The Haven
Life Recovery Program Application

GENERAL INFORMATION: **Date:** _____

Contact Phone Number: _____

Name: _____ DOB: _____

Address _____

City: _____ State: _____ Zip Code: _____

_____

Insurance: Medicaid Medicare Other: (Please describe) _____

Are you a Veteran? ☐ Yes ☐ No

Do you receive services from Veteran's Administration? ☐ Yes ☐ No

Notify In case of Emergency: Name: _____ Relationship: _____

Phone#: _____ Alternate Phone#: _____

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

INCOME SOURCE:

Do you currently have any income? ☐ Yes ☐ No

If yes, where from? ☐ SSI: _____ ☐ SSDI: _____ ☐ VA: _____ ☐ Other:_____

Are you on Disability? ☐ Yes ☐ No

Do you receive food stamps? ☐ Yes ☐ No

LEGAL ISSUES:

Do you have legal matters pending? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No

Have you been convicted of criminal sexual conduct? ☐ Yes ☐ No

Have you been in a substance abuse program before? ☐ Yes ☐ No

How many times? _____

If yes, when and where? _____

Please tell us why you want to enter the Life Recovery Program?

_____

_____

_____

_____

Spirituality:

Do you believe in God or a Higher Power ☐ Yes ☐ No

Explain: _____

Mental Status:

Have you received any type of mental health treatments or therapy? ☐ Yes ☐ No

Treatment type: ☐ Hospital ☐ CMH ☐ Private treatment ☐ VA

Were you diagnosed with a mental illness? ☐ Yes ☐ No

What was the diagnosis? _____

Where were you diagnosed? _____

Medical Status:

I am currently receiving medical treatment from a Physician? ☐ Yes ☐ No

For what? _____

I currently use the following medications: _____

_____

_____

Do you have any allergies to medications? ☐ Yes ☐ No

If so, List: _____

Do you have any other allergies? ☐ Yes ☐ No

If so, List: _____

What is your chemical use or substance use in the last 30 days? _____

_____

_____

What are your major life areas affected by alcohol/drugs? Or Co-occurring (Check all that apply)

☐ Legal ☐ Financial ☐ Employment ☐ School

☐ Family ☐ Marital ☐ Relationships

☐ Social ☐ Physical ☐ Leisure ☐ Emotional ☐ No life areas affected

_____ _____

Applicant Signature Date

Applicant Inquiry: Children

How many children do you have? _____

Are you pregnant/or is your significant other pregnant? ☐ Yes ☐ No

What are their names, ages and birthdates?

_____

_____

_____

_____

_____

Are they potty trained? ☐ Yes ☐ No

If not, check most appropriate:
- ☐ Almost
- ☐ Just introduced potty training
- ☐ Not potty trained at all

Do your children have any special needs?
(Behavioral challenges, allergies, physical limitations, etc?)

Please describe: _____

_____

_____

_____

_____

Have they ever stayed in someone else's care on a regular basis before?
(Daycare, babysitter,grandparents, nanny, etc) ☐ Yes ☐ No

If Yes, please describe: _____

_____

_____

_____

_____

_____ _____

Applicant Signature Date

THE Haven
Giving Hope to the Homeless Since 1956

Pre-Program Entry Background Check

Last Name: _____ MI: ___ First Name: _____

Race: _____ Gender: _____ Date of Birth: _____

Please include maiden and married names.

Aliases: _____

Aliases: _____

By signing I consent to a background check solely for the purpose of a potential entry into a program at The Haven of Rest Ministries.

Print Name: _____ Date: _____

Signature: _____ Date:_____

Background Check

Date Completed: _____

Authorized Signature: _____

**** Note: This information is for office use only, and is to be used for background checks for pre-program entrance with the Haven of Rest Ministries LRP/WLRP.***