

# Hearken House Ministry

## Intake Assessment Application

Revised 02/15/2020

PLEASE COMPLETE THIS FORM NEATLY, IF WE CANNOT READ THE INFORMATION, YOUR APPLICATION WILL NOT BE PROCESSED. THIS APPLICATION IS IN NO WAY AN ACCEPTANCE OR A DENIAL OF ENTRANCE INTO ANY OF THE BRIDGE 2 FREEDOM PROGRAMS. We are a faith-based recovery program. Hearken House Ministry does not discriminate on basis of race, color, or national origin.

### **IDENTIFICATION**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Race: Caucasian African American Hispanic/Latino Oriental Native American  
Last permanent address: \_\_\_\_\_ Zip \_\_\_\_\_  
How long did you live there? \_\_\_\_\_  
Driver's License or Photo ID: # \_\_\_\_\_ State: \_\_\_\_\_  
Marital Status: Single Married Divorced Separated Widowed  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

### **MILITARY/VETERAN STATUS:**

Are you a veteran? Y N

### **ENTITLEMENT & BENEFIT INFORMATION:**

Are receiving the following?:  
SSI/SSDI: Receiving \$ \_\_\_\_\_  
Food Stamps: Receiving \$ \_\_\_\_\_  
Cash Assist: Receiving \$ \_\_\_\_\_  
Medical Asst: Receiving \$ \_\_\_\_\_

Where have you been staying before you came here? \_\_\_\_\_  
Have you been in a homeless shelter before? Y N If yes, Where? \_\_\_\_\_  
Reasons for homelessness: \_\_\_\_\_

### **EMPLOYMENT & INCOME**

Currently Employed: Y N Where? \_\_\_\_\_  
Are you seeking employment? Y N  
Special skills: \_\_\_\_\_  
What type of work have you done? \_\_\_\_\_

### **EDUCATION & DRIVER'S LICENSE:**

Did you graduate school? Y N  
Do you have a current drivers license? Y N  
If not, what must you do to obtain a driver's license?  
\_\_\_\_\_

### **HEALTH INFORMATION**

#### ***PHYSICAL***

Do you have any known allergies? (Food/Medications) Y N If yes, what? \_\_\_\_\_  
Do you currently have any physical health issues or limitations? Circle all that apply - Diabetes Cancer  
Heart problems Back problems Asthma HIV/AIDS HEPATITIS A, B, C Other: \_\_\_\_\_  
Do you currently have health insurance? Y N Name: \_\_\_\_\_  
Are you currently taking any medications? Y N If yes, what: \_\_\_\_\_

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**MENTAL**

Have you ever been diagnosed or treated for a mental illness? (i.e. bipolar, schizophrenia, etc.) Y N

What is your diagnosis? \_\_\_\_\_

Who is your care provider? \_\_\_\_\_

**DISABILITIES**

Do you have any physical disabilities? Y N If yes, what are they? \_\_\_\_\_

Do you have any developmental disabilities? Y N If yes, what are they? \_\_\_\_\_

Have you been diagnosed with PTSD? Y N

Have you suffered from any cognitive impairments resulting from traumatic brain injury? Y N

Do you suffer from any other disabilities? \_\_\_\_\_

If you have disabilities, have they ever limited your ability to obtain/maintain employment or stable housing? \_\_\_\_\_

**SUBSTANCE ABUSE**

Have you used illegal substances in the past year? Y N

Extent of use: \_\_\_\_\_ Prior treatment: \_\_\_\_\_

Are you currently attending AA/NA/CR? Y N

Have you ever been placed in Residential Treatment or in Residential Mental Health Treatment? Y N

Have you ever been in any state prison? Y N

What crime(s) were you incarcerated for? \_\_\_\_\_

Have you ever been arrested for sexual misconduct/crime? Y N If yes, are you on any state sex offender registry? Y N

**LEGAL ISSUES**

Probation / parole officer's name: \_\_\_\_\_

Charges pending: \_\_\_\_\_

Have you ever been convicted of a felony? Y N If yes, what was the crime? \_\_\_\_\_

Are you currently on parole? Y N

Are you currently on probation? Y N

Does anyone have protection orders against you? Y N

Date of entry of current incarceration? \_\_\_\_\_ Location: \_\_\_\_\_

**GOALS**

List your goals in order of priority you would like to achieve if you were to become a student (use another sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDIVIDUALS WHO ARE ACCEPTED TO Harken House Ministry ARE EXPECTED TO MAKE A 6 Month COMMITMENT TO ABIDE BY ALL RULES AND VERBAL AND WRITTEN DIRECTION WHICH WILL BE PROVIDED AT A LATER DATE. BY SIGNING THIS APPLICATION YOU CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's print name: \_\_\_\_\_