Application for Admission to the *Mercy House* Christ Centered Transitional Living Program

- ☐ *Background Check*
- ☐ *Drug Screening*
- ☐ *Copy of Photo ID*
- ☐ *Current Photo Attached*

Date:_____

Name_____
First Middle Last Maiden

Date of Birth: _____ Age: _____

Phone Number: _____ SSN:_____

Race:_____

If Native American what tribal affiliation?:_____

Pregnant: YES or NO Veteran: YES or NO

Disabled: YES or NO Marital Status:_____

Emergency Contact:
Name_____

Address_____

Cell #:_____ Work #:_____

Relationship to self:
_____

Dependent children with you:

ALL parent(s) must enroll their children in school and/or child care the next business day after admission. (NO EXCEPTIONS)

Name:	Age:	DOB:	SSN:	Grade in school:

Is your child(ren) attending school? YES or NO

If yes, where?_____

Does your child(ren) qualify for DHS daycare assistance? YES or NO

Do any of your children have any special needs? YES or NO

If yes, please explain:

_____
_____
_____
_____
_____
_____
_____

Items/areas you are in need of assistance with:

DL/State ID Card:_____ Birth Certificate:_____

Social Security Card:_____ Clothing:_____

Education:_____ Mental Health Services:_____

DHS Services:_____ Health Department Services:_____

Medical Services:_____ Counseling:_____

Parenting Classes:_____ Child Care Services:_____

Alcohol/Drug Classes:_____ Weekly Mandatory Meetings:_____

Living History:

Please tell us about your current living situation and where it is located:

What reasons do you have for not being able to continue to live where you are?:

Where have you lived the last 12 months? Please list all residences:

Spiritual Condition:

Do you attend church regularly? YES or NO

If yes,where?:

Do you read your bible regularly? YES or NO

What areas do you struggle with spiritually?:

Please describe your present spiritual life:

Transportation:

Driver's License: YES or NO

Driver's License Number:_____

Do you have a car? YES or NO

Year:_____ **Make/Model:_____**

Color:_____ **Tag Number:_____**

Registration, inspection, and insurance complete and current? YES or NO

If not, what transportation do you have available?

_____
_____
_____

Education:

Are you a High School Graduate? YES or NO
If not, do you have a GED? YES or NO

Highest grade level completed: _____

Have you attended a trade school/Vo Tech? YES or NO

If yes, where?

- **Name of school:_____**
- **Date: _/__/__/**
- **College Hours:_____**
- **Subject:_____**
- **Major:_____**
- **Degree:_____**

Employment:

Are you working somewhere? YES or NO
If yes, where? _____

If not, when did you leave your last job?_/__/__/
Why?_____
_____
_____

What type of work do you normally do?

_____
_____

Source/Monthly Income:
Employment:$____ Pension:$____ VA Benefits:$____

Social Security:$____ Unemployment:$____ TANF:$____

Headright:$_____ Child Support:$____ Food Stamps:$_____ Other:$____

Please describe:

_____

Do you have a checking or savings account? YES or NO

If yes, how much and which bank?

_____

_____

ALL RESIDENTS ARE REQUIRED TO PAY 15% OF ANY MONEY RECEIVED WHILE A RESIDENT OF THE MERCY HOUSE. TO HELP OFFSET THE COSTS OF ROOM & BOARD AND OTHER SERVICES PROVIDED.

Outstanding Debt:

Do you have any debt to banks or creditors? YES or NO
Please explain:

_____

_____

_____

Do you have any monthly or unpaid fines? YES or NO
Please explain:

_____

_____

_____

Do you have monthly and/or unpaid child support? YES or NO
Please explain:

_____

_____

_____

Do you have any alimony and/or unpaid alimony? YES or NO
Please explain:

_____

_____

_____

Do you need help budgeting your personal finances? YES or NO

Mental Health:

Are you currently or have you in the past received mental health services? YES or NO

If yes, explain where and when:

_____
_____
_____
_____

Have you ever been hospitalized for mental health or psychiatric reasons? YES or NO

If yes, explain where and when:

_____
_____
_____
_____
_____

Have you ever attempted suicide? YES or NO

If yes, explain when and how:

_____
_____
_____
_____

Medications:

Are you currently taking medication?: YES or NO

List medication(s):

Name:	**Dosage:**	**How often:**	**Reason**	**Narcotic (Y/N)**

Do you have any medical conditions that require special attention?: (Such as Diabetes, Seizures, Epilepsy, High Blood Pressure, ETC.) YES or NO

If yes, please describe:

_____
_____
_____

Current Use Of (last 12 months):

Alcohol: Yes: _____ Last use: _____
How much used: _____
No: _____
Last use was when: _____

Tobacco: Yes: _____Last use: _____
How much used: _____
No: _____
Last use was when: _____

Drugs: Yes _____ Last use: _____
How much used: _____
No: _____
Last use was when: _____
List of drugs used:
_____
_____
_____
_____

Criminal History/Recovery History:

Current or past legal or involvement with being arrested, jail, and/or prison? YES or NO

If yes, explain what you were charged for and when (including state and county the crime occured in):
_____
_____
_____
_____
_____
_____
_____
_____

Have you ever been convicted of a felony? _____

Do you have any outstanding legal issues which have yet to be resolved? YES or NO

If yes, please describe:
_____
_____
_____
_____
_____
_____
_____

Are you on parole/probation?: YES or NO

If yes, what is your
Parole/Probation Officer's name:_____
phone number: (_____)_____

Have you ever been in treatment?: YES or NO

If yes, when and where?:

_____

_____

Are you currently in a recovery program/support group?: YES or NO

If yes, please explain:

_____

_____

I hereby give permission to the Mercy House to perform a drug screen and background check before I can complete my application process. The Mercy House may contact any of my medical providers, whether it be for medical, mental health, or psychiatric information so that they will be able to make the best decisions concerning my care.

_____ _____

Potential Resident Date

Questionnaire:

Please tell us how you got to know about the Mercy House?

_____

_____

_____

_____

_____

How long do you anticipate your stay at the Mercy House will be?

_____

_____

_____

What is the first thing you want to accomplish while you are at the Mercy House?

_____

_____

_____

_____

_____

Tell us why you think the Mercy House is the place for you? Why do you want to come here?

What is one thing you can tell us about you?

Resident's Certification:

I have read this admission form and attachments and it is complete and true to the best of my knowledge. I understand that false or incomplete information can result in my immediate dismissal from the Mercy House.

_____ _____

Potential Resident **Date**

I have read The Mercy House Handbook. I agree to all its terms. I understand that not complying with the handbook will result in disciplinary action and/or immediate dismissal from the Mercy House.

_____ _____

Potential Resident **Date**

_____ _____

Staff Member **Date**