



**Please print**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of Birth (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Homeless? \_\_\_\_\_ How long? \_\_\_\_\_

**A copy of your Social Security card and Driver's License or ID, and photograph must be on file.**

Do you need to obtain a copy of your SS, License or ID, Birth Certificate? Yes \_\_\_\_ No \_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Are you currently on Sooner Care? Yes \_\_\_\_ No \_\_\_\_ Member ID # \_\_\_\_\_

**Are you on Probation or Parole? Yes \_\_\_\_ No \_\_\_\_**

If yes who is your Probation Officer \_\_\_\_\_

Phone Number of Probation Office: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Are you sentenced to this program? Yes \_\_\_\_ No \_\_\_\_ If yes: by what court?

DOC# \_\_\_\_\_

Type of Release: GPS \_\_\_\_\_ Parole \_\_\_\_\_ Discharge \_\_\_\_\_

Expected date of arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Manager's name if incarcerated: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Reason for incarceration: \_\_\_\_\_

Circle one: Non-Violent or Violent

Are you now or have you ever been affiliated with a gang? Yes \_\_\_ No \_\_\_

If yes what organization? \_\_\_\_\_

Sex Offender? Yes \_\_\_ No \_\_\_

Any charges pending? Yes \_\_\_ No \_\_\_ if yes, please list: \_\_\_\_\_

Marital status: Single Married Separated Divorced Common Law

Name of Spouse: \_\_\_\_\_

How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Names: \_\_\_\_\_

Who do the children stay with? \_\_\_\_\_

Do you have children in DHS custody? \_\_\_\_\_

Do you have a reunification plan with your children through the courts? \_\_\_\_\_

**Employment History:**

Are you currently employed? Yes \_\_\_ No \_\_\_

If not employed when was the last time you were employed? \_\_\_\_\_

What type of work have you done in the past? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Income: \_\_\_\_\_ / Hourly /Monthly /Yearly

**Vehicle Information**

Do you have a personal vehicle that will be on our property? Yes \_\_\_ No \_\_\_

Treatha Rayford 918-302-2717

Email: treatharayford@houseofpurposeandrenewal.org

If So, Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Insurance Verification

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**Medical History**

Physician Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

The information below will be used to obtain records to help us assess your needs.

Race: African American\_\_\_\_ Native American\_\_\_\_ What tribe: \_\_\_\_\_ White\_\_\_\_ Hispanic\_\_\_\_ Asian\_\_\_\_

Sex: Female \_\_\_\_\_

Are you currently or could you be pregnant at this time? \_\_\_\_\_

Are you on disability currently? \_\_\_\_\_

Have you applied for disability at this time? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any physical limitations that keep you from performing manual labor? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Family History: Alcoholism or Drug addiction (please list all known relatives with either of these problems)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used drugs intravenously? (Shot Drugs) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a blood transfusion? Yes \_\_\_\_\_ No \_\_\_\_\_

Treatha Rayford 918-302-2717

Email: treatharayford@houseofpurposeandrenewal.org

Please give a complete history of your alcohol and drug use: \_\_\_\_\_

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How long have you been completely clean at this time? \_\_\_\_\_

Do you need physical detox? Yes \_\_\_\_\_ No \_\_\_\_\_

Any physical ailments or handicaps: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Please list all medical problems that you have been diagnosed with including mental health issues:

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What medications are you currently taking, please list each one:

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List any Allergies: medications or environmental (Cats, Foods, etc.)

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Do you have epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

Do you wear prescription glasses or contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of your last dental exam: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you have any dental complaints that need attention now? Yes \_\_\_\_\_ No \_\_\_\_\_

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*Mental Health History*

Do you express your feelings easily? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you rather be around people or alone? \_\_\_\_\_

Have you lived in close quarters with other people? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have trouble sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Do you suffer from nightmares on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever suffered a severe emotional trauma? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever tried to commit suicide or thought about it on a frequent basis? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever been in counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Has a psychiatrist diagnosed you with any emotional disorders? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever been hospitalized for an emotional problem? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Are you willing to release any mental health records House of Purpose and Renewal Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been molested? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, was it by a family member? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you experienced human trafficking? Either willing or unwittingly? \_\_\_\_\_

Have you ever been involved in any activities that you know were demonic? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever thought that you may have exposed yourself to demonic spirits? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Have you ever been in a religion that others have told you that it was an occult? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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Why do you want to be a participant in the program?

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What goals do you hope to achieve while in the program?

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What is your #1 priority? \_\_\_\_\_

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How can we help you to achieve your goals?

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Do you understand that this is a faith based program? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain what you believe that means about this program: \_\_\_\_\_

Can you get along with roommates? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, please explain why: \_\_\_\_\_

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Program History: List all programs that you have entered into and the dates you were there and whether or not you completed the program. Why were you there and why did you leave?

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