



*My Grace is sufficient for you, for
my power is made perfect in weakness.*

11 Corinthians 12:9

Application for Residence

(Please Print Legibly)

Name: _____, _____
Last First

Address: _____

Telephone Number: (____) _____ - _____ Sex: Male _____ Female _____

Race/Ethnicity: _____ Date of Birth: ____ - ____ - ____

Social Security Number: _____ - _____ - _____

Referring Agency: _____

Contact Person: _____

Phone Number: (____) _____ - _____

Are You On:

Medicare: Yes No Medicaid: Yes No Private Insurance: Yes No

Food Stamps: Yes No HOPWA: Yes No Veteran Benefits: Yes
No

Disability: Yes No

What is your present income: \$ _____ Source of Income: _____

List Two Emergency Contact Persons:

Contact 1

Contact 2

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Relationship _____

Relationship _____

Substance Abuse History:

Do you currently drink (alcohol)? Yes ___ No ___ If Yes, how often:

What is your history with alcohol?

Do you now or have you ever used non-prescription drugs (street drugs, illegal drugs)
Yes ___ No ___

What is your history with non-prescription drugs?

What is your drug of choice?

Drug / Alcohol Treatment History:

If you have attended any drug/alcohol treatment programs, please list:

Name of Program/Facility: _____

Date: _____

Completed: Yes: ___ No: ___

Name of Program/Facility: _____

Date: _____

Completed: Yes ___ No: ___

Name of Program/Facility: _____

Date: _____

Completed: Yes ___ No: ___

Any others: Yes ___ No: ___

Please List:

Mental Health History:

Do you have a history of mental health treatment? Yes ___ No ___

List the names of any mental health facilities where you have received treatment and the name of your caseworker:

Facility: _____ Case Worker: _____

City /State: _____

Facility: _____ Case Worker: _____
City/State: _____

Criminal Record:

Do you have any past criminal offenses: Yes ___ No ___ If yes, Date of
Offense: _____ Place of Conviction: _____
Charges: _____

Do you currently have any charges pending? Yes ___ No ___ If yes,
where: _____

Are you currently on parole or probation? Yes ___ No ___

Name of Probation Officer: _____ Phone Number (____) _____

**Any other comments or remarks regarding substance abuse, mental health or
criminal history, please note here:**

General Questions:

How would you describe your general health status?

Are you able to fix your own food, wash your own clothes, take your medications
without assistance? If the answer to any of these is NO, please describe:

What is your current family situation? What interaction do you have with your family? *who?*

What are your goals for the next year?

What are your goals for the next five years?