

Health Information:

Physician's Name: _____ Number: _____

Clinic/Hospital: _____

Are You a Mental Health Client Y/N Caseworker Name: _____

Phone Number: _____ Address: _____

Are You Presently on Medication? Y/N What? _____

Do you have or have you had an alcohol problem? __Y__N Spouse __Y__N

Do you have or have you had a drug problem? __Y__N Spouse __Y__N

Have you ever had inpatient treatment/ Detox? __Y__N Spouse __Y__N

If yes how long ago? _____ Did you complete? __Y__N

Are you currently using any controlled substances? __Y__N Spouse __Y__N

Income: Please List source of income and indicate household total:

Source _____ Amount _____ Monthly/weekly/bi-weekly _____

Source _____ Amount _____ Monthly/weekly/bi-weekly _____

Source _____ Amount _____ Monthly/weekly/bi-weekly _____

Source _____ Amount _____ Monthly/weekly/bi-weekly _____ Household total _____

Do you receive food stamps/link card? Y/N

Employment:

Place of Employment _____ Number _____ Schedule _____

Place of Employment _____ Number _____ Schedule _____

Do you have any outstanding energy bills? Y/N What? _____

Housing:

Have you ever lived in Transitional Housing or Shelter Before? Y/N

If so where? _____

Have you ever lived at Restoration Urban Ministries? Y/N If so what was your reason for leaving? _____

Year: _____ Date: _____

Background History:

Do you have an open case with DCFS ___Y ___N

Do you have any arrest warrants out on you? ___Y ___N

Are you on probation/parole/electronic devices? ___Y ___N

Circle all that apply

Have you committed any violent activity that lead to your arrest/court appearance? ___Y ___N

Are you a registered sex offender? ___Y ___N

If you have a car please list make, model, year, tag number

Make-Model Year Tag Number

This is a Christian facility, is there any reason why you cannot participate in the program Activities? _____

In Case of Emergency please Notify;

Name Address

City/State Phone Number Relationship

3 References (Persons not living with you)

Name City Number

Name City Number

Name City Number

For office Use Only:

Date of orientation _____ Date of interview _____ Initial of interview _____

Move in date _____ Room No. _____

Case Manager _____