



# PROGRAM APPLICATION

NEW CLIENT/COACH/MENTOR/SHELTER

## REGISTRATION FORM

APPLICANT FULL NAME

TODAY'S DATE

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:

GENDER: \_\_\_\_\_

M M D D Y Y

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!