

# CHARIS HOUSE APPLICATION



Ministry Village at Olive, Inc.

Your next step starts here!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Current living address:

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Highest level of Education?

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Describe your work experience...

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Do you have a monthly income?

- Yes \_\_\_\_\_
- No
- other:

Do you receive SSI or any other supplemental income?

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Criminal Background (check all that apply)

- Outstanding Warrants
- Probation

- Pending Court Dates
- Currently incarcerated
- Other criminal background not listed
- none of the above

What is your expected release date/next court date if you are incarcerated?

Do you have any children?

- Yes
- No

If you have children, please list the names and ages of each child

Do you receive child support for any dependent children?

- Yes \_\_\_\_\_
- No

Are you currently working on a case plan with DCF or Families First to be reunited with your children?

- Yes \_\_\_\_\_
- No

Is your mother alive?

- Yes
- No

If your mother is alive, please provide her phone number and the last time you spoke with her.

Is your father alive?

- Yes
- No

If your father is alive, please provide his phone number and the last time you spoke with him.

**Are you married?**

- Yes
- No

**If you are married, please list the spouse's name.**

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**Do you have a Boyfriend/Girlfriend?**

- Yes
- No

**Do you have any ongoing relationships that would interfere with your focus on recovery?**

- Yes
- No
- Other \_\_\_\_\_

**Who will you rely on to be your support system while you seek recovery?**

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**Do you have any medical conditions?**

- Yes
- No

**Do you have any medical problems that have been on-going and require monitoring by a physician?**

- Yes
- No
- Other \_\_\_\_\_

**List of medical conditions...**

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**Are you taking medication?**

- Yes
- No

**Are you taking your prescribed medication?**

- Yes
- No
- Other \_\_\_\_\_

**Have you ever been hospitalized for mental health?**

- Yes
- No
- Other \_\_\_\_\_

**Have you ever had a mental health evaluation?**

- Yes
- No
- Other

**If you have had a mental health evaluation, please provide the diagnosis and doctor's name:**

**Check all you have been diagnosed with in the past...**

- Depression
- Anxiety
- Bipolar Disorder
- Schizophrenia
- PTSD
- Personality Disorder
- ADD/ADHD
- None of the above
- Other \_\_\_\_\_

**Did the symptoms/diagnosis begin before or after drug use?**

**Do you have a family history of mental health illness?**

- Yes
- No
- Other \_\_\_\_\_

**List of Doctor's names that have prescribed any medication you are taking....**

**Are you stable on your medication?**

- Yes
- No
- Other \_\_\_\_\_

**Have you been tested for Hep C?**

- Yes
- No

**Have you ever had an abortion?**

- Yes
- No

**Is there a possibility you are pregnant?**

- Yes
- No

**Do you need glasses?**

- Yes
- No

**Have you ever binged/purged with food in the past or been diagnosed with an eating disorder?**

- Yes
- No

**Have you ever engaged in cutting or self-mutilation?**

- Yes
- No

**Have you ever tried to commit suicide? If yes, please explain...**

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**Please check all abuse that you have experienced....**

- Verbal Abuse
- Physical Abuse
- Mental Abuse
- Sexual Abuse
- None
- Other \_\_\_\_\_

**Do you have any dental needs?**

- Yes
- No

**Do you smoke cigarettes/vape?**

- Yes
- No

**List the drugs/alcohol you have abused...**

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**What is your substance of choice?**

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At what age did you begin using drugs/alcohol? \_\_\_\_\_

When was the last time you used? \_\_\_\_\_

Have you ever participated in a treatment program?

Yes

No

Names of programs you have participated in and the year you entered/left those programs.

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Did you complete these programs?

Yes

No

What is the longest time you have been clean/sober?

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Are you willing to live in a multi-racial and multi-cultural controlled environment?

Yes

No

Are you willing to commit to a full day of classes and work therapy?

Yes

No

Are you willing to follow a dress code?

Yes

No

What is your religious background?

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What are your goals?