



# Home of New Vision Transitional Housing Application

Date of Application: \_\_\_\_\_

Referred by: \_\_\_\_\_

Phone: \_\_\_\_\_

## Personal Information

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship Status:    Single    Partnered    Married    Divorced    Widowed

Employment Status:    Full-time    Part-time    Unemployed    Disabled    Student

Place of Employment: \_\_\_\_\_

School|University: \_\_\_\_\_

Source of Income: \_\_\_\_\_ SSI|SDI    Student Loans    Other \_\_\_\_\_

Income Per Month: \_\_\_\_\_

## Family Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Do you have custody of children:    YES    NO    CPS Involvement    YES    NO

Reason: \_\_\_\_\_ Workers Name and #: \_\_\_\_\_

Who has custody?    Partner    Family    Friend    Foster Care    Other \_\_\_\_\_

## Medical History

Last Physical: \_\_\_\_\_ Where: \_\_\_\_\_ Insurance: \_\_\_\_\_



Medical history that Home of New Vision should be aware of (seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical limitations to living in transitional housing (climb stairs, walk to bus, work full-time, doing chores) YES NO

Are you currently feeling suicidal? YES NO

Have you ever felt suicidal? YES NO When|Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

Rx _____	Reason _____	How Long _____
Rx _____	Reason _____	How Long _____
Rx _____	Reason _____	How Long _____
Rx _____	Reason _____	How Long _____

Previous Mental Health Treatment:

Location _____	When _____	Length of Stay _____	Diagnosis _____
Location _____	When _____	Length of Stay _____	Diagnosis _____
Location _____	When _____	Length of Stay _____	Diagnosis _____
Location _____	When _____	Length of Stay _____	Diagnosis _____

**Substance Use History**

Drug of Choice: Alcohol Cocaine Crack Heroin Marijuana Opiates Other \_\_\_\_\_

Secondary: Alcohol Cocaine Crack Heroin Marijuana Opiates Other \_\_\_\_\_

How long using drugs|alcohol \_\_\_\_\_ Date of last use \_\_\_\_\_

Previous Substance Use Treatment:

Location _____	When _____	Length of Stay _____	Reason Left _____
Location _____	When _____	Length of Stay _____	Reason Left _____
Location _____	When _____	Length of Stay _____	Reason Left _____
Location _____	When _____	Length of Stay _____	Reason Left _____



## Legal History

YES NO Location: \_\_\_\_\_ Charge: \_\_\_\_\_

Location: \_\_\_\_\_ Charge: \_\_\_\_\_

Pending cases or warrants: YES NO

Charge: \_\_\_\_\_ Location: \_\_\_\_\_ Court Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Location: \_\_\_\_\_ Court Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Location: \_\_\_\_\_ Court Date: \_\_\_\_\_

Legal History in the Past Five Years:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition|Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition|Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition|Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition|Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition|Outcome: \_\_\_\_\_

## Home of New Vision

Describe why you are interested in Home of New Vision Transitional Housing: \_\_\_\_\_

\_\_\_\_\_

Do you have a photo ID? YES NO

Have you read the rules and do you understand them? YES NO

Date interested in moving in: \_\_\_\_\_