



**OFFICE USE ONLY**

Received 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 \_\_\_\_\_ County \_\_\_\_\_

Mobile Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Demographic:**

Living arrangement:

Homeless       Live with mother       Live with husband       Live with relative(s)

Shelter       Live with father       Live with boyfriend

Maternity Home       Live with parents       Live alone or with child(ren)

Ethnicity:

African American       East Indian       Native American       Pacific Islander

Asian       Hispanic/Latin American       Caucasian       Middle Eastern

Other: \_\_\_\_\_

Relationship Status:

Married       Divorced       In a Relationship

Single       Separated       Widowed

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

Student?  Yes  No      School attending: \_\_\_\_\_



Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_

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

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Baby's Father's Name \_\_\_\_\_ City and State of residence \_\_\_\_\_

Describe you current relationship with him: \_\_\_\_\_

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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: \_\_\_\_\_

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\_ Baby's Father's Name \_\_\_\_\_ City and State of residence \_\_\_\_\_

Describe you current relationship with him: \_\_\_\_\_

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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 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: \_\_\_\_\_

Please allow 24-48 hours after application has been received for staff to review. If there has been no contact after 48 hours, please feel free to contact us:

Columbia : 573-301-1620

Jefferson City: 573-301-4713

[www.srshelp.org](http://www.srshelp.org)

**Mission:**

St. Raymond's Society exists for mothers in need. We provide coaching and resources needed for families to become self-sufficient.