# CALM Org., Inc.

CALM House Niceville 850-279-6419

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

**Application for Residency at CALM House Niceville**

1. C.A.L.M. Organization defines single moms as follows:
   1. A mother to at least one young child (no older than 6 at time of the application) 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 if final.
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 room fee deposit of $100 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. $100 room deposit can be paid in installments. The room deposit will be returned upon inspection of room when resident leaves.
4. While living at Calm, Residents will be attending life skills classes, devotionals, cooking classes as needed, 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 9 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. 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.

1. 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.

## 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:

## (Must sign and date application to be considered)

Today’s Date:

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

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

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

Have you resided here or in similar housing before? *Please circle*: YES NO

Do you have a current Driver’s License YES NO Do you have an ID? YES NO

Do you have a car? YES NO Do you have auto insurance? YES NO

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

Do you have your Social Security Card in your possession? Yes No Your child(ren)? Yes No

Do you have your Birth Certificate in your possession? Yes No Your child(ren)? Yes No

Please list any present health concerns for you? Yes No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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

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

Have you ever been hospitalized for mental health? Yes No

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking suboxone or methadone? Yes No

**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

Have you ever been diagnosed or suspected to have a learning issue? Yes No

**CRIMINAL HISTORY INFORMATION**

Have you ever been arrested/convicted of a crime? Yes No

Have you ever been convicted of a felony? Yes No

Do you have parole or probation officer? Yes No

Is there currently a restraining order on/against you? Yes No

Do you currently have a restraining order in place on/against someone? Yes No

Are you or have you ever experienced domestic violence or sexual assault against you? Yes No

## CHILDREN

## Any present health concerns for your children? Yes No

## If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs for your children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child Name:**  (First, Last) | **Date of Birth:** | **Age:** | **School status** (home, daycare, grade) | **Father’s Name** | **Custody of Child** | **Do you have a SS card in your possession** |
|  |  |  |  |  | Yes No | Yes No |
|  |  |  |  |  | Yes No | Yes No |
|  |  |  |  |  | Yes No | Yes No |

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

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 be aware that 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.



## 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