

# Application for Residency at C.A.L.M. House

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CALM ORGANIZATION INC.  
CALM House Niceville  
850-974-3780  
[calmorganizationinc@gmail.com](mailto:calmorganizationinc@gmail.com)

## Application for Residency at CALM House Niceville

1. C.A.L.M. Organization defines single moms as follows:
    - A mother to at least one young child they have biologically birthed that will be living with them.
    - 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.
  2. 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.
  3. 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.
  4. There is \$100 room deposit that can be paid installment plan. The room deposit will be returned upon inspection of room when resident leaves.
  5. While leaving at Calm, Residents will be attending life skills classes, devotionals, cooking classes as needed, 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. Resident may be ejected from CALM House if not following the rules or the program.**
  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: \_\_\_\_\_

**(Must Sign and date application to be considered)**

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

Length of Time at Address \_\_\_\_\_ Telephone #(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

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 \_\_\_\_\_

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

Relationship Status: Are you currently involved in a relationship (either casual or serious)? Yes or No

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? *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)	Father's Name	Custody of Child (Yes or No)	Do you have a SS card in your possession Yes or No

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**EMPLOYMENT** (From most recent to past):

Employer/Address	Position	Amount per hr.	Start/End Dates	Reason for Leaving

**EDUCATION** (From most recent to past):

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 issue?  Yes      No	State diagnosis _____ _____  When were you diagnosed? _____	Were you ever in remedial reading or math classes?  Yes      No

**TRANSPORTATION** (Calm needs a copy of a valid Driver's License or ID)

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
Copy of Driver's License    ___ Yes    ___ No	Copy of Car Insurance    ___ Yes    ___ No

**HOUSING**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Where the charges dropped? Circle: Yes No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Where & When did you serve time in jail?
Do you have a parole or probation officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Length of Time Remaining
Is there currently a restraining order on/against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Do you currently have a restraining order in place on/against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Are you or have you ever experienced domestic violence or sexual assault against you?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

Do you have any allergies (Please list them)? \_\_\_\_\_

Please list any present health concerns:

\_\_\_\_\_

Do you have your Social Security Card in your possession?  Yes  No

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

Medication	Dosage as Prescribed	Start Date	Reason for Medication

### 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

Date of Hospitalization	Reason	Outcome

### 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 suboxone or methadone?  Yes  No

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

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Date of Hospitalization	Reason	Outcome

### 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 suboxone or methadone? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

### CHILDREN - MEDICAL HISTORY

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 or years)	Purpose for Medications

Do your children have medical insurance?   Yes     No   Insurance Co. Name \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

What do you think are your strengths as a parent? (Use back for additional space)

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

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



## Application for Residency at C.A.L.M. House

INCOME	
Salary/Earnings	
Worker's Comp	
Child Support	
TANF	
SNAP	
EBT Card Monthly Amount	
Other Income Not Previously Listed:	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

EXPENSES	
Cell Phone	
Medications/Vitamins	
Child Care	
School Lunches	
Clothing	
Credit Cards	
Car Payment	
Gasoline/Oil & General Maintenance on car	
Car Insurance	
Car Registration	
Other Transportation – Uber, Taxi	
What do you spend your money on	
Other: _____	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

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Outstanding Debt	
<b>Back Rent Due</b>	
<b>Outstanding Bills</b>	
<b>Student Loan in Default</b>	
<b>Debt of any kind</b>	
<b>Other Expense Not Previously Listed:</b>	
<b>Subtotal for Outstanding Debt:</b>	
<b>TOAL MONTHLY EXPENSES:</b>	<b>\$</b>

Additional questions:

1. In your own words explain how you got into this situation that you need CALM? \_\_\_\_\_

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2. Why should you be accepted in the CALM House? \_\_\_\_\_

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