

**Exodus Homes \* Exodus *Works***

 **P.O. Box 3311** **Hickory, N.C. 28603**

**828-324-2390 Office**

**324-7983 FAX**

[**www.exodushomes.org**](http://www.exodushomes.orgm)



To Whom It May Concern:

Thank you for your referral and interest in our program. Please complete the prescreening checklist below before submitting your referral.

|  |  |  |
| --- | --- | --- |
| **Preliminary Criteria** | **Yes** | **No** |
| Is the applicant above the age of 26? |  |  |
| Is the applicant free of prescription narcotics, including Benzodiazepines? |  |  |
| Is the applicant able bodied? |  |  |
| Is the applicant free of any sex charge convictions? |  |  |

**STOP HERE IF YOU ANSWERED ‘NO’ TO ANY OF THE ABOVE QUESTIONS.** If you answered ‘no’, your client does not meet criteria for placement at Exodus Homes.

In order for your client’s application to be complete there are several things we need from you.

Please include a verification of homelessness in letter or paragraph form, on agency letterhead, stating that the applicant is either homeless or has no resources that would support his/her recovery. Also, please remember that we do not accept anyone under 26 years old. We, also, do not accept any sex offenders. Applicants should be able to self-administer medication and should be physically able to take care of themselves.

We also need any medical and psychological assessments of the applicant.

Exodus Homes has many applicants, so time is of the essence. If your applicant will need placement within a matter of days, you might want to call 828-324-4870 first to see if we have any openings before taking the time to fill out the application. The sooner we receive this information the faster we can process the application. You can either mail this application back to P.O. Box 3311, Hickory, NC 28603 or FAX it to 828-324-7983. Please allow 72 hours for the application process.

 Thank you for your cooperation.



**Exodus Homes \* Exodus *Works***

 **P.O. Box 3311** **Hickory, N.C. 28603**

**828-324-2390 Office**

**324-7983 FAX**

[**www.exodushomes.org**](http://www.exodushomes.orgm)



 RESIDENT APPLICATION

REFERRING AGENCY/PRISON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_\_\_\_\_\_\_\_ OPUS #:\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNSELOR/CASEWORKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELEASE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: HOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_SEX:\_\_\_\_\_\_RACE\_\_\_\_\_\_\_\_RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If married give spouse name)

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABLE BODIED\_\_\_\_ or DISABLED\_\_\_\_\_ AMOUNT OF DISABILITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE MEDICAID? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. VETERAN: yes\_\_\_\_ no\_\_\_\_ IF YES, WHAT BRANCH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HONORABLE DISCHARGE: \_\_\_\_\_\_\_ DISHONORABLE DISCHARGE: \_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN A RESIDENT OF CATAWBA, BURKE, ALEXANDER OR CALDWELL COUNTIES? yes\_\_\_\_ no\_\_\_\_

HAVE YOU EVER BEEN HOMELESS? yes\_\_\_\_ no\_\_\_\_ IF SO, HOW MANY TIMES? \_\_\_\_\_\_\_\_

WHAT LOCATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Children’s Name** | **Age** | **Who has custody?** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **NOTIFY IN CASE OF EMERGENCY:** |  |
| **PHONE** |  |
| **RELATIONSHIP** |  |

**LEGAL:**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? yes \_\_\_\_ no\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Conviction** | **Incarceration?** | **If so, where?** | **If so, When?** |
|  | Yes\_\_\_\_\_ No\_\_\_\_\_ |  |  |
|  | Yes\_\_\_\_\_ No\_\_\_\_\_ |  |  |
|  | Yes\_\_\_\_\_ No\_\_\_\_\_ |  |  |

HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? yes\_\_\_\_ no\_\_\_\_ IF SO, PLEASE LIST WHERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAROLE OR PROBATION OFFICER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL WORKER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**:

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL CONDITION** | **YES** | **NO** | **Comments** |
| Diabetes |  |  |  |
| High Blood Pressure |  |  |  |
| Heart Disease |  |  |  |
| Stroke |  |  |  |
| Seizure |  |  |  |
| Liver or Kidney Disease |  |  |  |
| Thyroid or Hormonal |  |  |  |
| Cancer |  |  |  |
| Infectious Disease (TB, AIDS, HEP C, HIV, etc) |  |  |  |

**SUBSTANCE ABUSE ADMISSION ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SUBSTANCE | **ROUTE** | **FREQUENCY WHEN USING** | **AGE**  | WITHDRAWAL SYMTOMS/SPECIFY |
| Alcohol |  |  |  |  |
| Crack/Cocaine |  |  |  |  |
| Marijuana |  |  |  |  |
| Heroin |  |  |  |  |
| Methadone |  |  |  |  |
| Opiates |  |  |  |  |
| PCP |  |  |  |  |
| Hallucinogens |  |  |  |  |
| Amphetamines/Meth |  |  |  |  |
| Benzodiazepines |  |  |  |  |
| Barbiturates |  |  |  |  |
| Inhalants |  |  |  |  |
| Other: |  |  |  |  |

