**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**PERSONAL DATA**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record Number: \_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: \_\_\_\_\_\_\_\_\_\_\_

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

Legal county of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_\_\_ Citizenship: \_\_\_\_\_\_ Language Spoken: \_\_\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_\_ Color of Hair: \_\_\_\_\_\_\_\_

Identifying Marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Preference: \_\_\_\_\_\_\_\_\_\_\_\_

Financial Support: Social Security \_\_\_\_; Medicaid \_\_\_\_; VA \_\_\_\_; Other \_\_\_

Case Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Parents: Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

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

 Mother’s Maiden name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_

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

Marital status of parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Siblings Address Phone

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**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**REFERRAL DATA**

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Person Completing Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUARDIANSHIP AND NEXT OF KIN INFORMATION**

Type of guardianship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Adjudication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Adjudication:\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT DIAGNOSES, DSM IV (Attach supporting documentation)**

NAME NUMBER

AXIS I Diagnosis 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Diagnosis 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

AXIS II Diagnosis 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Diagnosis 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

AXIS III Diagnosis 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Diagnosis 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Date of Last Psychological Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_ Measured IQ: \_\_\_\_\_\_\_\_

Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Adaptive Behavior Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_

Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Adaptive Functioning: \_\_\_Mild \_\_\_Moderate \_\_\_Severe \_\_\_Profound

**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**INDEPENDENT LIVING ABILITIES** (Check appropriate box)

Ambulation: \_\_\_ Walks well \_\_\_ With difficulty \_\_\_ Uses walker

\_\_\_ Does not walk \_\_\_ Uses a wheel chair

\_\_\_ Crutches \_\_\_ Cannot sit alone

Dressing Skills: \_\_\_ Completely dresses self

\_\_\_ Completely dresses self with verbal prompt

\_\_\_ Pulls off or puts on clothes with help \_\_\_ Must be dressed

Toileting Skills: \_\_\_ Never has accidents \_\_\_ Occasionally has accidents during day

\_\_\_ Occasionally has accidents during night

\_\_\_ Frequently has accidents during day \_\_\_ # day

\_\_\_ Is not toilet trained \_\_\_ Bedwetting \_\_\_ Frequency

Bathing Skills: \_\_\_ Prefers shower \_\_\_ Prefers tub \_\_\_ Bathes independently

\_\_\_ Needs supervision to bathe \_\_\_ Needs partial assistance bathing

\_\_\_Needs total assistance bathing

Leisure Skills: \_\_\_ Entertains self \_\_\_ Needs direction from others

Likes: \_\_\_ TV \_\_\_ Music \_\_\_ Outdoor activities

\_\_\_ Privacy \_\_\_ Groups \_\_\_ Sports \_\_\_Swimming

\_\_\_ Movies \_\_\_ Games \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISION NEEDED**

INDOORS: \_\_\_ Needs constant supervision \_\_\_ Can be left alone for up to \_\_\_\_\_\_

OUTDOORS: \_\_\_ Needs constant supervision \_\_\_ Can be left alone for up to \_\_\_\_\_\_

**SOCIALIZATION**

\_\_\_ Initiates interaction with people \_\_\_ Initiates interaction selectively

\_\_\_ Interacts with peers, staff, family \_\_\_ Interacts with staff, but not peers and family

\_\_\_ Never, or rarely interacts with staff, peers and family

**EXPRESSIVE COMMUNICATION**

\_\_\_ Uses expressive language clearly \_\_\_ Initiates expressive language with difficulty

\_\_\_ Uses expressive communication and gestures

\_\_\_ Uses augmentative communication \_\_\_ Uses selective vocalizations

\_\_\_ Uses ASL \_\_\_ Uses signs

**RECEPTIVE COMMUNICATION**

\_\_\_ Comprehends most spoken language \_\_\_ Comprehends little spoken language

\_\_\_ Responds to gestures or auditory cues \_\_\_ attends to gestures or auditory cues

\_\_\_ Does not respond to communication stimuli

**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**SKILLS CHECKLIST** (If the applicant can perform these skills, fill in the corresponding

block with a “Y” for yes and a “S” for sometimes. Leave blank for no.)

