

REAL HOUSE INC.  
**ADMISSION APPLICATION**  
**Shelter Program**

Today's Date: \_\_\_\_\_

Applicant's Name: (full name) \_\_\_\_\_

Last known Address: \_\_\_\_\_

**Personal:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: (circle one) **Single** **Married** **Separated** **Divorced** **Widowed**

# of Children: \_\_\_\_\_ Is DYFS involved?: Y / N

Do you have the following?:

1. **Photo ID:** Y / N **SS Card:** Y / N **Birth Certificate:** Y / N

**Medical:**

PPD Test: Y / N (circle one) Date: \_\_\_\_\_ HIV TEST: Y / N (circle one) Date: \_\_\_\_\_ Results: Pos / Neg

HEP C: Y / N (circle one) Pregnant: Y / N

Date of last Physical: \_\_\_\_\_ Allergies: \_\_\_\_\_

Dental Issues: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Medication Information (include dosage): \_\_\_\_\_

**Legal:**

Drug Court: Y / N County: \_\_\_\_\_

Probation/Parole: Y / N District: \_\_\_\_\_

Charges: \_\_\_\_\_

Pending Issues: \_\_\_\_\_

**Page 2- Shelter Application Form**

**Substance Abuse History:**

Drug of Choice: \_\_\_\_\_

Length of Use \_\_\_\_\_ less than 1yr. \_\_\_\_\_ 2-5 yrs \_\_\_\_\_ 5-10yrs \_\_\_\_\_ 10-15yrs \_\_\_\_\_ 15-more

Prior Treatment Program(s): \_\_\_\_\_

Tobacco Use: Y / N

**Mental Health History:**

Diagnosis: \_\_\_\_\_

Are you currently taking meds?: Y / N

Medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

**Income**

Are you currently working? Y / N Are you eligible for unemployment? Y / N

Are you currently receiving benefits from the Division of Welfare? Y / N

*if yes which county* \_\_\_\_\_ *How long?* \_\_\_\_\_ *GA or TANF?* \_\_\_\_\_

Are you eligible to receive benefits from the Division of Welfare? Y / N  
*(this means you are not on a sanction, or you do not have a CDS charge)*

Do you receive SSI or SSD benefits? Y / N *if yes which one?* \_\_\_\_\_

**REFERRAL AGENCY:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Expected Date of Arrival:** \_\_\_\_\_

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