



**BOISERESCUE  
MISSION  
MINISTRIES**  
Restoring Faith, Hope and  
Family Since 1958

**Boise Rescue Mission Ministries  
CITY LIGHT HOME FOR WOMEN AND CHILDREN**

**APPLICATION**

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_ **DATE OF REQUEST** \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(mailing address only)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ (relationship to you) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ARE YOU MARRIED?** \_\_\_\_ **YES** \_\_\_\_ **NO** Name of spouse? \_\_\_\_\_

**DO YOU HAVE CHILDREN?** \_\_\_\_ **YES** \_\_\_\_ **NO**

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Do they live with you? \_\_\_\_ **YES** \_\_\_\_ **NO**

If no, whom do they live with (relationship to you)? \_\_\_\_\_

**SEXUAL HISTORY**

Are you currently involved in a sexual and/or romantic relationship? \_\_\_\_ **YES** \_\_\_\_ **NO**

How would you describe your previous sexual conduct?

Heterosexual \_\_\_\_\_ Bisexual \_\_\_\_\_ Homosexual \_\_\_\_\_ Lesbian relationship \_\_\_\_\_

**ADDICTION**

What is your drug of CHOICE? \_\_\_\_\_ Date of last use \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_ **YES** \_\_\_\_ **NO** When was your last one? \_\_\_\_\_

How much alcohol do you consume per day? \_\_\_\_\_

**MEDICAL and EMOTIONAL HISTORY**

Have you ever been treated for any of the following?

- \_\_\_\_\_ Bipolar
- \_\_\_\_\_ Depression
- \_\_\_\_\_ Schizophrenia
- \_\_\_\_\_ Self Mutilation
- \_\_\_\_\_ Suicide attempt
- \_\_\_\_\_ PTSD (Post-traumatic stress disorder)
- \_\_\_\_\_ Explosive personality disorder (anger)
- \_\_\_\_\_ Borderline Personality Disorder
- \_\_\_\_\_ Multiple Personality Disorder

Have you ever been detoxed? \_\_\_\_ YES \_\_\_\_ NO If so, please describe \_\_\_\_\_

Do you have a life-threatening disease? \_\_\_\_ YES \_\_\_\_ NO If so, please describe \_\_\_\_\_

Are you currently on any medication? \_\_\_\_ YES \_\_\_\_ NO If so, please list \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_ YES \_\_\_\_ NO If so, please describe \_\_\_\_\_

**CORRECTIONAL HISTORY**

List misdemeanor charges \_\_\_\_\_  
Dates \_\_\_\_\_  
Status \_\_\_\_\_

List felony charges \_\_\_\_\_  
Date \_\_\_\_\_  
Status \_\_\_\_\_

Do you have any outstanding warrants? \_\_\_\_ YES \_\_\_\_ NO

If so, in what State(s) \_\_\_\_\_ County \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Probation Officer's Name \_\_\_\_\_ Phone # \_\_\_\_\_ County \_\_\_\_\_

Are you currently incarcerated? \_\_\_\_\_ If so, what is your release date? \_\_\_\_\_

**\*PLEASE ATTACH A PERSONAL LETTER DESCRIBING YOUR CURRENT SITUATION, YOUR PAST HISTORY, AND WHY YOU BELIEVE CITY LIGHT WOULD BENEFIT YOU**