

Type of Assistance Requested:

- ____ Residency in SRS House
- ____ Rental Assistance
- ____ Utility Assistance
- ____ Education Expenses
- ____ Other (explain):



St. Raymond's
S O C I E T Y

Referring Agency:

Caseworker/Agency Contact:

Phone #: _____

Date of Application: _____

Date Approved: _____

Applicant Information:

Name: _____ Phone # _____

Current Address: _____

SSN: _____ Date of Birth: _____ Age: _____

Ethnicity: _____

Current Employer: _____ Position: _____

Employer contact name and phone number: _____

Pregnancy/Parenting Information:

Currently Pregnant? Yes or No If yes, due date: _____

Name of baby's father: _____ Phone # _____

Describe your current relationship with him: _____

List all other children:

Name	Age	Custody: Yes/No (If no, who is child with?)	Father's Name

Please describe why you are requesting services/support from the St. Raymond's Society:

If you are interested in living in the St. Raymond's House, we need some additional information. Please fill out the following as honestly and completely as possible. If you are requesting another form of assistance, you may skip to the bottom and sign.

Educational Background:

High School diploma? Yes/No GED? Yes/No Last grade or level of school completed? _____

Health History:

Do you have any current or chronic health issues? If so, describe: _____

List any medications you are currently taking: _____

Have you ever been diagnosed with a mental illness? If so, describe: _____

Are you currently being treated for mental illness? If so, describe treatment including all medications you are currently taking:

Addiction/Substance Abuse History:

Do you currently smoke? YES/NO

Do you currently consume alcohol? If so, how often? _____

Have you ever or are you currently using any illegal drugs? If so, describe:

Have you ever been or are you currently in a re-hab or addiction treatment program? If so, describe:

How long have you been "clean" or drug free? _____

Legal History:

Have you ever been convicted of a misdemeanor or felony? If so, please list dates and describe:

Applicant's Certification:

I hereby attest that all of the information I have provided here-in is complete and true to the best of my knowledge. I understand that false or incomplete information can result in my application being denied, or my immediate removal from the SRS House and programs. I understand that, if this application is approved, I will be contacted to set up an intake interview. I hereby grant the staff of the St. Raymond's Society permission to conduct a background check and to contact any person or agency listed on this application to verify information or discuss my well-being.

Applicant Signature: _____ Date: _____