



PROGRAM APPLICATION

Micah's House NWA, a division of Micah 6:8 Ministries P.O. Box 248 Rogers, AR 72756



WHO WE ARE

Micah's House is a safe place providing restoration and hope to young men of Northwest Arkansas, preparing them for independent living and a life of service in their respective communities.

The Mission

To provide mentoring in a structured home environment for young men ages 18 to 25 who have aged out of foster care/group homes and/or who have been orphaned by essential support systems.

Our Vision

To serve as a gateway for at-risk young men to enter their communities as thriving and engaged adults.

Our Values

Seek Justice. Love Mercy. Walk Humbly.

We are committed to supporting our program participants as they develop the life skills necessary to navigate this crazy, busy world.

We commit to serving our "micahs" in the following areas:

Safe & Stable Housing

Community Involvement

Education

Healthy Living Choices



Are you ready?

Our program is designed for young men who have the basic skills and an innate desire to succeed.

Applicants need to meet the following criteria to be eligible for the program at Micah's House:

- Male;
- Between the ages of 17 and 25;
- Single without any children in his care. He may still apply if he has a child(ren) that are in another's custody/care;
- Clean and sober and able to pass a drug screen/test. We require *at least* 30 days of sobriety;
- Able to manage mental health issues with medication and outpatient counseling support;
- Looking for an alternative to homelessness or unpredictability in his living situation;
- Motivated and capable of learning necessary job skills that can be applied to the workforce.
- Focused on providing for his own needs while in the program and upon transition (without reliance on gov't assistance)

While these criteria may seem a bit specific and narrow, it is important to remember that we are equipped to serve young men that can best benefit from a semi-structured setting and truly have the capability of sustaining themselves upon transition. Opening the doors to men with complex mental health needs and/or the need for intense one-on-one support would prevent us from providing consistent support to each of our young men within a safe and stable environment.

The steps involved in the application process include:

- Application & Review
- Tour
- Interview (preferably onsite)
- Information Gathering (reference checks, obtaining records, etc.)
- Communicating a Decision
- Preparing the Way

Throughout the admissions process we work hard to evaluate how each applicant will affect the dynamic of the house and the progress of the other residents. It generally takes two weeks from the time of application to the day of move in, though we do consider more urgent requests, relying on the Spirit to guide our decision making.



PERSONAL INFORMATION

NAME _____ AGE _____

BIRTHDATE ___/___/___ SS# ___/___/___ PHONE _____

EMAIL _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HEIGHT _____ WEIGHT _____ EYE/HAIR COLOR _____/_____

SCARS/TATTOOS/PIERCINGS _____

RACE (OPTIONAL) WHITE HISPANIC NATIVE AMERICAN ASIAN AFRICAN AMERICAN OTHER

HOW DID YOU LEARN ABOUT MICAH'S HOUSE? _____

HOW WOULD YOU DESCRIBE YOUR LIVING SITUATION OVER THE PAST SIX MONTHS?

WHAT HAS OCCURRED FOR YOU TO CONSIDER A CHANGE?

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN PLACED IN FOSTER CARE? IF YES, WHEN AND FOR HOW LONG?



PERSONAL INFORMATION (CONTINUED)

WHAT ARE SOME OF YOUR PERSONAL STRENGTHS?

DO YOU HAVE ANY SUPPORT PEOPLE? IF SO, WHO ARE THEY AND HOW DO THEY HELP YOU ACHIEVE YOUR GOALS?

DO YOU HAVE ANY OF THE FOLLOWING? (CIRCLE ALL THAT APPLY)

DRIVER'S LICENSE OR STATE ID # _____

VEHICLE (IF YES, LIST MAKE/MODEL/TAG #/INSURANCE #

BIRTH CERTIFICATE

HEALTH INSURANCE

SOCIAL SECURITY CARD

HOW DO YOU CURRENTLY SUPPORT YOURSELF? _____

WHAT REGULAR INCOME DO YOU RECEIVE? _____

HOW DO YOU SEE SUPPORTING YOURSELF WHILE IN THE MICAH'S HOUSE PROGRAM?

DO YOU HAVE A BANK ACCOUNT? YES NO

WHAT DEBTS DO YOU CURRENTLY HAVE?

DO YOU RECEIVE GOVERNMENT ASSISTANCE OF ANY KIND? YES NO IF YES, WHAT?



EDUCATION

HIGHEST LEVEL OF EDUCATION ACHIEVED SO FAR (CIRCLE ONE)

HIGH SCHOOL GED CERTIFICATE ASSOCIATES BACHELORS

WHAT FUTURE EDUCATIONAL GOALS DO YOU HAVE?

LEARNING DISADVANTAGES/DISABILITIES

FAMILY HISTORY

PLEASE DESCRIBE YOUR RELATIONSHIP WITH:

FATHER: _____

MOTHER: _____

SIBLINGS: _____

EXTENDED FAMILY: _____

CHILDREN: _____

SUPPORT PERSONS: _____



LEGAL

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YES, FOR WHAT?

