

# Samaritan Ministries Client Application

Applying for Residency? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Name: \_\_\_\_\_

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

SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DOC#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Agency Address: \_\_\_\_\_

Do we have permission to contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

Referring Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_

Do you have children: Y \_\_\_ N \_\_\_

If yes, how many \_\_\_ ages/gender: \_\_\_\_\_

\_\_\_\_\_

Whom do your children reside with?

\_\_\_\_\_

Where do they reside?

\_\_\_\_\_

Do you have parental rights? Y \_\_\_ N \_\_\_

**Medical Insurance**

Do you have medical insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy # \_\_\_\_\_ telephone # \_\_\_\_\_

Type of Coverage: PPO HMO Other If other explain: \_\_\_\_\_

**Medical History**

Date of last TB test? \_\_\_\_\_ if it is within 12 months of your release date please attach a copy to this application or bring with you upon admission. Do you have any present medical conditions? Y\_\_\_\_\_ No\_\_\_\_\_ If yes, please list: \_\_\_\_\_

Any past medical conditions? Y\_\_ N\_\_ If yes, please list: \_\_\_\_\_

Do you have a past or present psychiatric diagnosis? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, where and when were you diagnosed? \_\_\_\_\_

What was the diagnosis? \_\_\_\_\_

**Medications**

Are you currently taking medications: Y\_\_ N\_\_

Medication and Dosage (mg, how you are supposed to take it): \_\_\_\_\_

**Education**

Highest grade completed: \_\_\_\_\_

Do you have your GED: Y\_\_\_\_\_ N\_\_\_\_\_

If you have a college degree, what is the degree: \_\_\_\_\_

Field of study: \_\_\_\_\_

### Employment History

Place of last employment: \_\_\_\_\_

Dates: \_\_\_\_\_

Type of work experience that you have: \_\_\_\_\_

### Income Status

Do you receive income: Y\_\_\_\_\_ N\_\_\_\_\_

If yes, which kind: SSI\_\_\_\_\_ SSDI\_\_\_\_\_ Unemployment\_\_\_\_\_

Wages\_\_\_\_\_ Pension\_\_\_\_\_ Child Support:\_\_\_\_\_

Food Stamps: \_\_\_\_\_ Cash Assistance:\_\_\_\_\_

TOTAL Monthly income: \$\_\_\_\_\_

**If you receive assistance from an agency (ex. Section 8, Early Learning Coalition, Flagler County Human Services) only enter the amount that you are responsible for paying.**

Rent/Mortgage \$\_\_\_\_\_ Medication \$\_\_\_\_\_

Electric \$\_\_\_\_\_ Medical Insurance Premium \$\_\_\_\_\_

Water \$\_\_\_\_\_ Gas for transportation \$\_\_\_\_\_

Child Care \$\_\_\_\_\_ Transportation tokens \$\_\_\_\_\_

Gas/Propane \$\_\_\_\_\_ Cable/Satellite \$\_\_\_\_\_

Home Phone \$\_\_\_\_\_ Child Support \$\_\_\_\_\_

Cell Phone \$\_\_\_\_\_ Furniture Payments \$\_\_\_\_\_

Car Payment \$\_\_\_\_\_ Loans \$\_\_\_\_\_

Car Insurance \$\_\_\_\_\_ Other \$\_\_\_\_\_

Total: \$\_\_\_\_\_

### Military History

Are you a Veteran: Y\_\_\_N\_\_\_ If Yes, which branch did you serve in: \_\_\_\_\_

Dates of service: \_\_\_\_\_ What type of discharge: \_\_\_\_\_

**Drug History**

Have you been to other treatment facilities: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_

Third Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_

**Legal History**

Any present legal issues: Y\_\_\_ N\_\_\_

If yes, list the charges, dates, and locations:

\_\_\_\_\_

\_\_\_\_\_

Have you been in prison: Y\_\_\_ N\_\_\_

If yes, please list when and where:

\_\_\_\_\_

\_\_\_\_\_

Release Date(s):

\_\_\_\_\_

DOC #:

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Are you currently on probation, parole, or community service: Y\_\_\_ N\_\_\_

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

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Probation Officer's Name:

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Phone # \_\_\_\_\_

### **Living Arrangements**

Are you homeless: Y\_\_\_ N\_\_\_

If yes, how many times have you been homeless in the past 5 yrs? \_\_\_\_\_

During your periods of homelessness how long have they been? \_\_\_\_\_

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### **Your Goals and Plans**

What do you hope to accomplish if you are admitted into the transition house?

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What are your short term goals?

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Define your long term goals?

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What is your plan to obtain employment, do you have a resume?

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What are your plans to obtain long term permanent housing?

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How can Samaritan Ministries help you? Which services would you like to apply for?

Spiritual guidance/Prayer  Shelter/Referral  Job Referral Mentoring  
 Car Care  Counseling Other: \_\_\_\_\_

**I understand that this application is not intended to suggest that the services that you are seeking will be provided by Samaritan Ministries. We will make our best efforts to guide you in the proper direction.**

**I, the undersigned applicant, understand that my being eligible to receive services is contingent on meeting income, work, or school criteria. I understand that I must attend all Samaritan mandatory trainings (such as budgeting, life skill coaching, etc.) and events while in the program.**

I acknowledge that all statements contained herein are true. I understand that providing false information to a public servant may be punishable in the court of law as stated in the Florida statute CHAPTER 837.06837.06 False official statements--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. History.—s. 58, ch. 74-383; s. 34, ch. 75-298; s. 207, ch. 91-224; s. 1313, ch. 97-102.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Release of Information

I, \_\_\_\_\_ hereby consent to Samaritan Ministries Staff to contact other social service agencies, my case manager, school or education counselor, or any other worker/agency in order to better serve me and/or my family's needs. I release Samaritan Ministries to discreetly discuss services I will be receiving from the ministry, and allow the ministry to obtain information from other agencies. I agree to allow other agencies that I am affiliated with to release information about the services that I am or will be receiving to Samaritan Ministries. I understand that I may cancel this consent at any time by submitting a written notification to Samaritan Ministries staff.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ITEMS TO BE INCLUDED WITH YOUR APPLICATION:

\_\_\_\_\_ Medical Insurance Card

\_\_\_\_\_ Driver's License

\_\_\_\_\_ SS Card

\_\_\_\_\_ Copy of 3 months of income/SS Check/Child Support, etc.

\_\_\_\_\_ Copy of Mental Health Evaluation if applicable

\_\_\_\_\_ Copy of Diagnosis

\_\_\_\_\_ Copy of Court Records pertaining to current situation

\_\_\_\_\_ Health Screening