Refiners Recovery Discipleship Home

APPLICATION FOR ADMISSION

Thykingdomcomenfp@gmail.com
Thykingdomcomenfp.com

217-361-4610

Personal Information

Date: _____ Gender at Birth: Male Female

Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Date of Birth: _____

Email adress: _____

Are you a believer in Jesus Christ? Yes No

Do you have employment lined up? Yes No

Do you understand this is a structured christ centered program? Yes No

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Martial History/ Family Background

Martial Status: _____

Spouse's Name: _____