



Our House of Restoration Transitional Housing for Women

Admission Application

Date/time _____

Name _____ Telephone Number _____

Presenting problem _____

Current Address _____

Zip Code _____ County _____ Home Phone _____ Mobile _____

Date of Birth _____ Age: _____ Religious preference _____

Gender _____ Race _____ Marital Status _____ Sexual orientation _____

Are you currently in a relationship Yes No

If yes: Name _____

Address _____

Valid license _____ SS card _____ Birth Certificate _____ in your possession

Referral Source: Name _____ Telephone number _____

Emergency contact	Relationship
Emergency contact phone number	

Number of Dependents _____ Ages _____ Are you ordered to pay child support Yes No

Amount\$ _____ Current Yes No

Do you have an open DFCAS case? Yes No If yes, explain _____

Who has custody? _____

Are you able to contact or visit your children? _____

Please list 2 References OHOR may contact if necessary:

(Name) (Phone Number)

(Name) (Phone Number)

Substance Use History	DOC:
------------------------------	-------------

Age of first use	Substance	Date of last use	Amount of last use	How Often	Route of Admn

Are you an IV user: Yes No

If yes, what drug(s) did you use?

Any clean time: No Yes How long: _____ Any previous treatment: No Yes

Where? _____ When? _____

Did you complete this program: YES No

If no, then why not?

Is there a balance? _____ Are you willing to pay the balance? _____

Most recent living environment (drug free, non-violent, family support, unstableness, prior incarceration)

Homeless Yes No

If yes, length of Homelessness: _____

Any childhood trauma? Yes No Explain: _____

Family History							
Issue	Grandfather	Grandmother	Mother	Father	Brother	Sister	Other
Drugs							
Alcohol							
Mental Health							

(Please place a check for those that apply)

Do you have a healthy support system? Yes No

Who _____

Health

Do you have Private Insurance, Medicare or Medicaid? _____

Card Number _____

Do you have a mental health diagnosis? Yes No If Yes, Diagnosis? _____

Current medications _____

Do you have a medical supply? _____ How many days? _____

Have ever been admitted into a mental hospital Yes No

When _____ Why _____

Have you ever attempted suicide? Yes No

When _____ How _____

Have you or are you a cutter Yes No

When _____ How _____

Are you currently using Medically Assisted Treatment (suboxone, subsolv, Methadone etc.)?

_____ Name/dosage/duration _____

Do you have any physical condition that require special equipment or that interfere with day to day functioning?

Yes No If Yes, _____

Did you have unprotected sex or at high risk for HIV? No Yes

If yes, please describe (i.e. prostitution, IDU, unprotected sex with someone whose status is unknown to you, MSM) _____

Have you been tested for the following: AIDS _____ Result: _____ Hep C _____ Results: _____

Do you have any other STD's or life threatening illnesses? _____

Last physical/PAP _____

Are you pregnant _____ If yes please complete the addition form

Religious

What is your religious preference? _____

Do you have a home church that you currently attend? _____

Pastor's Name and number: _____

Legal Matters

Are you a convicted felon Yes No

If yes, what crimes have you been convicted of? _____

Do you have drug charges that exempt you from government assistance Yes No

Currently on probation Yes No Is permission needed Yes No

Probation/Parole Officer's name and contact number _____

Conditions of your probation/Parole _____

Any previous sex crime convictions Yes No

Do you have outstanding legal matter(s)? Yes No

If yes, explain _____

Education/Professional skills

Highest level of education completed: _____ HS Diploma/GED _____ Year _____

Skills/Profession: _____

Work History _____

Place of last employment _____

Length of employment _____

Current monthly Income \$ _____ Source; Employment SSI SSDI VA Benefits Pension

Any source(s) of income/financial support: Yes No

Explain _____

What are some of your career/educational goals?

What do you expect to achieve once you have completed the program?

Any immediate/urgent needs _____

- _____ You will abide by parole and probation requirements set forth by these offices (sign consent form):
- _____ You agree to pay rent on time. Failure to do so could lead to being discharged: (People actively seeking employment will be handled on an individual basis)
- _____ You agree to pay \$300.00 deposit (nonrefundable): (method of payment check or money order)
- _____ You agree to pay \$150.00 weekly (failure to pay will result in discharge)
- _____ You agree to complete all courses in our program in the time frames required
- _____ You agree to a mental health assessment and to follow any treatment plan set forth by the mental health agency or counselor
- _____ You are aware that we administer random drug and or alcohol screenings and room searches
- _____ You agree to be responsible for all your medical needs while living at OHOR:
- _____ You agree to a 30-day probationary period upon full admission into the program:
- _____ You will attend (4) 12 step/spiritual/wellness meetings per week unless otherwise determined by the director
- _____ You will be supportive and encouraging to your sisters in the OHOR program:
- _____ You understand that you can be discharged, with no refund, if you are repeatedly uncooperative, have a bad attitude, do not follow directives, break house rules or policies, fail to apply yourself, abuse your nap time and/or fail to fulfill assignments
- _____ Disciplinary actions are decided based on the level of the violation which can include; verbal warning, written warning (P.O. will be notified) a behavioral contract or immediate discharge. Noncompliance of a behavioral contract can lead to an immediate discharge
- _____ Drugs/Alcohol/Paraphernalia found in your personal property/person or positive drug screen will result in an immediate discharge
- _____ You agree to have no outside contact for 30 days (Blackout period) unless given permission:
- _____ You understand the first 30 days are a probationary period. You can be discharged during this time for any undisclosed reason.

I, _____, have read and initialed the above agreement and I will comply with all that is required of me as a resident of Our House of Restoration to include all rules and policies.

Date: _____ Signature: _____

Witness: _____