**SELF-HELP SKILLS**

\_\_\_ Uses knife and fork correctly \_\_\_ Table manners are acceptable \_\_\_ Can serve his/her own food

\_\_\_ Can pour liquids \_\_\_ Can use knife for peeling/slicing \_\_\_ Can order own food

\_\_\_ Combs hair when needed \_\_\_ Keeps self clean \_\_\_ Shaves self

\_\_\_ Shampoos hair \_\_\_ Cuts own nails without prompt \_\_\_Chooses appropriate clothes

\_\_\_ Changes underwear without prompt \_\_\_ Washes and dries clothing

\_\_\_ Crosses road safely by self \_\_\_ Visits neighbors by self \_\_\_ Can care for minor injuries

\_\_\_ Knows how to obtain help in emergency \_\_\_ Washes dishes, sets table

\_\_\_ Cleans own room, picks up after self \_\_\_ Can cook simple things

**COMMUNICATION SKILLS**

\_\_\_ Tells others about daily events \_\_\_ Can answer telephone \_\_\_ Can make own calls

\_\_\_ Can tell time correctly \_\_\_ Can keep appointments \_\_\_ Can write own name

\_\_\_ Can write a letter \_\_\_ Reads simple instructions \_\_\_ Reads menu, TV guide

\_\_\_ Reads newspaper \_\_\_ Reads aloud to others \_\_\_ Can read price tag

**SOCIAL SKILLS**

\_\_\_ Can read shopping list \_\_\_ Chooses own clothing \_\_\_ Can ask directions

\_\_\_ Is friendly to others \_\_\_ Understands and uses stamps \_\_\_ Has good manners

\_\_\_ Does not steal \_\_\_ Knocks on doors before entry \_\_\_ Shares possessions

\_\_\_ Works cooperatively in group \_\_\_ Washes dishes, sets table \_\_\_ Follows directions willingly

\_\_\_ Can cook simple things \_\_\_ Saves money consciously

**COMMUNITY SKILLS**

\_\_\_ Can give change for a quarter \_\_\_ Can give change for dollar \_\_\_ Can use vending machine

\_\_\_ Can make small purchases \_\_\_ Can buy things on shopping list \_\_\_ Knows own clothing size

\_\_\_ Purchases own clothing \_\_\_ Asks sales clerk for items \_\_\_ Saves money consciously

\_\_\_ Can ask for directions \_\_\_ Uses public transportation unassisted

**VOCATIONAL SKILLS**

\_\_\_ Has good manual dexterity \_\_\_ Works cooperatively in group \_\_\_ Follows directions well

\_\_\_ Enjoys outdoor activities \_\_\_Has hobbies \_\_\_ Is on time by self

\_\_\_ Works with little supervision \_\_\_ Works well with few mistakes \_\_\_ Corrects own mistakes

\_\_\_ Realizes mistakes, stops work \_\_\_ Work done requires checking \_\_\_ Is usually on time

\_\_\_ Usually on time with reminders \_\_\_ Careful with tools and equipment \_\_\_ Careful when reminded

\_\_\_Works well with little supervision, but makes no effort to find a new job

\_\_\_ Is able to carry out several simple tasks with persistence and without constant supervision

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**PHYSICAL HEALTH CARE NEEDS**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_**

Preferred Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Preferred Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Is Applicant currently under care of a doctor for any condition? \_\_\_ Yes \_\_No

List illnesses or medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Seizures: \_\_\_ Yes \_\_\_ No Type and Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications for seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet or regimen required? \_\_\_ Yes \_\_\_No (Attach Copy)

**MEDICATIONS**

Name Dosage & Frequency Route Purpose

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

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**SELF-ADMINISTRATION OF MEDICATIONS**

\_\_\_ Can take medications in right doses at right time \_\_\_ Can prepare and take medications with reminder

\_\_\_ Can take medications; needs help with preparation \_\_\_ Unable to take medication without assistance

Person responsible for assisting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_

**MACHIAH'S HOUSE, Inc.**

**APPLICATION FOR ADMISSION**

**VISION, HEARING AND DENTAL**

\_\_\_ Normal \_\_\_ Sees with difficulty \_\_\_ Sees with great difficulty \_\_\_ Legally blind

