



RESIDENT ENTRY INFORMATION

Any information that is not applicable to you please write N/A in the space provided.

Date of Entry: _____

Resident Name: (First) _____ (M) _____ (Last) _____

M/F: _____ DOB: ____/____/____ Age: _____ SSN: _____

Current Address: _____

Phone Number: (home) _____ (cell) _____

Email: _____

Are you a veteran? **Y N** Do you own a car? **Y N**

Marital Status: **Single Married Divorced Widowed Partner Separated**

Spouse/Partner Name: _____

Address: _____

Phone Number: (home) _____ (cell) _____

Email: _____

Children: **Y N**

Children (names/ages): _____

Do you have visitation with your children? **Y N**

Are you working toward reunification with your children? **Y N**

If Yes, explain visitation schedule and any requirements for supervised visitation: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____

Relationship: _____ Phone: _____



Current Living Situation

Are you presently homeless or at-risk of homelessness? **Y N**

If Yes, reason for homelessness:

Eviction Overcrowded Affordability Behind in Rent Shelter Domestic Violence

Other: (Please Explain) _____

Are you currently: (check all that apply)

Exiting Incarceration Leaving a Residential Treatment Program Being Discharged from a Hospital

Receiving Medication Assisted Treatment Services Other: (Please Explain): _____

Describe Current Living Situation:

Explain Reasons for Seeking a Transformation Residence Living Environment:

List any other community agencies you have been involved with:

<u>Name of Agency/Organization</u>	<u>Reason</u>
_____	_____
_____	_____
_____	_____

Employment Status

Are you currently employed: **Y N** If Yes, are you: **F/T P/T**

How long have you been with your current employer? _____

Current Employer: _____

Phone: _____ Job Title: _____



Legal Information

Are you legally mandated to us? **Y N** Legal Charge? _____

Do you have legal charges pending? **Y N** If Yes, what is the charge? _____

Court Date and Location: _____

Have you ever been convicted of any violent or sexual crimes? **Y N**

Are you currently on probation? **Y N** parole? **Y N**

Supervision Officer Name: _____

City: _____ Phone: _____

Have you signed a release of information? **Y N**

Do you want us to report your progress to your probation/parole officer? **Y N**

CHECK ALL THAT APPLY:	YES	NO
Registered Sex Offender		
Victim of Domestic Violence		
PFA, CPO, or Restraining Order		
History of violence towards self, others or property		
Suicidal thoughts or attempts		
Acts of Arson		

If you answered YES to any of the above questions, please explain:



Medical Information

	YES	NO
Are you experiencing any medical problems?		
Allergies?		
Dietary restrictions?		
Diagnosed with a seizure disorder?		
Sleeping problems?		
Mental Health issues?		
Substance abuse (drugs, alcohol)?		
Behavioral issues		
Physical disability		
Learning disability		

If you answered YES to any of the above questions, please explain:

Describe your current psychological or alcohol/drug condition. (What is your diagnosis?)

Current Treatment Provider:

<u>Name</u>	<u>Agency</u>	<u>Phone #</u>

List all Mental Health or Addiction-Related hospitalizations in the past 3 years:

<u>Hospital</u>	<u>Reason</u>	<u>Month/Year</u>



Income

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>
Alimony	_____	Child Support	_____
Employment	_____	Retirement/Pension	_____
SSI/SSDI	_____	Welfare/ADC/TANF	_____
Veteran's Administration	_____	Any Other Income	_____
TOTAL INCOME	_____		

Benefits

Mark all benefits received or applied for:

Food Stamps
 Medicaid
 Medicare
 Health Insurance
 Housing Voucher
 VA Medical Benefits
 Other (please specify): _____

Describe amount and type of paid benefit:

Do you have someone who manages your finances? **Y** **N**

If Yes, who? Name: _____

Do you have a legal guardian? **Y** **N**

If Yes:

Name of Guardian/Relationship: _____

Address: _____

Phone: _____



Please Provide 3 References (Friends, Family, Sponsors, Clinicians, etc.)

<u>Name</u>	<u>How do you know this person?</u>	<u>Phone #</u>

****I verify that all information provided as part of this application is truthful and accurate. I also understand that failure to disclose correct information could lead to my disqualification for residency.**

Signature of Applicant **Date**

Authorization (Disclosure of Information will be held in strict confidence)

I authorize the House of Mercy Transformation Center to conduct a thorough personal investigation including, but not limited to:

- Credit Reports
- Employment/Income Verification
- Reference Checks
- Current and Previous Landlords
- Law Enforcement Authorities
- Drug Screen Check

I understand that any cost associated with these investigations will be at the expense of the House of Mercy Transformation Center.

I hereby release these third parties from all liability for any damage whatsoever for providing information to the HOMTC in connection with this application. I also release the HOMTC, its agents, employees and representatives from any liability in connection with their collection and use of information obtained from third parties during this application process.

I also understand that if I do not provide authorization to this investigation, or refuse to complete the criminal background check, or drug screen test, the HOMTC may not provide approval for residency. I agree to hold the HOMTC harmless for such refusal.

Signature of Applicant **Date**



Recovery Support Goals/Needs

What are your substance(s) of choice? _____

How long have you been clean and sober from using alcohol and/or other drugs?

Describe your current recovery goals:

What do you expect to gain from living at a transformation residence?

Describe what you have done for your recovery that has been successful?

Describe what you have done for your recovery that has NOT been successful?

Do you have individuals in your life open to helping you establish recovery? If so, who?

Are there people in your life who might be unsupportive of your recovery journey?

What are the best ways we could support you to help you establish long-term recovery?
