

Aquila Villa Resident Application

6 Happy Hoof Lane Ronks, PA 17572

Phone (717) 687-8057

Cell (717) 471-9374

Please follow the instructions below.

1. **Answer all the questions.** If a question does not apply to you mark it N/A (not applicable)
2. Make your answers as complete as possible. If you do not have enough space use additional paper.
3. Check all information for accuracy. Addresses need to be complete including zip codes.
4. Send your application to: Aquila Villa 6 Happy Hoof Lane, Ronks, Pa. 17572 or melbarbesh@comcast.net
5. Include a personal photo

Name Birth Date Age

Address Phone #.....

Email Address Social Security #

Father's name age

Father's Phone # Parents email address.....

Mother's name age

Mother's Phone #..... Names and ages of brothers and sisters.....

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Church affiliation.....

Name of home church leader.....

Address.....

Personal phone #..... Email

Suggested monthly tuition \$2,000.00

A. Medical Information

- 1. Do you have any past or present medical conditions? Please specify: (for example: cancer, heart, STDs).....
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.....
- 2. What medications are you currently using?.....
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- 3. Doctor's name.....
- 4. Doctor's Office or group name.....
- 5. Doctor's Address
Phone..... Email address (if known).....
- 6. Have you ever been hospitalized for emotional, mental, or psychological reasons?
If so, when?
Notes
- 7. Did you experience a nervous breakdown for which you were not hospitalized?
If so when?.....
Notes.....
- 8. Do you experience depression at times?.....
- 9. What kind of sleeping habits do you have?
- 10. Do you experience any suicidal thoughts?.....
- 11. Do you have any special dietary needs? If Yes, explain in detail.....
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.....
- 12. Please list names and phone numbers of all prior physiatrists, counselors, and counseling centers you have worked with. Use a separate paper if needed.....
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B . Emotional Information

- 1. How do you handle frustration, pressure, and difficulty?.....
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- 2. Do you feel guilt or shame?
- 3. Are you a fearful person?
- 4. Do you have any phobias or compulsions?
- 5. Have you been abused as a child or teenager?.....
- 6. A. Physically.....
C. VerballyD. Sexually.....
- 7. How is your relationship with your Father?

- Mother?.....
 Authority Figures.....
 8. Do you find it difficult to forgive someone?.....

C. Spiritual Information

1. Describe what God looks like to you.
 2. Describe how you feel about yourself:
 3. Describe what the "Grace of God" means to you:
 4. Do you tell the truth?.....
 5. Do you struggle with flirting?.....
 6. Are there any addictions in your life?.....
 7. Are you in good standing with your church?.....

Please circle the feelings most prevalent in your life:

Fearful Cautious Horrified Undecided Obstinate Aggressive Optimistic Idiotic Ashamed Smug
 Satisfied Blissful Interested Disapproving Indifferent Prudish Loving Sad Arrogant Confused
 Uncertain Sympathetic Confident Curious Pain Hurt Hopeless Demure Withdrawn Vulnerable
 Apologetic Grumpy Content Cold Frustrated Guilty Distasteful Disappointed Suspicious Puzzled
 Joyful Angry Relieved Lonely Paranoid Miserable Exhausted Ecstatic Foolish Happy Grieving
 Shocked Disgusted Hysterical Meditative Jealous Anxious Bored Enraged Innocent Surprised
 Agonized Disbelieving Mischievous Doubt Unbelief

D. Other Information

1. Do you have a police record?
 2. Are you addicted to any prescription drugs?
 3. Are you experiencing any financial stress?
 4. What is your goal in coming to Aquila Villa?

 5. Describe what you believe your problem is.....

I am interested in coming to Aquila Villa, and willing to cooperate in all areas of my life.

Applicant SignatureDate.....

Note: Submitting this application does not
 guarantee admission to Aquila Villa.
 The administration decides this on an individual basis.