\_\_\_ Totally blind \_\_\_ Undetermined

Corrective Lenses? \_\_\_ Yes \_\_\_ No \_\_\_ Glasses \_\_\_ Contact lenses

Hearing: \_\_\_ Normal \_\_\_ Mild hearing loss \_\_\_ Moderate Hearing loss

\_\_\_ Severe hearing loss \_\_\_ Profound hearing loss \_\_\_ Undetermined

Hearing aid? \_\_\_Yes \_\_\_ No

Dental Appliances? \_\_\_ Yes \_\_\_ No

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BEHAVIORAL CONCERNS**

Does the applicant display any behaviors which are of concern to others? \_\_\_ Yes \_\_\_ No

If so, please rate all that apply as follows: I = severe; 2 = moderate; 3 = mild

\_\_\_ Self stimulation \_\_\_ Assaultive behavior \_\_\_ Stealing

\_\_\_ Loses temper easily \_\_\_ Verbal threats \_\_\_ Self-injurious behavior

\_\_\_ Property damage \_\_\_ Excessive crying/screaming \_\_\_ Non-compliance

\_\_\_ Lying \_\_\_ Purposeful running away \_\_\_ Aimless wandering away

\_\_\_ Inappropriate sexual behavior \_\_\_ Eating of in-edibles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain all above rated behaviors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other information that you would like us to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Guardian or

Legally Responsible Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Machiah's House, Inc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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(additional information to include on application)

What kind of contact do you hope to have with your friends during your stay at

MACHIAH’S HOUSE?

PLEASE TELL US ABOUT YOURSELF.

A. What grade have you completed in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. What ae your hobbies and interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your present financial (money) situation.

1. Do you have any income? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ If YES please describe.

a. What types of assistance do you receive?

DHS Grant $\_\_\_\_\_\_\_ Food Stamps $\_\_\_\_\_\_\_ SSI $\_\_\_\_\_\_ WIC $\_\_\_\_\_\_\_

Case number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Are you employed? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ Monthly Pay $\_\_\_\_\_\_\_\_\_\_

Place of employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Do you get income from any other sources? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If YES, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are there any behaviors that can affect your job situation?

3. Who will support you while in Machiah's House?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How do you plan to pay your medical expenses?

a. Do you have medical insurance? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Name of insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you have any outstanding bills? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Please circle all outstanding bills that apply:

Housing Utilities Phone Car Credit Card Medical Other

6. What other material financial needs do you have?

a. Have you ever had any counseling? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Please explain the circumstances that led you to counseling.

Name of Counseling Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Please explain any legal situation you are currently involved in or have been

involved in: (For example: Divorce Arrests, Warrants, Legal Guardian,

Probation, Restraining Order, Emancipation, etc.)

1. Charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of alleged offense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Results of trial/proceedings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Probation officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Particulars of case\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Please tell us about any history of abuse.

(Please circle types of abuse) Verbal Mental/Emotional Physical Sexual

Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person’s relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently in the abusive relationship? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

2. Do you have a restraining order in affect against the offending person?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

d. Please tell us about all history of substance abuse (circle drugs used)

Marijuana, Cocaine, Crack, Amphetamines, Barbiturates, Heroin,

Street/Club Drugs, Alcohol, Prescription Medication

1. Have you completed a drug treatment program? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

e. Describe your involvement in church as a child, teenager or as a young adult,

including your current involvement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

f. If you currently attend church, what is the name of the church?

Name of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we call your former foster parent(s) and talk to her/them about your situation?

Yes\_\_\_\_\_\_No\_\_\_\_\_ If YES, what is the phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please complete the following information about your medical history.

A. Date of last menstrual period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Are you currently receiving medical care? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name(s) and phone number(s) of your doctor(s):

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

C. What type of treatment are you receiving?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Are you taking vitamins? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

E. What have been your eating habits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What are your plans for yourself?

Please Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. How do you think living at MACHIAH’S HOUSE will help you carry out this plan?

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

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

9. How can we best help you during your stay?

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

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

10. Is there anything else you would like to share with us?

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

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

11. Have you read the MACHIAH’S HOUSE GUIDELINES and are you willing to follow them during your stay with us? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

**Why should you be chosen to live at Machiah’s House?**

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_