



RACHEL HOUSE
TRANSITIONAL LIVING FOR WOMEN

Application for Admission

I hereby apply for housing and acceptance to The Rachel House Transitional Living. I am providing the following information for The Rachel House staff to determine my eligibility for my enrolment in the transitional living community.

Please Print Legibly

Name: _____

Last

First

M.I.

Date of Birth: ____/____/____ SSN: _____

Current Address: _____

Telephone: ____-____-____ DL# _____

All applicants must provide valid and up to date identification to The Rachel House Staff prior to admittance.

Addiction you are currently being treated for: Alcohol Drugs Other _____

Have you been in a substance abuse treatment, either in or out patient, within the last 3 years? Please list the names of each program (include one from incarceration) the dates you attended, if you graduated, or if you were discharged and explain why.

Are you currently in an addiction recovery program? Yes No

If you answered yes, please give the name of the program and the name of your group facilitator/case manager.

List the date of last drug or alcohol use ____/____/____ Last substance used _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____ Phone: _____

Marital Status: () Single () Married () Other _____

I give The Rachel House permission to have a photo on file with my application.

Employer: _____

Address: _____ Phone: ____ - ____ - ____

Job Description: _____ Weekly Pay: _____

Have you been marked as STG (Security Threat Group) or affiliated with a GANG? _____

Have you ever been convicted of a felony? If yes, please explain.

Are you currently on parole or probation? () Yes () No

Name of parole or probation officer: _____ Phone: ____ - ____ - ____

Have you ever been convicted of/or registered as a sex offender? _____

Do you have children. () Yes () No If yes, please list their names and ages below.

Do you have custody, partial custody or visitation rights? Please explain in detail.

Have you had a 51 (child abuse) filed against you at any time? () Yes () No

Have you ever been involved with the department of social services? () Yes () No

If yes, please explain the outcome of the case. _____

Do you have any restraining orders against you? () Yes () No

Please explain if you answered yes.

Do you have a restraining order placed against someone else? () Yes () No

Please explain if you answered yes.

Do you currently have any pending legal issues? Please include any and all charges and court dates you may have.

Have you ever been diagnosed with a mental illness? () Yes () No If yes please list diagnoses.

Are you on any prescription medication? () Yes () No

Please list all prescription Medication, prescribing doctor name and length of time on medication.

Do you have any diagnosed medical conditions? Please List them.

Are you physically able to walk up & down 8-10 stairs? ()Yes ()No

Are you able to walk a city block & use the city bus? ()Yes ()No

Do you have any physical limitations? How do those affect your daily life?

Primary Care Physician: _____ Previous Physician: _____

Address: _____ Phone: _____

Date of last visit: ____/____/____

Date of last TB shot: ____/____/____

What is the highest level of education you have completed? _____

Do you own a car? () Yes () No

Please provide make, model year and insurance information if you answered yes.

Do you Smoke? () Yes () No

Do you Vape? () Yes () No

Do you have tattoos? Please list location and description.

Why do you want to come to The Rachel House and what would you like to accomplish during your time here? Please list your 6-month short term goals.

Who is your support network?

Please tell us what you believe your top 3 strengths and your top 3 weaknesses are.

Have you accepted Jesus Christ as your Savior?

Yes () No ()

Signature of Applicant Date