



PROGRAM APPLICATION

NEW CLIENT/COACH/MENTOR/SHELTER

REGISTRATION FORM

APPLICANT FULL NAME

TODAY'S DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y

REFERRED BY: *(Agency, Individual, Other)*

PROGRAM: Coach/Mentor COH Shelter Recovery Re-entry Transition

ENTRY CODES (office only): AR DV HL HT LI RE SE TH

PERSONAL INFORMATION

DATE OF BIRTH:
M M D D Y Y

GENDER: _____

MARITAL STATUS: Single Married Separated Divorced Widowed

MAILING ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____

RELIGION: _____ PHONE: _____

E-MAIL: _____

U.S. CITIZEN: Yes No VETERAN: Yes No

CRIMINAL RECORD? Yes No PAROLE? Yes No COURT CASE? Yes No

METHOD OF TRANSPORTATION: Own Vehicle Bus Uber/Lyft Bike _____
(Check all that apply)

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP: Parent Spouse Significant Other Friend _____

REFERENCE *(Non-Relative)*: _____ PHONE: _____

AGENCY/ORGANIZATION: _____ TITLE: _____

(Please Continue on the Back of this Form)

DISABLING CONDITIONS

(Check all that apply) **Drug Abuse** (Drug(s) of choice): _____

Alcohol Abuse **Developmental** **Trauma** **Chronic Health Condition:** _____

Physical Health Condition: _____ **Mental Health Condition:** _____

RECEIVING TREATMENT? **Yes** **No**

DOCTORS / AGENCIES / PROGRAMS: _____

CURRENT MEDICATIONS: _____

CURRENT LIVING SITUATION

HOUSEHOLD TYPE: **Live Alone** **Couple w/out Children** **Single Parent** **2-Parent Family**

Grandparent(s) and Child(ren) **Non-Custodial Caregiver** **Other:** _____

*****IMPORTANT: PLEASE COMPLETE A RELEASE OF INFORMATION WITH HOUSEHOLD MEMBERS LISTED*****

(Check all that apply) **House/Apartment/Trailer** **Eviction Process** **Staying w/Friend or Relative**

Hotel **Shelter** **Camper** **Tent** **Vehicle** **Homeless**

OPEN CASE WITH OPENING DOORS? **Yes** **No** PAST EVICTION? **Yes** **No**

FINANCIAL

CURRENTLY EMPLOYED? **Yes** Employer/Company: _____

No Are you able to work? **Yes** **No, due to:** _____

HIGH SCHOOL DIPLOMA OR GED? **Yes** **No**

SOURCE OF INCOME: _____ MONTHLY AMOUNT:

RECEIVING FOOD STAMPS? **Yes** **No** MONTHLY AMOUNT:

I have completed this application to the best of my knowledge.

Applicant Signature



WE LOOK FORWARD TO WALKING WITH YOU!