DID YOU SERVE ANY TIME FOR THE OFFENSE? YES NO

IF YES, WHEN AND WHERE?

ARE YOU ON PROBATION OR PAROLE? YES NO

IF YES, PLEASE LIST YOUR PO AND THEIR PHONE NUMBER

NAME OF PO: _____ PHONE # _____

HAVE YOU BEEN QUESTIONED OR CHARGED FOR PHYSICAL VIOLENCE AGAINST ANOTHER PERSON?

YES NO

HAVE YOU EVER, OR ARE YOU CURRENTLY ASSOCIATED WITH A GANG?

YES NO

HAVE YOU EVER TAKE ILLEGAL DRUGS? YES NO

IF YES, PLEASE LIST DRUGS YOU HAVE TAKEN ILLEGALLY:

HAVE YOU BEEN QUESTIONED OR CHARGED WITH POSSESSION, SALE OF, OR INTENT TO SELL ANY ILLEGAL SUBSTANCE?

YES NO

ARE YOU ABLE TO PASS A DRUG SCREEN TODAY? YES NO



MEDICAL HISTORY

HAVE YOU HAD COUNSELING? YES NO

IF YES, WHEN? _____

HAVE YOU HAD OTHER THERAPUETIC HELP? YES NO

IF YES, WHEN? _____

HAVE YOU BEEN DIAGNOSED WITH ANY FORM OF MENTAL ILLNESS OR
CONDITION?

YES NO

IF YES, WHAT?

ARE YOU CURRENTLY TAKING ANY MEDICATION REGULARLY EITHER OVER
THE COUNTER OR PRESCRIBED?

YES NO

IF YES, WHAT?

PLEASE LIST ANY MEDICAL CONDITIONS THAT YOU ARE AWARE OF:

WHEN WAS YOUR LAST DENTAL EXAM? _____

ANY CURRENT ISSUES WITH YOUR TEETH? _____



EMPLOYMENT

PLEASE LIST EMPLOYMENT STARTING WITH MOST RECENT

EMPLOYER _____ CITY/STATE _____

POSITION _____ SALARY/HOURLY _____

SUPERVISOR _____ PHONE _____

DATES OF EMPLOYMENT _____

IF NO LONGER EMPLOYED, WHY DID YOU LEAVE?

EMPLOYER _____ CITY/STATE _____

POSITION _____ SALARY/HOURLY _____

SUPERVISOR _____ PHONE _____

DATES OF EMPLOYMENT _____

IF NO LONGER EMPLOYED, WHY DID YOU LEAVE?

EMPLOYER _____ CITY/STATE _____

POSITION _____ SALARY/HOURLY _____

SUPERVISOR _____ PHONE _____

DATES OF EMPLOYMENT _____

IF NO LONGER EMPLOYED, WHY DID YOU LEAVE?



REFERENCES

PLEASE LIST THREE REFERENCES WHO ARE AWARE OF YOUR SITUATION AND COULD VERIFY YOUR NEED AND WILLINGNESS TO SUCCEED IN THE MICAH'S HOUSE PROGRAM

NAME _____ RELATIONSHIP _____

PHONE _____ EMAIL _____

HOW LONG HAS THIS PERSON KNOWN YOU? _____

NAME _____ RELATIONSHIP _____

PHONE _____ EMAIL _____

HOW LONG HAS THIS PERSON KNOWN YOU? _____

NAME _____ RELATIONSHIP _____

PHONE _____ EMAIL _____

HOW LONG HAS THIS PERSON KNOWN YOU? _____

COMMENTS

WHAT ELSE WOULD YOU LIKE US TO KNOW?



SIGN & AUTHORIZE

_____ I understand that this application in no way guarantees admission into the Micah's House program and the staff of Micah's House will determine applicant eligibility and does not disclose the rationale for denial of admission.

By signing below, I acknowledge and understand that this application will be used to consider my eligibility to live at Micah's House or other locations made available by Micah 6:8 Ministries. If accepted, I understand that I will sign a conduct covenant, housing agreement, as well as other documents pertaining to the expectations of my participation in the Micah's House program that outline terms of safety and security. I understand my statements in this application will be verified through contacting my listed references, employers, family members, as well as others with knowledge of my situation who are unbound from confidentiality. I also understand that my eligibility will be based on the availability of the space in the home. Micah's House will make a determination based on multiple factors including, but not limited to: my interview, application, and space-availability. I understand that if my statements are found to be falsely represented at any point or I have demonstrated an unwillingness to work within the expectations and terms of admission, I may be dismissed by Micah's House immediately and without due notice. I also give permission for Micah's House to request official documents, make professional inquiries, or complete background checks on me to verify the information I have given them.

Signature of applicant

Printed Name

Date

Signature of Witness

Printed Name

Date