REASON FOR APPLYING TO EXODUS HOUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTAL HEALTH HISTORY:**

HAVE YOU EVER BEEN INVOLVED WITH MENTAL HEALTH? yes\_\_\_\_ no\_\_\_\_ HOW LONG WAS YOUR INVOLVEMENT? WHAT YEAR(S)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT WAS THE DIAGNOSIS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT MEDICATIONS, IF ANY, WERE ADMINISTERED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS: yes\_\_\_\_ no\_\_\_\_ IF SO, NAME AND DOSAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE NEED YOU TO BRING ENOUGH MEDICATION WITH YOU WHEN YOU COME TO LAST UNTIL YOU CAN GET RE-FILLS HERE, WHICH WILL BE 3-4 WEEKS. WILL THIS BE A PROBLEM? PLEASE DESCRIBE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a COVID vaccine? yes\_\_ no\_\_ If so, do you have your vaccine card? yes\_\_\_ no\_\_\_\_

a covid vaccine is a requirement for admission. if you do not have one, we will take you to get one if you’re willing to get one. are you willing to get a vaccine if you don’t have one? yes\_\_\_ no\_\_\_

**WE CANNOT ACCEPT APPLICANTS TAKING BENZODIAZEPINES OR OPIATES.** THESE MEDICATIONS ARE HIGHLY ADDICTIVE AND THE POTENTIAL FOR ABUSE EXISTS. THE RESIDENTS SELF-ADMINISTER THEIR OWN MEDICATION. WE FEEL THESE MEDICATIONS ACTUALLY PROLONG A PERSON’S ADDICTION.

**MENTAL STATUS: (To be filled out by counselor or caregiver) (CHECK AND DESCRIBE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DANGER TO SELF** | **DANGER TO OTHERS** | **ATTITUDE** | **EMOTIONAL STATE** | **THOUGHT FORM** | **THOUGHT CONTENT** |
| * None
* Threats of Suicide
* Plan for Suicide
* Preoccupation with Death
* Suicide Attempts
* Inability to Care for Self
 | * None
* Threats to Harm Others
* Plan to Harm Others
* Attempts to Harm Others
 | * Cooperative
* Uncooperative
* Reserved
* Sarcastic
* Suspicious
* Guarded
* Hostile
 | * Good
* Sad
* Depressed
* Euphoric
* Feeling Hopeless
* Feeling Helpless
 | * Normal
* Unable to Access
* Ideas of Reference
* Delusional
* Hallucinations
 | * Normal
* Tangential
* Loose Association
* Slowness in Thought
* Incoherent
* Confused
* Flight of Ideas
* Preservation
* Other
 |

DESCRIPTIONS: (To be filled out by counselor or caregiver)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MISCELLANEOUS:**

HAVE YOU EVER BEEN A VICTIM OF DOMESTIC VIOLENCE? yes\_\_\_\_ no \_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAUMA, INCLUDING HEAD, PHYICAL/SEXUAL ABUSE: □ YES □ NO IF YES, PLEASE EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES TO ENVIRONMENT, FOOD, OR MEDICATION: yes\_\_\_\_ no\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU HAVE YOUR ADMISSION FEES? yes \_\_\_\_ no\_\_\_\_ HOW MUCH WILL YOU BRING? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A VALID NC DRIVERS LICENSE? yes \_\_\_\_ no\_\_\_\_

IF YES, WHAT IS LICENSE NUMBER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A PICTURE ID? yes\_\_\_\_ no\_\_\_\_

IF YES, WHAT IS YOUR ID NUMBER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE FUTURE APPOINTMENTS (i.e. DOCTOR’S, DENTIST, SOCIAL SERVICES) AND/OR COURT DATES? IF YES, PLEASE EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO AND FROM THESE APPOINTMENTS? yes\_\_\_\_ no\_\_\_\_

**OUT OF TOWN APPOINTMENTS WILL BE YOUR RESPONSIBILITY IN MOST CASES.**

**APPLICATION IS NOT COMPLETE UNTIL WE RECEIVE A STATEMENT FROM THE REFERRAL SOURCE STATING THAT THE APPLICANT IS EITHER HOMELESS OR LACKS THE NECESSARY RESOURCES FOR A RECOVERY LIFESTYLE. PLEASE REFER TO THE AREA/PARAGRAPH CHECKED AND RESPOND ON FACILITY LETTERHEAD. APPLICANTS WILL NOT BE ADMITTED WITHOUT THIS DOCUMENT.**

**I UNDERSTAND THAT BY COMPLETING THIS APPLICATION, IT ONLY STARTS THE ADMISSIONS PROCESS. I AGREE TO CONTACT EXODUS HOMES WITHIN ONE (1) WEEK, AFTER SUBMITTING THIS APPLICATION, TO SET A DATE FOR THE ADMISSION INTERVIEW, EITHER BY PHONE OR IN PERSON**.

SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT OR TYPE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIAGNOSTIC IMPRESSION: (DSM-IV)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF QUALIFIED, LICENSED, PROFESSIONAL:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR EMPLOYMENT**

### PERSONAL INFORMATION

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_\_\_-\_\_\_-\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_\_\_\_

**EMPLOYMENT DESIRED**

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have experience in this field? yes\_\_\_ no\_\_\_\_\_ If yes how many years? \_\_\_\_\_

May we inquire from your previous employer concerning job performance? yes\_\_\_ no\_\_\_\_\_

#### EDUCATION

######  Name and Location No. of years attended Did you graduated?

 High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Trade, Business

Or Corres. Sch. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

##### FORMER EMPLOYERS

###### DATES NAME & ADDRESS SALARY POSITION REASON FOR

 **LEAVING**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of these jobs did you like best? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

 **Name Address Years Acquainted**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_