



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

_____ Referring Agency	Type of Assistance Requested: _____ Residency in SRS House
_____ Agency Contact Name	<input type="checkbox"/> Jefferson City
_____ Phone Number	<input type="checkbox"/> Columbia
_____ Email	_____ Community Coaching
_____ Date	_____ Resource(s)
	<input type="checkbox"/> Financial Assistance
	<input type="checkbox"/> Rent
	<input type="checkbox"/> Utilities
	<input type="checkbox"/> Car Repair
	<input type="checkbox"/> Other _____

**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:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Homeless       | <input type="checkbox"/> Live with mother  | <input type="checkbox"/> Live with husband             | <input type="checkbox"/> Live with relative(s) |
| <input type="checkbox"/> Shelter        | <input type="checkbox"/> Live with father  | <input type="checkbox"/> Live with boyfriend           |  |
| <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: _____     |  |  |   |

**Relationship Status:**

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced  | <input type="checkbox"/> In a Relationship |
| <input type="checkbox"/> Single  | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed           |

Veteran:  Yes  No

Have you ever been in foster care?  Yes  No

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

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  Childcare Assistance

Religious Preference:

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

Church attending: \_\_\_\_\_

**Pregnancy/Parenting:**

Pregnant?  Yes  No If yes, due date: \_\_\_\_\_ Doctor: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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 Name City and State of residence

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

\_\_\_\_\_

\_\_\_\_\_

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 Name City and State of residence

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**IF YOU ARE INTERESTED IN OUR RESIDENTIAL PROGRAM OR COMMUNITY COACHING, 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 FINAL PAGE.**

**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 an addiction treatment program?  Yes  No How many programs? \_\_\_\_\_

Have you ever successfully completed an 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? \_\_\_\_\_

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

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To receive services from SRS, you may be asked to submit a drug test. Are you willing to do this?  Yes  No

**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 understand that by not receiving community coaching through SRS, **I will only be able to receive financial assistance once, if approved.**

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.