



Houses for Healing Guest Application

Applicant Information			
Name:			
Age:	Email:		Phone:
Current address:			City
County:	State:	Zip Code:	Country:
If you do not stay at Houses for Healing, what will you do for lodging? How would your circumstances be negatively impacted?			
Emergency Contact (i.e. name of family member, caregiver, social worker) Must be completed in order to qualify			
NAME:			
Address:			
City:	State:	Zip Code:	Phone:
Relationship:			
Medical Need - This section should only be completed if Applicant (above) is not the same			
Name of patient:		Are you a veteran Y N (Select One)	
Age:	Email:		Phone:
Current address:			City
County:	State:	Zip Code:	Country:
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 as the patient directs.			
Do you affiliate with a church? Y N		Is any organization helping you? Y N	Who
Home Church (attending church is not a requirement):			
Pastor Name:			Phone:
Do you have a special need or request:			
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: 9:00am-5:00pm. Applications available at office.