



Living Water Ministry Network
 PO Box 8227
 Kentwood MI 49518

Ministry Home Application for Housing / Residency

Print all answers! Use back of sheets or additional paper, if necessary.

Last Name: _____ First Name: _____ Today's Date: _____ Date of Birth: _____

Place of Birth: _____ MDOC ID# _____
 (City, State, County)

Current place of incarceration: _____

Has your parole been approved? _____ Yes _____ No Estimated Release Date (ERD): _____

OR: Are you currently on Parole? _____ Probation? _____

Parole/Probation Officer: _____ Phone #: _____

Person to Notify in Case of Emergency: _____ Relationship: _____ Phone Number: _____

Address: _____
 (Street) (City) (State) (Zip)

Reason for Applying for Residency: _____

Employment History: _____

Highest Level of Education: _____

Other Special Training/Schooling: _____

Military Service:

 (Dates) (Branch) (Type of Discharge)

Marital Status: _____ Wife's Name: _____ Number of Children: _____

Child Support: Yes No Amount: \$_____ per week OR \$_____ per month Amount past due: \$_____



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Government Assistance: Past: _____

Present: _____

(SSI, Medicaid, ADC, Food Stamps, etc.)

Do you currently have a claim pending? Yes No

If no, are you planning to apply for Government Assistance? Yes No

What kind? _____

(SSI, Medicaid, ADC, Food Stamps, etc.)

Describe arrests, dates, offenses, disposition of the case, convictions, sentences, etc. _____

List Current Warrants: _____

List Current Assets: _____

List Current Debts: _____

History of Any Dependencies (alcohol, drugs, inhalants, other - Be Specific): _____

Current Use or Treatment: _____

Church Affiliations: _____

Pastor's Name: _____ Church: _____ City/State _____

List your Church Activities (Keryx #, location, if applicable) and Bible Studies while in Prison: _____
(Facility, City, State)



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Living Water Ministry Health Form

All information on this form should be PRINTED! Use additional paper for your answers if necessary.

Last Name: _____ First Name: _____ Date of Birth: _____
 (mm/dd/yyyy)

Physician's Name: _____ Physician's Phone Number: _____
 (include area code)

Physician's Address: _____
 (Street) (City) (State) (Zip)

Date of last physical (either with your physician or in prison): _____

Previous Illnesses (include Dates): _____

Previous Surgeries (include Dates): _____

Current Medications: _____

Medication Allergies: _____

Medications used in the past (include dates): _____

Substance Abuse History: Do you now smoke? Yes / No Have you ever smoked? Yes / No When: _____
 (circle) (circle) (dates)

Do you currently have a problem with alcohol addiction? Yes / No Have you ever had a problem with alcohol in the past? Yes / No
 (circle) (circle)

Do you currently have a problem with drug addiction? Yes / No Have you ever had a problem with drugs in the past? Yes / No
 (circle) (circle)

If "yes" to any of the above questions, please give details (dates, kinds of drugs, etc.): _____

Height: _____ Weight: _____ Glasses?: _____ Contacts? _____

Health History: If "yes" to any condition, give explanation (use back of the sheet or additional sheets, if necessary):
 (Circle Yes or No to the following questions)

- Vision and/or Hearing Problems? Yes / No _____
- Dental Problems? Yes / No _____
- Breathing Problems? Yes / No _____
- Heart Problems? Yes / No _____
- Stomach/Problems? Yes / No _____
- Bladder Problems? Yes / No _____
- Skin Problems? Yes / No _____
- Mental Health Problems? Yes / No _____
- Any Pain? Yes / No _____
- Any physical limitations? Yes / No _____

No medical or dental insurance is provided by Living Water Ministry Network
 Mail Application and Health Form to: LWMN, PO Box 8227, Kentwood, MI 49518

Website: www.livingwaterpmn.org

Email: goliver@livingwaterpmn.org



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