

CALM ORGANIZATION INC.

CALM House Niceville

850-974-3780

[calmorganizationinc@gmail.com](mailto:calmorganizationinc@gmail.com)

Application for Residency at CALM House Niceville

C.A.L.M. Organization defines single moms as follows:

1.    A mother to at least one young child they have biologically birthed that will be living with them.

2.    They may have legal custody of another young child that is legally adopted by them or in their legal custody. All applicants are decided on a case by case basis for acceptance into the CALM program. The decision is made by the Executive Board and stands as such.

3.    We will serve single moms that want to change their lives and want to learn life skills to keep their family together and who meet our criteria for entrance to CALM House Niceville.

4. A small room fee deposit is required at move in. This will be returned to you if your room is cleaned and free of items upon move out. A checklist will be given for move out.

5.    The moms and kids will live with us for a small fee while attending life skills classes, devotionals, cooking classes, parenting classes, budgeting, household management and etc. The moms also MUST work a minimum of 20 hours a week. The moms MUST also follow the daily schedule and adhere to all rules while in our care. All rules, classes, church attendance, and curfew must be followed as set.

6.    We expect you to be drug and alcohol free and this includes ALL illegal substances in the state of Florida and also includes medical marijuana and all the substances obtained from the plant even if you have an approved card for use.

7.    You will be provided a safe and loving home for up to 5 months, with a possible one month extension, and taught essential life skills to be successful as a mom. We have a transitional program to help you move to independent living once you complete our program.

8.    Daycare will be available in our facility with a very small cost while moms are working.  The moms will set daycare up with our assistance from our list of available friends that have had background checks completed.

9.    Please read all the house rules and daily schedule and decide if you can abide by our guidelines before applying.

10. If you meet the above criteria you are welcome to apply to our program. We have room for 4 moms and their young children in this program.

11. This program is fluid and subject to change at any time.

Please note: Incomplete applications will not be processed. Please make sure to answer all questions as thoroughly as possible to the best of your ability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Time at Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it OK to call? *Please circle*: YES NO Is it OK to leave a message? YES NO

Are you a US Citizen? *Please circle*: YES NO

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (*Please* *circle*): Single Married Separated Divorced Widowed

Total # of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Children Living With You: \_\_\_\_\_\_\_\_\_\_

Are you currently pregnant? *Please circle*: YES NO Anticipated Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (*Please circle*): White Black Asian Native American Black/White Other

Ethnic background (*Please circle*): Hispanic Non-Hispanic

Who referred you? *(Agency, friend, online, etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you resided here or in similar housing before? *(Group home, transitional housing, shelter, etc.)*

*Please circle*: YES NO

If YES, please list program name(s) and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT INFO:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone you wish we NOT contact or leave a message with? YES NO

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

**CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Name:** (First, Last) | **Date of Birth:** | **Age:** | **Race**  W-White  B- Black  N-Native American  A- Asian  O-Other | **School status** (home, daycare, grade) | **Social Security #** (last 4 digits) | **Father’s Name** |
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**EMPLOYMENT** (From most recent to past):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer/Address** | **Position** | **Amount per hr.** | **Start/End Dates** | **Reason for Leaving** |
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**EDUCATION** (From most recent to past):

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| --- | --- | --- | --- |
| **Name of School/City** | **Dates Attended** | **Highest Level of Education Completed (Degree, Grade, etc.)** | **Course of Study** |
|  |  |  |  |
|  |  |  |  |
| Do you have a GED? | Yes No  If yes, please list location obtained: | Have you ever been diagnosed or suspected to have a Learning Disability? | Yes No |

**TRANSPORTATION**

|  |  |
| --- | --- |
| Do you have a valid driver’s license? Yes No  State? \_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_ | If no, please explain: |
| Do you own a car? Yes No  License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_  Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is it registered in your name? Yes No | Do you have auto insurance? Yes No |

**HOUSING**

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| --- | --- | --- |
| **Please List Last Three Addresses (not including your current address)** | **Length of Time:** | **Reason for Leaving** |
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**CRIMINAL HISTORY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been arrested/ convicted of a crime? | \_\_\_\_\_Yes  \_\_\_\_\_ No | If Yes, Please Explain: | Where the charges dropped? Circle: Yes No |
| Have you ever been convicted of a felony? | \_\_\_\_\_Yes  \_\_\_\_\_ No | If Yes, Please Explain: | Where & When did you serve time in jail? |
| Do you have a parole or probation officer? | \_\_\_\_\_Yes  \_\_\_\_\_ No | If Yes, Please List Name & Contact #: | Length of Time Remaining |
| Is there currently a restraining order on/against you? | \_\_\_\_\_Yes  \_\_\_\_\_ No | If Yes, Please List Name & Contact #: | Describe: |
| Do you currently have a restraining order in place on/against someone? | \_\_\_\_\_Yes  \_\_\_\_\_ No | If Yes, Please List Name & Contact #: | Describe: |
| Are you or have you ever experienced domestic violence or sexual assault against you? | \_\_\_\_\_Yes  \_\_\_\_\_ No | No explanation needed here…. |  |

**MEDICAL HISTORY-SELF**

Do you have medical insurance? \_\_\_\_\_Yes \_\_\_\_\_\_No Insurance Co. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OB/GYN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any present health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs:

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| --- | --- | --- | --- |
| **Medication** | **Dosage as Prescribed** | **Start Date** | **Reason for Medication** |
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**MENTAL HEALTH**

Are you or have you ever been involved in any counseling or therapy? \_\_\_Yes \_\_\_No

Name of Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or have you ever been diagnosed with a mental illness? \_\_\_Yes \_\_\_No

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for mental health? \_\_\_Yes \_\_\_No

