

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



CALM Organization Inc
CALM House Niceville
850-279-6419
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Application for Residency at CALM House

1. C.A.L.M. Organization defines single moms as follows:
 - a) A mother to at least one young child (no older than 10 at time of the application) they have biologically birthed that will be living with them. The rooms at CALM House cannot accommodate a mom with more than three children.
 - b) They may have legal custody of another young child that is legally adopted by them or in their legal custody. Applicants are decided on a case-by-case basis for acceptance into the CALM program. The decision is made by the Executive Board and the Director and is final.
2. We will serve 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 the CALM House.
3. A room deposit of \$100 is required at move in. This will be returned to you if your room is cleaned, damaged free, free of your items upon move out, and exit paperwork signed. The room deposit will be returned upon inspection of the room when resident leaves.
4. While living at CALM, Residents will be attending life skills classes, devotionals, parenting classes, budgeting, household management etc. Moms MUST work a minimum of 20 hours a week in the appropriate Phase. Moms MUST follow the daily schedule and adhere to the rules while in our care. Classes, church attendance, and curfews must be followed.
5. We expect you to be drug and alcohol free from all illegal substances as determined by the state of Florida. We do not accept medical marijuana and substances obtained from the plant even if you have an approved card for use.
6. You will be provided a safe and loving home for up to 6 months and be taught essential life skills in becoming a successful mom. We have a transitional program to help you move to independent living once you complete our program.

Please read all the House Rules, Daily Schedule, and Phase Program on our website. Then decide if you can abide by our guidelines before applying. Residents may be ejected from CALM House if they are not following the rules or the program.

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

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

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

Name: _____ Today's Date: _____

(Please Print here)

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Current Street Address: City, State, Zip: _____

Length of Time at Address _____

Telephone #(s): _____

Email Address (write legibly): _____

Is it OK to leave a message? Yes No

Are you a US Citizen? Yes No

Date of Birth _____ Age _____

Relationship Status: Single Dating Married Separated Divorced Widowed

of Children: ____ # of Children living with You: ____

CHILDREN'S INFORMATION

Name (First, Last)	DOB	Age	School status (home, daycare, grade)	Name of father	Do you have custody (yes/no)

Are you currently pregnant? Yes No If YES, Anticipated Due Date: _____

Who referred you? (*agency, friend, online, etc.*) _____

Have you resided here or in similar housing before? Yes No

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

EMERGENCY CONTACT

Name: _____

Relationship to you: _____ Contact Phone: _____

EMPLOYMENT (From most recent to past)

Employer/Address	Position	Pay	Start/End Dates	Reason for Leaving

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EDUCATION (From most recent to past)

Name of High School, college, or other education institute	Dates Attended	Highest Level of Education Completed (Degree, Grade, etc.)	Course of Study
If No HS Diploma, 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	Diagnosis (e.g., SLD, ADD, dyslexia, etc.) _____ _____ _____	Were you ever in remedial reading or math classes? Yes No

TRANSPORTATION

Do you have a valid driver's license? Yes No	Do you have a vehicle? Yes No
Is it registered in your name? Yes No	Do you have auto insurance? Yes No

PAST ADDRESSES

Please List Last Three Addresses (not including your current address)	Length of Time	Reason for Leaving

CRIMINAL HISTORY INFORMATION

Have you ever been arrested/convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Where the charges dropped? Yes No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Dates
Are you on Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Length of Time Remaining
Is there currently a restraining order on/against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Additional information

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Do you currently have a restraining order in place on/against someone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Additional information
Any pending litigation or legal action involving you or your children? (e.g., custody, child support, civil cases, crimes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain	Additional information

MEDICAL HISTORY

SELF: List prescription/non-prescription medicines, vitamins, home remedies, birth control, herbs, etc.

Medication	Dosage as Prescribed	Prescribing Dr	Reason for Medication

CHILDREN: List prescription and non-prescription medicines, vitamins, home remedies, herbs, etc.

Child's Name	Medication	Dosage	Physician who prescribed	Length of Time on medication (# of months or years)	Purpose for medication

MENTAL HEALTH

Are you or have you ever been involved in any counseling or therapy? Yes No

Are you or have you ever been diagnosed with a mental illness? Yes No

If Yes, Diagnosis: _____

Have you ever been hospitalized for mental health? Yes No

Dates of Hospitalization	Reason	Outcome

SUBSTANCE/ALCOHOL HISTORY

Are you or have you ever used any narcotic or illegal drug including marijuana? Yes No

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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: _____

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	Name/Address of Pediatrician	Is child receiving any therapeutic support? (e.g., occupational, speech, etc.) If Yes, list dates and Provider	Health concerns or dates of hospitalizations

SUPPORTS

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

PARENTING

Have you ever attended a parenting group, course or have had individual parenting assistance? Yes No

If Yes, please list dates and where: _____

RELIGION

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

If Yes, please list your religious or spiritual practice or preference: _____

DCF/FFN

Do you have a current DCF or FFN case? Yes...No

If Yes, Case worker's name/number _____

FINANCE

Total Outstanding Debts (e.g., child support, collections, student loans, etc.) \$ _____

Total Monthly Expenses (e.g., phone, gas, insurance, credit cards, clothing, food, etc.) \$ _____

Total Monthly Income (e.g., child support, disability, unemployment, family, EBT, etc.) \$ _____

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The C.A.L.M. Organization, Inc. does not discriminate against any applicant based on 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 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.

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.

Upon signature and submission of this form, you are consenting for CALM Organization Inc to perform a background check. You also authorize CALM to perform a urinalysis upon entry into the Program.

Information shared by you is confidential and will not be released to anyone outside CALM Organization Inc., specifically the Executive Board and the Director.

Applicant Signature

Date