



Your Name:* _____ Date: _____

Address: _____

Cell Phone:* _____

Birth Date:* _____ How did you hear about City of Refuge?

Why are you considering living here? (What attracted you ?)

Do you know your due date? _____ When? _____

Have you seen a doctor? _____ Who? _____ When last seen? _____

We are a drug, alcohol and smoke free home.

Would you be needing help with any of these?*

Assurances: Do you know that while living at City of Refuge: Attending church, Bible studies and daily devotions and prayer are important parts of our lives. While living at City of Refuge, we will expect you to attend these activities cheerfully, be on time, listen and ask any questions you may have.

We realize that cell phones are an important part of our lives these days however, research now shows that significant use of social media can be a detriment to the healing and redirection of our lives. Therefore we do not allow the use of phones for first 2 weeks and thereafter phones will be turned in to house manager at 9:00PM before bed. There is a house phone that is available for use of scheduling appointments etc.

ALL FIELDS MARKED * MUST BE FILLED IN