

***Developmental Resource Corporation Fitness Home***  
***1120 Creswell Avenue Shreveport La 71101***  
**318-227-9532 or 318-208-4600**

The Developmental Resource Corporation goal is to develop our Fitness Home as a facility to help people by providing a long term spiritual based communal type residence. The need for a stable environment for those not yet prepared or confident to be on their own is the gap that DRC wants to address. There are limited facilities for these people to find a stable residence while changing their lives. Help for those who are interested in lifting their lives' choices to a higher level can be found at the **Developmental Resource Corporation**. The concept of giving back to the community is an objective of the Fitness Home. In order for the applicants to remain in the Fitness Home, all individuals will participate in the program and commit to its purposes and goals.

The goal is to achieve a balanced life to include spiritual and natural activities. This is to include the guidance principles of the Spirit, living and being lead by the anointing inside. To help achieve these goals the following areas will be addressed.

- Character Development or Developing the New Nature of Christ in you
- Life skills (ie. Education, Job Training)
- Financial Management
- People Skills (Interpersonal Skills)
- Health and Nutrition teaching a balance in working, play, eating, sleeping and spiritual goals
- Spiritual goals and plans will be written down and will be evaluated periodically as the person matures in knowledge and understanding.
- Short and long term goals will be discussed and a plan will be developed to achieve these goals.

This is an application for admission to the DRC faith-based program for serious-minded individuals, who realize they have a need and want spiritual help in meeting that need. Our program focuses on exposing individuals to the **Life of Christ** and demonstrating how one can live in his love, peace, joy and so on in every aspect of his/her daily life. Our program requires your attendance to the services and classes. You will be given lessons to read and classes to attend. It requires your studying on your own, listening to cds, etc. We are a non-profit and we have no help so our ability to operate totally depends upon the dues we receive from our residents. Because of this, we are unable to assist those with no regular employment or consistent income at this time. The dues are \$100.00 weekly with \$20.00 being used for the evening meal Sunday through Friday. You may pay weekly, bi-weekly or monthly. You must be able to provide your own breakfast and lunch and Saturday meals. If that is a problem during the first week because of your circumstances, speak with the person with whom you're interviewing. If you feel that this is something you want and need, please fill out the application.

WE ARE NOT and DO NOT OFFER ANY DRUG, ALCOHOL, MENTAL HEALTH TREATMENT.

WE OFFER spiritual teaching and training that ultimately leads to help with all of our lives problems.

WE ARE NOT a place to stay, 3 hots and a cot so to speak.

WE ARE NOT a half way house to help you stay sober.

WE ARE a long term residential facility for those who have income, do not want to be alone, want and need a communal type living situation around other people and want to enhance their spiritual lives.

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**1120 Creswell Ave. Shreveport, LA 71101**  
**318-227-9532 or 318-208-4600**

**Application for Acceptance to the DRC Program**

Date: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Alternate Name(s): \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_-\_\_\_-\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_  
State \_\_\_\_\_

**Employment Information**

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor \_\_\_\_\_ Job Description \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ Wages per hour \$\_\_\_\_.\_\_\_\_ Hours per week \_\_\_\_\_

**Other Income Information**

SSI \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Describe \_\_\_\_\_

**List Residences for Last 4 Years**

Address	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References**

Name	Address	Phone	Relationship
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**Medical History**

**List all medications that you currently take.**

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**List all Medical Conditions as Well as Drug Addictions and Mental Health Problems**

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**List all Allergies**

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**Persons to Notify In Case of Emergency**

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone</b>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been arrested? Y / N**

<b>Date</b>	<b>Where</b>	<b>Why</b>	<b>Court Date</b>	<b>Outcome</b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Probation Officer \_\_\_\_\_ Phone Number \_\_\_\_\_ Fees \$ \_\_\_\_\_

Do you have a court case pending? \_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_

**Payment of Dues Arrangements**

\$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly Room # \_\_\_\_\_ Move In Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization to Release Information**

I (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

Other Names Used \_\_\_\_\_

SS # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DL (ID)# \_\_\_\_\_ State \_\_\_\_\_

Current address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I hereby authorize and direct any Federal, State or Local agency, organization, business, individual, Probation or Parole officer, credit bureau or creditor, any person I owe a debt past or present to release any and all requested information.

I also understand and allow you to release information to local credit reporting agencies, and government agencies that contact me regarding your occupancy at the DRC Fitness Home.

I do hereby give permission, and hold harmless Developmental Resource Corporation, All the Facts, and any credit reporting agencies to investigate and report any history, good or bad, involving:

\_\_\_\_\_ Criminal Arrest or Convictions

\_\_\_\_\_ Driving Records or Convictions

\_\_\_\_\_ Civil Suit or Evictions

\_\_\_\_\_ Employment Report or History

\_\_\_\_\_ Credit Report or History

If there is anything that will show up on your credit or criminal background report, please let us know now. If you do not disclose proper information to us or do so fraudulently, we have the right to deny your application.

I agree that a photocopy of this authorization may be used for the purpose stated above. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_