GENERAL INFORMATION

Name:
First: ______________________ Middle: ________________________ Last: ____

Date of Birth: ________________ Age: ______ US Citizen: _______ Race: ____
(Y or N)
Current Address: ______________________________ City/State: ___________________________________ Zip: ______________

Phone #: ____________________________________ Email: ____

Primary Language: ___________________________ Secondary Language(s): ____

Religion: ____________________________________ Church Home: ____

Social Security #: _____________ Medicaid #: ______________ Primary Doctor: ________________ Phone #: ____________

Driver's License/State ID #: ________________________

Automobile:

Make: __________________ Model: _________________ Lic. Plate #: _____________

Reason for coming to SOSI: ____

____

REFERRAL SOURCE

Name: ____________________________________ Agency Name: _______________________________

Relationship to Applicant: ____

Phone #: __________________________________ Fax #: ______________________________________

Email ____

OTHER CONTACTS

Therapist: Name ________________________________ Phone#: ____________________ Email: ________________________________

Life Coach: Name: ______________________________ Phone #: ____________________ Email: ________________________________

IL Specialist: Name: ____________________________ Phone #: ____________________ Email: ________________________________

EMERGENCY CONTACT

Name: ________________________________ Relationship to Applicant: ________________________

Address: ______________________________ City/State: ____________________ Zip: __________

Phone #: ___________________________

ADDITIONAL INFORMATION

Is applicant or has applicant ever been on probation?

Yes _____ No _____ If yes, please complete the following:

Name of Probation Officer ____ Phone #: ______________________

How long is the probation period? _____________________________ Is applicant required to complete community service hours: Yes _____ No _____ If yes, how many hours?: _______________

Are there any other conditions of the probation? Yes ______ No ______

If yes, please explain:

____

____

Do you have any court obligations (i.e. fines, community service, letters)? If so, please explain:

____

SUBSTANCE ABUSE

1. Does applicant use drugs? Yes _____ No _____ No information ________

If yes, what types of drugs does the applicant use?

Frequency ____________________________________ Date of last use ___________________________________

2. Does applicant drink alcohol? Yes _____ No _____ No information _______

If yes, how often? ____________________

Date of last use: ____________________ Does applicant get drunk?: Yes _____ No _____ No information: __________

3. Has applicant ever been hospitalized due to drugs and/or excessive drunkenness? Yes _____ No _____

If yes, name of substance, date of overdose, and treatment given, required

____

EDUCATION INFORMATION

School Currently Attending: ____

School Address: ______________________ City: ______________ State: ____ Zip: ______

Phone #: ________________

Current Grade Level: __________ Current GPA: ______ Expected Graduation Date: ____________

Education Goals: ____

RENTAL/RESIDENCE HISTORY

	Current Residence	**Previous Residence**	**Prior Residence**
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager And Phone Number			
Reason for leaving			
Is/was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed:			
	From/To	**From/To**	**From/To**
Date of Residency			

EMPLOYMENT HISTORY

	Current Employment	**Previous Employment**	**Prior Employment**
Employed By (company)			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	**From/To**	**From/To**
Dates of Employment			

Employment Goals: ____

MENTAL HEALTH

Assessment Information
Has the applicant ever seen a psychiatrist or mental health therapist? Yes _________ No _________

If yes, please complete the following with the most recent information:

Psychiatrist/Psychologist Name: ______________________________ Phone: ________________

Address: ____

____

***Please attach most recent Psychiatric/Psychological Assessment(s)**

Therapist/Counselor Name: ______________________________ Phone :________________

Address: ____

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***Please attach most recent Psychosocial Assessment(s)**

Current Medications: (include dosages): ____

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Has the applicant ever been hospitalized and/or admitted to a residential treatment facility? Yes ____________ No ____________

If yes, please complete the following:

1. **Date:** __________ Hospital: ____

Reason for hospitalization:

____

# of days in hospital: ____________________ Outcome: ______________________________

2. **Date:** __________ Hospital: ____

Reason for hospitalization:

____

# of days in hospital: ____________________ Outcome: ______________________________

3. **Date:** __________ Hospital: ____

Reason for hospitalization:

____

# of days in hospital: ____________________ Outcome: ______________________________

MENTAL HEALTH

PRESENTING PROBLEMS

Please check all current presenting problems:	
☐ Abandonment	☐ Lacks responsibility
☐ Neglect	☐ Lacks respect for others
☐ Physical Abuse	☐ Lying
☐ Sexual Abuse	☐ Manipulative
☐ Physically aggressive	☐ Mood swings
☐ Verbally aggressive	☐ Sadness
☐ Alcohol use	☐ Excessive crying
☐ Drug use	☐ Negative attitude
☐ Tobacco use	☐ Inappropriate peer relations
☐ Anger management	☐ No or low motivation
☐ Argumentative	☐ No remorse for actions
☐ Bed wetting	☐ Poor hygiene
☐ Clothes soiling	☐ Poor self-image
☐ Clothes wetting	☐ History of running away
☐ Cruelty to animals	☐ Self injurious behavior
☐ Curfew problems	☐ Sexually inappropriate behavior
☐ Defiant	☐ Sexual perpetrator
☐ Delinquency	☐ Socially isolated
☐ Destructive	☐ Stealing
☐ Disrespectful to authority figures	☐ Truancy
☐ Extreme sibling rivalry	☐ Violent behavior
☐ Easily agitated	☐ Suicidal ideations/gestures
☐ Fighting	☐ Suicidal attempts
☐ Fire setting	☐ Homicidal ideations/gestures
☐ Gang related behavior	☐ Homicidal attempts
☐ Hostile	☐ Worries excessively
☐ Hyperactive	☐ Withdrawal
☐ Hypoactive	☐ Other ________________________________

REQUIRED ESSAY

Please complete an essay describing yourself, your history, your hopes, and goals for the future. Also include why you are seeking admission into the transitional living program.

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Applicant Agreement and Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or in part.

Applicant Name: ____ Date: ________________________

Applicant Signature: ____________________________________