

Type of Assistance Requested:

- Residency in SRS House
- Rental Assistance
- Utility Assistance
- Education Expenses
- Community Programming
- Other (explain): _____



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

Referring Agency:

Caseworker/Agency Contact: _____

Phone #: _____

Date of Application: _____

Date Approved: _____

Section 1-Applicant Information:

Name: _____ Phone # _____

Current Address: _____

SSN: _____ Date of Birth: _____ Age: _____

City/State/Zip: _____

Email: _____

Preferred method of contact: Phone Text Email

Section 2-Demographic Information

Race:

- | | | | |
|------------------|-------------|-------------------------|-----------|
| African American | Caucasian | Hispanic/Latin American | Bi-racial |
| Asian/Pacific | East Indian | Native American | Unknown |

Highest Education Level:

- | | | | |
|---------------|-------------|-----|---------|
| Middle School | High School | GED | College |
|---------------|-------------|-----|---------|

Income Source:

- | | | | |
|----------|---------------|----------|------------|
| TANF/SSI | Child Support | Employed | Unemployed |
|----------|---------------|----------|------------|

Current Employer: _____ Position: _____

- | | |
|-----------|-----------|
| Part Time | Full Time |
|-----------|-----------|

Income Level:

- | | | | | |
|-------|--------|--------|--------|------|
| 0-14K | 15-29K | 30-44K | 44-59K | 60K+ |
|-------|--------|--------|--------|------|

Current Living Situation:

- | | | | |
|------------------------|---------|---------|-----------|
| Alone or with children | Father | Mother | Boyfriend |
| Friends or relatives | Parents | Husband | Homeless |

Section 3-Pregnancy/Parenting Information:

Currently Pregnant? YES/NO If yes, due date: _____

List all other children:

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

Section 4-Relationship Information:

Current relationship status:

Single Boyfriend Husband Divorced

Name of baby's father: _____ Phone # _____

Describe your current relationship with him:

Section 5-Health History:

Do you have any current or chronic health issues? YES/NO

If yes, describe: _____

List any medications you are currently taking: _____

Have you ever been diagnosed with a mental illness? YES/NO

If yes, describe:

Are you currently being treated for mental illness? YES/NO

If yes, describe treatment including all medications you are currently taking:

Are you a victim of abuse? YES/NO

If yes, what type?

Mental/Verbal Physical Sexual

Is your potential pregnancy the result of rape? YES/NO

Section 6-Legal History:

Have you ever been convicted of a misdemeanor or felony? YES/NO

If yes , please list dates and describe:

Section 7-Addiction/Substance Abuse History:

Do you currently smoke? YES/NO

Do you currently consume alcohol? YES/NO

If yes, how often? _____

Have you ever or are you currently using any illegal drugs? YES/NO

If yes, describe:

Have you ever been or are you currently in a re-hab or addiction treatment program? YES/NO

If yes, describe:

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

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

Section 8-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: _____