

Contact Information

The mission of the AngelWingz Family Crisis & Intervention Center, Inc., is to provide support to victims and survivors of domestic violence, rape, human sex trafficking, and sexual assault. We can be reached at our confidential help line, (850) 422-0040 or online at angelwingz.org.

AngelWingz is a residential program, with specific activities, schedules, goals, and supervision. This is not a halfway house or an independent living situation.

Please note that if you are experiencing symptoms of illness related to cold, fever, RSV, Flu, Covid, etc., you will not be accepted. Please note that AngelWingz is a drug-free environment, and that random drug tests will also be administered during your stay.

Program fees include \$300/month for single women, \$400/month for families. This fee is to cover incidentals and to ensure a safe and comfortable stay for all. This fee will not be waived or refunded.

This organization works exclusively with women and children.

This is **not** an emergency shelter. For additional resources, please see the end of this form.

Estimated completion time: 30-40 minutes

** Indicates required question*

1. Email *

2. First Name *

3. Last Name *

4. Date of Birth *

Example: January 7, 2019

5. Phone Number *

6. Address

Referral Information

AngelWingz recognizes we cannot meet every person's unique needs, therefore we have provided additional resource links and contact information at the end of this form to accomodate those seeking housing and assistance.

7. Referral Agency & Contact Person *

8. Referral Agency Phone *

- 9. Are you currently seeing a Life Coach or Counselor for domestic violence or human trafficking? If yes, please list their name here *
(Please understand counseling is **mandatory** and will be provided upon admission to AngelWingz)

- 10. Please list the names and contact information of at least one professional reference and two personal references *

Demographic Information

Please answer the following questions honestly and to the best of your ability. This assessment tool is used for statistical purposes to aid in connecting you with applicable community resources for a successful transition back into the community.

AngelWingz Family Crisis & Intervention Center, Inc. is an equal opportunity organization and does not discriminate against anyone based on race, color, national origin, sex, sexual preference or orientation, ethnic group, religion, age, background, financial or educational status, or ability to pay.

The answers are confidential.

Please answer ALL questions, a **complete** application is necessary to be considered for accommodation.

- 11. Country of Birth *

12. Country of Citizenship *

13. Do you have proof of citizenship in the U.S.? *

Mark only one oval.

Yes

No

14. What form of documentation/identification do you have to prove residency/citizenship in the U.S.? *

(Please understand at least one form of photo identification or documentation is mandatory to be considered for accomodation)

Check all that apply.

Birth Certificate

Driver's License

Passport

Other: _____

15. Please attach proof of documentation here

Files submitted:

16. What is your gender assigned at birth? *

Mark only one oval.

Male

Female

Other:

17. What is your marital status? *

Mark only one oval.

Married (includes separation whether informal or legally separated)

Divorced

Single

Widowed

18. What ethnicity do you consider yourself to be? *

Mark only one oval.

African American

American Indian

Asian

Caucasian (White)

Latino

Other:

19. Are you a military veteran? *

Mark only one oval.

Yes

No

20. How many children do you have? *

Mark only one oval.

None *Skip to question 25*

1-2

3-4

5 or more

Children

21. Have you ever had children in the state's custody? *

Mark only one oval.

Yes

No

22. If you have had children in the custody of the state, do you have documentation and understand this documentation must be provided for accommodation?

Mark only one oval.

Yes

No

23. Have any of your children suffered abuse? *

Mark only one oval.

Yes

No

24. Have any of your children had issues or trouble with the law? *

Mark only one oval.

Yes

No

Personal History

25. How many times have you been incarcerated in your entire life (jail or prison)? *

Mark only one oval.

Never

Once

2-3 times

4 or more times

26. What types of crimes have you been convicted of? *

Check all that apply.

