No

36. If yes, please explain. *

37. Do you have any pending court dates? *

Mark only one oval.

- Yes
- No

38. If yes, please list the dates and explain. *

_____

_____

_____

_____

_____

39. Are you currently on probation or parole? * Dropdown

Mark only one oval.

- Yes
- No

40. If yes, please list probation/parole officer's name. *

_____

Family History

41. Mother's Full Name

_____

42. Mother's Date of Birth

Example: January 7, 2019

43. Mother's Phone Number

44. Mother's Email

45. Mother's Address

46. City

47. State/Province

48. Zip/Postal Code

49. Country

50. Mother's Marital Status

Dropdown

Mark only one oval.

- Single
- Married
- Divorced
- Widowed

51. Father's Full Name

52. Father's Date of Birth

Example: January 7, 2019

53. Father's Phone Number

54. Father's Email

55. Father's Address

56. City

57. State/Province

58. Zip/Postal Code

59. Country

60. Father's Marital Status Dropdown

Mark only one oval.

- Single
- Married
- Divorced
- Widowed

61. If your parents are separated, how old were you when it happened? *

62. If your mother/father is deceased, how old were you when she/he died? *

63. List your brothers and sisters with ages, including step-siblings.

64. If you were adopted or raised with parents other than your birth parents, please explain. *

65. Describe your mother's personality.

66. Describe your father's personality.

67. If you have step-parents, describe their personalities.

68. Describe your previous and current relationship with your parents and step-parents. *

69. Does your family know that you are applying to The Potter's Hands safe house? * Dropdown

Mark only one oval.

- Yes
- No

70. Do you want them to know? * Dropdown

Mark only one oval.

- Yes
- No

Mental Health Background

71. Is there a history of mental health problems in your family? * Dropdown

Mark only one oval.

- Yes
- No

72. Do you have a mental health diagnosis? * Dropdown

Mark only one oval.

- Yes
- No

73. If yes, what is the diagnosis?

_____

74. By whom and where were you diagnosed?

_____

75. Have you ever been in counseling? * Dropdown

Mark only one oval.

- Yes
- No

76. If yes, was it helpful? Please describe.

77. Have you ever been in psychiatric care or an inpatient psychiatric facility? * Dropdown

Mark only one oval.

- Yes
- No

78. If yes, please explain.

79. Have you ever attempted suicide? * Dropdown

Mark only one oval.

- Yes
- No

80. If yes, how?

81. Has there ever been a completed suicide in your family? * Dropdown

Mark only one oval.

- Yes
- No

82. If yes, who?

83. Please list and describe other recovery programs you have been in, when you were in the programs, if you completed the program, and if not, why? *

84. Have you ever used drugs, including alcohol, before? * Dropdown

Mark only one oval.

- Yes
- No

85. If yes, list the types of drugs you used, how long you used, and the approximate date of the last time you used.

86. Are you currently in need of detox? * Dropdown

Mark only one oval.

- Yes
- No

87. Have you ever had blackouts? * Dropdown

Mark only one oval.

- Yes
- No

88. Do you currently smoke or chew tobacco? * Dropdown

Mark only one oval.

- Yes
- No

89. Is there a history of drug or alcohol abuse in your family? * Dropdown

Mark only one oval.

- Yes
- No

90. Have you ever been involved in prostitution? * Dropdown

Mark only one oval.

- Yes
- No

91. Have you ever been sexually trafficked? * Dropdown

Mark only one oval.

- Yes
- No

92. Have you ever been physically abused? * Dropdown

Mark only one oval.

- Yes
- No

93. Have you ever been emotionally abused? * Dropdown

Mark only one oval.

- Yes
- No

94. Have you ever been a victim of rape? * Dropdown

Mark only one oval.

- Yes
- No

95. If yes, how old were you?

_____

96. Have you ever been sexually abused? * Dropdown

Mark only one oval.

- Yes
- No

97. If yes, how old were you when it occurred?

_____

98. Have you ever been a self injurer? * Dropdown

Mark only one oval.

- Yes
- No

99. What kind of sex work were you involved in, and how long were you involved?

100. What are some of the issues you are dealing with as a result of your work in the sex industry?

101. Please mark the following that apply to your current state of mind. *

I am feeling...

Check all that apply.

- [ ] Hopeless
- [ ] Depressed
- [ ] Guilty
- [ ] Stressed
- [ ] Angry
- [ ] Shameful
- [ ] Sad
- [ ] Unhappy
- [ ] Anxious
- [ ] Out of Control
- [ ] Afraid
- [ ] Helpless
- [ ] Lonely
- [ ] Numb
- [ ] Hopeful
- [ ] Happy
- [ ] Relaxed
- [ ] Energetic
- [ ] Excited
- [ ] Other: _____

102. Please mark any that apply to the thoughts you are having. *

Check all that apply.

- [ ] Paranoid
- [ ] Sensitive
- [ ] Worthless
- [ ] Unmotivated
- [ ] Confused
- [ ] Homicidal
- [ ] Obsessive
- [ ] Honest
- [ ] Unattractive
- [ ] Unlovable
- [ ] Worthwhile
- [ ] Disorganized
- [ ] Distracted
- [ ] Other: _____

103. Please explain your thoughts and feelings.

_____

_____

_____

_____

_____

104. Please mark any of the symptoms and behaviors you are experiencing. *

Check all that apply.

- [ ] Loss of Appetite
- [ ] Withdrawing Socially
- [ ] Binge Drinking
- [ ] Acting Out Sexually
- [ ] Self-Injury
- [ ] Impulsivity
- [ ] Acting Out Aggressively
- [ ] Irritability
- [ ] Recklessness
- [ ] Co-Dependency
- [ ] Nightmares
- [ ] Compulsivity
- [ ] ADD/ADHD
- [ ] Disorganization
- [ ] Trouble with Boundaries
- [ ] Worrying about Body Image
- [ ] Crying
- [ ] Poor Concentration
- [ ] Attempting Suicide
- [ ] Procrastination
- [ ] Other: _____

105. Please explain your symptoms and behaviors.

_____

_____

_____

_____

_____

106. Are you open to learning about and/or beginning a relationship with God? * Dropdown

Mark only one oval.

- Yes
- No

107. Describe your spiritual journey or any time that you tried to make a connection with God.

108. Do you feel that the mission of The Potter's Hands Foundation is in alignment with the needs you are currently seeking? *

Guided by the gospel of Jesus Christ and empowered by the Word of God, The Potter's Hands Foundation, Inc. is dedicated to providing a safe, secure environment in which women will receive mental health counseling and be nurtured in physical, emotional, and spiritual healing, while being equipped with the skills necessary for self-reliance and reintegration to society through building a support network of healthy relationships with family, friends, church, and community. Dropdown

Mark only one oval.

- Yes
- No