New Creations Inn
Residential Application

Applicant's Information

Name: _____ Age: _____
Last First Middle

Driver's License Number: _____ DOB: _____

SSN: _____ Marital Status: _____

Contact Information

Current Address: _____

City: _____ State: ____ Zip Code: _____

Current Living Situation (i.e. family, friends, shelter): _____

Current Phone Number: _____

Message Number: _____ May we leave a confidential voicemail? ___

References:

Please provide two references for us to contact. References may be friends, family members, employers, etc..

Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

Work History

Employment (proof is required)
Currently Employed: ☐ Yes ☐ No
How Many Hours Worked Last Week: _____
Type of Work: ☐ Permanent ☐ Temporary ☐ Seasonal ☐ Contract Based
If not employed, are you looking for work: ☐ Yes ☐ No

Are you unable to work: ☐ Yes ☐ No If yes, please explain:

_____

_____

_____

_____

Please list current or last employer

Current or Previous Employer: _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Position and Duties: _____

Dates Employed _____

Reason for Leaving: _____

Income From Work & Other Sources (All)

Received Income From Work Last Month: ☐ Yes ☐ No

Amount of Income Received From Employment Last Month: $_____

Received Income From Other Sources: ☐ Yes ☐ No (Proof is Required)

1) Unemployment:	$_____	9) Retirement from Social Security:	$_____
2) Supplemental Security Income:	$_____	10) Veteran's Pension:	$_____
3) Social Security Disability Income:	$_____	11) Pension from Former Job:	$_____
4) Veteran's Disability Payment:	$_____	12) Child Support:	$_____
5) Private Disability Insurance:	$_____	13) Alimony/Other Spousal Support:	$_____
6) Worker's Compensation:	$_____	14) Aid to the Needy and Disabled	$_____
7) Temporary Assist for Needy Families:	$_____	15) Old Age Pension (OAP)	$_____
8) General Assistance:	$_____	16) Other Sources: Describe _____	$_____

Non-Cash Benefits (Proof is Required)

	Eligible	Application Submitted	Currently Receiving	Past Recipient	Not Receiving
Food Stamps Amount_____	☐	☐	☐	☐	☐
Medicaid Health Insurance Program	☐	☐	☐	☐	☐
Medicare Health Insurance Program	☐	☐	☐	☐	☐
State Children's Health Insurance Program	☐	☐	☐	☐	☐
Women Infants Children, WIC	☐	☐	☐	☐	☐
Veteran's VA Medical Services	☐	☐	☐	☐	☐
TANF Child Care Services	☐	☐	☐	☐	☐
TANF Transportation Services	☐	☐	☐	☐	☐
TANF Other	☐	☐	☐	☐	☐
Rental Assistance, Section 8, Housing Vouchers	☐	☐	☐	☐	☐

Other Benefit sources?_____

Total Monthly Cash Income: _____

Total Monthly Expenses: _____

Source Amount

_____

_____

_____

_____

_____

Education

Highest level of Education completed _____
High School Diploma ☐ Yes ☐ No Year Graduated _____ Location _____
GED Certificate ☐ Yes ☐ No
Are you currently in school ☐ Yes ☐ No
Vocational or Apprenticeship Certificate: ☐ Yes ☐ No
Special Training or Skills: _____

Domestic Violence

Have you ever been involved in a domestic violence incident? _____
If so how recent: _____
Describe incident:

_____

_____

_____

Military Background

Served/Serving U.S. Military *(veteran)* ☐ Yes ☐ No
Branch Served_____
Dates Served: _____
Type of Discharge Received: _____

Health Information

General Health *(choose one)*: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Currently Pregnant? ☐ Yes ☐ No ☐ Don't Know
If yes, what is the due date:____/_____/_____(MM/DD/YYYY)

Physical or Developmental Disability (please describe):

_____

_____

_____

Your medical provider and Doctor's name _____
Medical Insurance Provider and Insurance Number _____

Mental Health Diagnosis (please include current history, current symptoms and treatment plan)

_____
_____
_____

Mental Health Provider and Doctor's name: _____
Other Care Providers: _____
How long have you been in treatment: _____

Prescriptions Medications
Please list all of you prescription medications and what they are used for:

_____
_____
_____

Substance Use History

A. Alcohol

1. When was the last time you had something alcoholic to drink? _____
2. How much do you drink at one time? _____
3. How many times did you drink last month? _____
4. Is there a history of alcoholism in your family? _____
5. Has drinking ever caused any problems for you? _____
6. Have you ever been through an alcohol treatment program? ☐ Yes ☐ No
   If yes, when and where? _____

B. Drugs

1. Have you ever used street drugs? ☐ Yes ☐ No
   If yes, which drugs have you used? _____
2. When was the last time you used drugs?
   _____
3. Have you ever been through a drug treatment program? ☐ Yes ☐ No
   If yes, when and where? _____

Legal Background

Have you ever been arrested? ☐ Yes ☐ No What county?_____
Have you ever been convicted? ☐ Yes ☐ No
Are you currently on probation\parole ☐ Yes ☐ No What county?_____
Name and telephone number of Officer_____

If you answered **yes** to any of the above, please give **the date and circumstances for each**. Please note that answering **yes** to any of the previous questions will not necessarily disqualify you from New Creations Inn program.

_____
_____
_____
_____

Are you currently incarcerated? ____ yes ____ no What facility? _____
Name and telephone number of case manager: _____

Spiritual Life (Please answer questions thoughtfully on a separate piece of paper)

1. What challenges or roadblocks do you seem to continually struggle with?
2. **Why** do you want to be part of this program?

Have you read the New Creations Inn Program Manual? ____ yes _____ no

I certify that this application is accurate and complete to the best of my knowledge. I hereby release the above references and caregivers from confidentiality with the staff of New Creations Inn for the purpose of discussing my relationship with the references and caregivers, any previous therapy/treatment, and any items disclosed in this application. I also release the staff of New Creations Inn from confidentiality for the same purpose with the above named organizations and/or persons. I understand that New Creations Inn adheres to the posted privacy statement, which explains the rights to my information.

_____ _____

Name Date