



OFFICE USE ONLY

appointment walk-in **Posted by:** _____

Referring Agency _____

Agency Contact Name _____

Phone Number _____

Date _____

Type of Assistance Requested:

_____ Residency in SRS House

_____ Community Program

_____ Service(s)

_____ Resource(s)

Applicant:

First Name _____ Middle Name _____ Last Name _____

Address _____ City, State _____ Zip _____

Mobile Phone Number (_____) _____ County _____

SSN: _____ Date of Birth: _____ Age: _____

Demographic:

Living arrangement:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Live with mother | <input type="checkbox"/> Live with husband | <input type="checkbox"/> Live with grandparents |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Live with father | <input type="checkbox"/> Live with boyfriend | <input type="checkbox"/> Live with relative(s) |
| <input type="checkbox"/> Maternity Home | <input type="checkbox"/> Live with parents | <input type="checkbox"/> Live alone or with child(ren) | |

Ethnicity:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> East Indian | <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latin American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Other: _____ | | | |

Marital Status:

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged |
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |

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

Student? Yes No School attending: _____

Driver's License? Yes No Own Vehicle? Yes No Year and mileage? _____

Income:

Employed? Yes No Place of Employment: _____

How long? _____ Full-time Part-time Position: _____

Additional Assistance:

Child Support TANF / SSI Medicaid WIC SNAPS (food stamps) HUD

Religious Preference:

Atheist Buddhist Christian Hindu Jehovah Witness Jewish Mormon
 Muslim Wicca None Other _____

Church attending: _____

Currently in a relationship? Yes No If yes, Male Female Age: _____ Name: _____

Pregnancy/Parenting:

Pregnant? Yes No If yes, due date: _____ Doctor: _____

Baby's Father's/Mother's Name City and State of residence

Describe you current relationship with him/her: _____

List all other children:

Male Female Age: _____ Birthdate: _____ Name: _____

Custody? Yes No If no, who is the child with: _____

Baby's Father's/Mother's Name City and State of residence

Describe you current relationship with him/her: _____

Receiving Child Support? Yes No If yes, how much per month: _____

Paying Child Support? Yes No If yes, how much per month: _____

Male Female Age: _____ Birthdate: _____ Name: _____

Custody? Yes No If no, who is the child with: _____

Baby's Father's/Mother's Name _____ City and State of residence _____

Describe you current relationship with him/her: _____

Receiving Child Support? Yes No If yes, how much per month: _____

Paying Child Support? Yes No If yes, how much per month: _____

Male Female Age: _____ Birthdate: _____ Name: _____

Custody? Yes No If no, who is the child with: _____

Baby's Father's/Mother's Name _____ City and State of residence _____

Describe you current relationship with him/her: _____

Receiving Child Support? Yes No If yes, how much per month: _____

Paying Child Support? Yes No If yes, how much per month: _____

Describe the services/support that you are requesting from St. Raymond's Society and the reasons that you are making the request:

If you are a female and are interested in living in the St. Raymond's House, some additional information is required. 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 of the final page and sign.

Health History:

Do you have any current or chronic physical 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 When was the diagnosis given? _____

What was the diagnosis? _____

Are you currently receiving treatment? Yes No If yes, describe treatment including all medications: _____

Doctor(s) overseeing your treatment: _____

Are you currently (recently) or have you ever been a victim of any type of abuse? Yes No

Recent What type(s) of abuse? Verbal Mental Physical Sexual How long ago? _____

Past What type(s) of abuse? Verbal Mental Physical Sexual How long ago? _____

Legal History:

Have you ever been convicted of a misdemeanor? Yes No If yes, describe: _____

Have you ever been convicted of a felony? Yes No If yes, describe: _____

Addiction/Substance Abuse History:

Do you currently smoke? Yes No If yes, how many per day: _____ Age when began: _____

Are you currently (recently) or have you ever consumed alcohol? Yes No

Recent How often? Daily Weekly Monthly Rarely How long ago? _____

Past How often? Daily Weekly Monthly Rarely How long ago? _____

What is/was your drink(s) of choice? _____

Are you currently or have you ever misused prescription medication(s)? Yes No

Recent How often? Daily Weekly Monthly Rarely How long ago? _____

Past How often? Daily Weekly Monthly Rarely How long ago? _____

What is/was your prescription medication(s) of choice? _____

Are you currently or have you ever used illegal drugs? Yes No

Recent How often? Daily Weekly Monthly Rarely How long ago? _____

Past How often? Daily Weekly Monthly Rarely How long ago? _____

What is/was your illegal drug(s) of choice? _____

Have you ever been in a re-hab or addiction treatment program? Yes No How many programs? _____

Have you ever successfully completed a re-hab or addiction treatment program? Yes No

What was the program called? _____

Where was the program located? _____

When did you enter the program? _____

When did you complete the program? _____

How long have you been "clean" or drug free? _____ When was your last drug test? _____

What type of test? _____

Applicant's Agreement:

I hereby attest and agree 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, in order for this application to be approved, I will be required to speak and/or meet with St. Raymond's Society staff members on one or more occasions.

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: _____