



Houses for Healing Guest Application

Applicant Information			
Name:			
Date of birth:	DL#:	Phone:	
Current address:			
City:	State:	Zip Code:	E-mail:
Name of relative nearest to treatment facility:			
City:	State:	Zip Code:	Phone:
Income and Expense Information			
Source of Income: <i>(INCOME - Current employer/Social Security, pension, retirement)</i>			
Employer address:			How long?
Phone:		E-mail:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Select One)	TOTAL monthly income:	
Own Rent (Select One)	Monthly housing (not including utilities) \$	Monthly medical \$	
Monthly utilities \$	Monthly car \$	Monthly Miscellaneous \$	
Emergency Contact (MUST BE COMPLETED IN ORDER TO QUALIFY)			
<i>(Name of family member, caregiver):</i> NAME:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Medical Need			
Name of patient:		Are you a veteran Y N (Select One)	
Date of birth:	DL#:	Phone:	
Current address:			E-Mail:
City:	State:	ZIP Code:	
Treatment Facility (i.e. Hendrick North/South, Texas Oncology, West Texas Rehab, etc.)			
Patient ID#:	Attending Physician:		Physician Phone #:
Date housing is needed:	How long will house be needed:	Total number of guests	
Ministry Need – Houses for Healing is a Christian Ministry. Houses for Healing does not discriminate nor hold bias when determining occupancy of the house. This information is requested for determining how best to serve the ministry needs of the patient/guest as the patient or guest directs.			
Do you affiliate with a church? Y N (Select One)	Is any organization helping you? Y N	Who?	
Home Church (attending church is not a requirement)			
Pastor Name:		Phone:	
May we contact your Pastor? Y N (Select One)	Would you like an Abilene Church to contact you? Y N (Select One)		
Best way to contact Patient? Phone Email (Select One)	Best way to contact Guest? Phone E-mail (Select One)		
Do you have a special need or request?			
References			
Name:	Address:		Phone:
I authorize the verification of the information provided on this form for the processing of this application. I have received a copy of this application. I understand that this application is not a guarantee of occupancy.			
Signature of applicant:			Date:

Please email a completed application to caring@housesforhealing.com or call 325-673-4673 (HOPE) | Fax: (325) 238-9320.
 Physical address: 3065 Hickory St. Abilene, TX 79601. Office hours: 8:30am – 4:30pm. Applications can be picked up / dropped off at office.