- None
- Arson
- Assault, Battery
- Child Abuse, Endangerment
- Crimes against children
- Domestic violence
- Drugs (use, sale, distribution, manufacturing, possession, or paraphernalia)
- DUI, DWI, Public Intoxication
- Failure to Appear
- Human Trafficking
- Kidnapping
- Murder (attempted, conspiracy, facilitation, vehicular, or manslaughter)
- Prostitution
- Sexual Assault (rape, molestation, sexual misconduct, etc.)
- Theft (includes burglary, robbery, theft of property, auto theft, writing bad checks, identify theft, fraud, prescription fraud/theft, forgery, shoplifting, embezzlement, etc.)
- Vandalism or property damage
- Violation of Probation/Parole
- Weapons charges
- Other

27. Did you have prior convictions as a youth (under the age of 18 years old)? *

Mark only one oval.

- Yes
- No

28. How many convictions as a YOUTH only did you have? *

Mark only one oval.

- None
- 1
- 2-3
- 4 or more

29. Do you have any gang affiliations? *

Mark only one oval.

- Yes
- No

30. Have you ever been abused? (Be honest. There is no condemnation.) *

Mark only one oval.

- Yes
- No
- Not sure

31. What type of abuse have you experienced? (Please read each description carefully and check all that apply.) *

Check all that apply.

- Abandonment or Neglect
- Domestic Violence (includes intimate partner abuse)
- Emotional Abuse (includes mental abuse, mental torture, etc.)
- Financial Abuse
- Forced to watch pornography or take pictures used for pornographic purposes
- Human Trafficking (forced labor or forced commercial sexual exploitation including forced prostitution or forced strip clubs)
- Molestation or Incest (under the age of 18 and would include any inappropriate touching, sexual encounters, or acts done to you by anyone)
- Physical Abuse (includes beatings, excessive punishments, etc.)
- Sexual (as an adult, acts would include rape, sexual assault, sexual abuse, or sodomy, etc.)
- Spiritual Abuse
- Verbal Abuse
- None

32. How long did you experience this abuse? *

Mark only one oval.

- Less than a year
- 1-2 years
- 3-5 years
- More than 6 years
- I have not experienced abuse

33. Who was your abuser? (Check all that apply) *

Check all that apply.

- Family (includes step-family and in-laws)
- Friend (includes intimate partner, neighbor, or other known associates)
- Unknown (includes strangers, “tricks” or “dates”)
- I have not experienced abuse

34. Have you ever sought abuse treatment? *

Mark only one oval.

- Yes, and I completed it
- Started, but never finished
- No

35. Have you ever sold your body voluntarily or involuntarily? *

Mark only one oval.

- Yes
- No

36. What is the highest level of education you completed? *

Mark only one oval.

- Didn't complete high school
- High School Diploma
- Received G.E.D.
- Some college (includes incomplete college)
- Received Associate's Degree or Technical School Diploma
- Received Bachelor's Degree
- Received Post Graduate Degree

37. Have you worked before? *

Mark only one oval.

- Yes
- No

38. If you have worked before, where did you work?

- 39. Are you currently able to pay the **mandatory** program fee of \$300/month for single women, and \$400/month for families? (Payment is necessary upon admission to AngelWingz, and the first of each month following) *

Mark only one oval.

Yes

No Skip to section 10 (Additional Resources)

Health

- 40. If you have ever been diagnosed with any mental health disorders, please list them. (For example, ADD/ ADHD, depression, bipolar, manic depression, schizophrenia, multiple personalities, suicidal, etc.) *

- 41. Have you had any other medical illnesses or surgeries or allergies? Please list them. *

42. Do you have thoughts of harming yourself? If so, do you have any plans? *

Mark only one oval.

Yes

No

43. Have you ever used or been dependent on any of the following? *

Mark only one oval.

Drugs

Alcohol

Both

None

44. If you have been dependent on drugs, please list which ones.

45. Have you sought or completed therapy for drug or alcohol rehabilitation?

Mark only one oval.

No

Yes

46. If you have sought or completed therapy for drug or alcohol rehabilitation, please include the program the dates attended.

47. Do you understand that AngelWingz is a drug-free environment, and that random drug tests will be administered during your stay? *

Mark only one oval.

