

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: _____