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| --- | --- | --- |
| **Date of Hospitalization** | **Reason** | **Outcome** |
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**SUBSTANCE/ALCOHOL HISTORY**

Are you or have you ever used any narcotic or illegal drug including marijuana? \_\_\_\_\_Yes \_\_\_\_No

If yes, list drug of choice and last time used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been treated for substance or alcohol abuse? \_\_\_\_\_Yes \_\_\_\_No

If yes, list dates of Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Successfully graduate? \_\_\_\_\_Yes \_\_\_\_No

Are you in recovery? \_\_\_\_\_Yes \_\_\_\_No If so, how long have you been in recovery? \_\_\_\_\_\_\_\_\_\_

Do you currently have a sponsor? \_\_\_\_\_Yes \_\_\_\_No Name Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently drinking alcohol? \_\_\_\_\_Yes \_\_\_\_No

Are you currently taking soboxone or methadone? \_\_\_\_\_Yes \_\_\_\_No

Please list anything else we should know about past drug or alcohol use ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHILDREN - MEDICAL HISTORY**

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| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | Age | Is Child up to date with immunizations? | Name & Address of Pediatrician | Date of last immunization or well child visit | If the child is receiving any therapeutic support? (Occupational, speech, etc.) If yes, please list dates & provider | List any health concerns or dates of any hospitalizations |
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Please list any prescription and non-prescription medicines, vitamins, home remedies, herbs: (please use back side if necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name | Name of Medication | Dosage | Name of Physician Who Prescribed: | Length of Time on Medication (# of months/years, etc.) | Purpose for Medications |
|  |  |  |  |  |  |
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**SUPPORTS (please use other side if needed)**

Who do you consider are supports in your life? (parents, siblings, friends, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the relationships you have and/or have had with child(ren) father(s) (good and bad) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENTING (please use other side if needed)**

What do you think are your strengths as a parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What do you think you could improve upon in your parenting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever attended a parenting group, course or have had individual parenting assistance? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If so, please list dates and where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current religious or spiritual practice or preference? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If yes, please list your religious or spiritual practice or preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your specific education/career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The C.A.L.M. Organization, Inc. does not discriminate against any applicant on the basis of race, color, religion, creed, national origin, or sexual orientation. The C.A.L.M. Organization will provide reasonable accommodations at the C.A.L.M. House for persons with disabilities. Reasonable accommodations in rules, policies, practices, and services will be allowed to give persons with disabilities an equal program, provided such accommodations do not impose an undue hardship to the agency. Applicants with disabilities seeking entry into our program and who can complete the program requirements with reasonable accommodations must notify the interviewer to make an accommodation request.

If you are currently working with any city or town welfare department please realize we will give them any information they request, relating to your application during the intake process.

The information I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provided the C.A.L.M. Organization, Inc. is true, accurate, and honest. If any information that I have provided as actual and truthful is indeed false and untrue and has been deliberately lied about by myself, the C.A.L.M. Organization may ask me to leave the program immediately. I also absolve the C.A.L.M. Organization, Inc. from any liability of any actions they may take based on this information that I have provided as truth.

I release C.A.L.M. House Niceville and other authorized C.A.L.M. Organization, Inc. representatives or stakeholders from any and all liability.  Furthermore, I fully understand that I am provided transitional housing and do not have a permanent domicile at C.A.L.M. House, and thereby may be asked to leave at any time if I fail to follow the rules or schedule or are found to be using an illegal substance, drinking alcohol, or commit other infractions that violate C.A.L.M. House rules that place me and my children, or other residents and volunteers in jeopardy.

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

**Applicant Signature Date**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the C.A.L.M. Organization, Inc. permission to speak to the individuals/companies listed in this application for the purposes of gaining more information and verification to make an informed decision about my possible entry into the program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**

Briefly explain why you feel you should be accepted into the C.A.L.M. House 5 month residential program:

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

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Please explain anything else you feel C.A.L.M. House staff and volunteers should know about your children.

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

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**INCOME**

|  |  |
| --- | --- |
| **INCOME** | |
| **Salary/Earnings** |  |
| **Worker’s Comp** |  |
| **Child Support** |  |
| **Alimony** |  |
| **EBT Card Monthly Amount** |  |
| **Other Income Not Previously Listed:** |  |
| **TOTAL MONTHLY INCOME** | **$** |

|  |  |
| --- | --- |
| **EXPENSES** | |
| **Housing Expenses** | |
| **Rent** |  |
| **Electric** |  |
| **Gas** |  |
| **Cell Phone** |  |
| **Cable/Internet** |  |
| **Food** |  |
| **Subtotal for Housing:** | **$** |
| **Household Expenses** | |
| **Food** |  |
| **Toiletries** |  |
| **Subtotal for Household Expenses:** | **$** |
| **Personal Expenses** | |
| **Medications/Vitamins** |  |
| **Child Care** |  |
| **Hair/Nails** |  |
| **Church Donations** |  |
| **School Lunches** |  |
| **Clothing** |  |
| **Recreation** |  |
| **Rent to Own** |  |
| **Credit Cards** |  |
| **Child Support** |  |
| **Other** |  |
| **Subtotal for Miscellaneous Personal Expenses:** | **$** |
| **Transportation** | |
| **Car Payment** |  |
| **Gasoline/Oil** |  |
| **Car Insurance** |  |
| **Car Registration** |  |
| **General Maintenance** |  |
| **Other Transportation – Uber, Taxi** |  |
| **Subtotal for Transportation Expenses:** | **$** |
| **Outstanding Debt** | |
| **Back Rent Due** |  |
| **Outstanding Bills** |  |
| **Student Loan in Default** |  |
| **Other Expense Not Previously Listed:** |  |
| **Subtotal for Outstanding Debt:** |  |
| **TOAL MONTHLY EXPENSES:** | **$** |