Yes

No *Skip to section 10 (Additional Resources)*

48. Do you understand that AngelWingz is a 30-60-90 program? *
(The 30-60-90 plan guarantees a bed for a 90 day period in exchange for compliance with all of the required benchmarks of the program. Each participant must engage with the activities provided in this program created to help each individual realize their potential and leave this program better than when they arrived. Benchmark activities are required and assigned based on unique needs.)

Mark only one oval.

Yes

No *Skip to section 10 (Additional Resources)*

More About You

49. What are your recent eating and sleeping habits? *

50. What types of food do you eat? *

51. What are your hobbies and social interests? *

52. Do you have any faith affiliation and/or need for religious services? *

53. Do you have any immediate needs?

54. What else do you need help with?

The Future

55. Are you interested in vocational classes? *

Mark only one oval.

- Yes
- No
- Maybe

56. Are you interested in ESOL classes? *

Mark only one oval.

- Yes
- No

57. What kind of job do you hope to attain? *

58. What are your future goals? *

Connie's Corner Handbook

Please read this Handbook carefully, sign, and attach the document below.

[Connie's Corner Participant Handbook](#)

59. Please sign and attach the Handbook document here *

Files submitted:

Additional Resources

Refuge House

Contact 24-Hour Hotline serving Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties: 850-681-2111

Website: <https://refugehouse.com/>

Brehon Family Services

Contact Email: hbush@brehonfamilyservices.org

Website: <https://brehonfamilyservices.org/>

Halcyon Home for Battered Women, Inc.

Contact Office Phone: [229-226-6682](tel:229-226-6682)

Contact 24/7 Crisis Line: [229-226-6666](tel:229-226-6666)

Website: <https://www.halcyonhome.org/>

The Kearney Center

Contact Phone: [\(850\) 792-9000](tel:850-792-9000)

Website: <https://kearneycenter.org/>

Hope Community Big Bend Homeless Coalition

Contact Phone: [\(850\) 576-5566](tel:850-576-5566)

Website: <https://familypromisebigbend.org/>

Good Samaritan Network Chelsea House for Women

Contact Email: goodsamaritannetwork@GSNcares.org

Website: <https://www.gsncares.org/chelsea-house/>

The OASIS Center for Women and Girls

Contact Phone: [\(850\) 222-2747](tel:850-222-2747)

Website: <https://theoasiscenter.net/>

Humble House Ministries, Inc.

Contact Phone: [\(850\) 999-2490](tel:850-999-2490)

Contact Email: HumbleHouseTally@gmail.com

Website: <https://www.humblehouseministries.org/>

Survive and Thrive Advocacy Center

Contact Phone: [\(850\) 597-2080](tel:850-597-2080)

Contact Email: stac@surviveandthriveadvocacy.org

Website: <https://surviveandthriveadvocacy.org/>

Celebrate Recovery

Contact Suicide and Crisis Lifeline: 988 or 1-800-273-8255

Website: <https://celebraterecovery.com/>

For Men:

Good Samaritan Network for Men

Contact Email: MikeMahan@GSNcares.org

Website: <https://www.gsncares.org/mens-housing/>

CARE Tallahassee

Contact Phone: (850) 320-0281

Contact Email: manager@care-tallahassee.org

Website: <https://www.care-tallahassee.org/>

For Youth:

Capital City Youth Services (CCYS)

Contact 24/7 Crisis Hotline: (850)576-6000

Contact CCYS Fax: (850)576-2580

General Questions: info@ccys.org

Website: <https://www.ccys.org/>

For Childcare Assistance:

One More Child

Contact Global Headquarters: (863) 687-8811

Website: <https://onemorechild.org/>

Safe Families for Children

Contact Phone: 773-653-2200

Contact Email: info@safefamilies.net

Website: <https://safe-families.org/>

For all other inquiries please call Big Bend 2-1-1

Please select 'submit' and proceed to the next page to ensure your application is properly recorded.

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