



Return this form to:
TIM's CLUBe
PO Box 65533
West Des Moines, IA 50265
or
TIMsCLUBeDSM@gmail.com

Resident Application

First Name _____ Middle Name _____

Last Name _____ Male / Female (circle one)

Birthday _____

Personal Phone () _____ Email _____

Current Address _____ City & State _____

Referring Program _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone () _____

Are you currently incarcerated? _____ If yes, what facility? _____

Who is your counselor & their contact info? _____

Inmate # _____ Upon Release, will you be on probation/parole? _____

Name and Phone of Parole/Probation Officer _____

Are you married or in a romantic relationship? _____

Do you have minor children (under the age of 18)? _____ (if no, skip to next section)

Names and Ages of Children _____

Describe your child custody arrangement _____

Are you working to change your custody arrangement? _____

Do you have an open DHS case, or are you under investigation by DHS? _____

If yes, in what county? _____ Who is your lawyer? _____

Who is your DHS case worker? _____

Have any of your minor children been diagnosed with a mental health or behavior disorder? _____

Please list any medications your minor children are on _____

Do any of your minor children have allergies (food, meds, bees)? _____

- Children age 10 and under are allowed to stay in a TC house, with their parent, up to three nights per week. Please note specific guidelines relating to children in the Program Rules. The TC team reserves the right to change this agreement at any time.

Women: Are you currently pregnant? Yes / No (circle one)

What is your due date? _____ Are you seeing an OB regularly? _____

Current Employer _____

Skills and Prior Experience _____

What substances are you in recovery for? List date of last use for each

List all criminal convictions in the past 10 years (TIM's CLUBe does not accept applicants who are on on a sex offender registry) _____

Does anyone have a No Contact Order against you? (please list)

Do you have any No Contact Orders against another person? (please list)

Have you been diagnosed with any mental health conditions? (please list)

Have you been diagnosed with any physical conditions we should be aware of? (epilepsy, hepatitis, HIV) _____

Do you have any currently prescribed medications? (please list) Are you taking them?

Do you have any known allergies (food, meds, bees, nalaxone)? _____

List all over-the-counter medications and supplements you are taking

Do you have a current / valid Driver's License? _____

Do you plan to bring a vehicle to TIM's CLUBe? _____

What church are you attending? _____

Have you placed your trust in Christ, by grace alone, for your salvation? _____

What is the earliest date you would move to TIM's CLUBe?(or date you are eligible for parole) _____

As part of the application or intake process, a background check will be performed.

Misrepresentation of your convictions is grounds for dismissal from the program.

I have read, understand, and agree to the TIMs CLUBe Program Rules. I understand that TIM's CLUBe is a "residency program," not a "rental agreement;" therefore my residency at TIM's CLUBe is at the discretion of the staff and may be terminated at any time without advance notice or further legal proceeding.

I understand that failure to comply with zero tolerance rules will result in immediate removal from the recovery house property, removal from the program, and forfeiture of my sobriety deposit. In this event, the TC team is authorized to pack my belongings and I must contact the Program Director within 10 days to arrange retrieval of my belongings. Belongings not retrieved will be donated or discarded.

Signature _____ **Date** _____