**PROJECT MORNING STAR RESIDENTIAL RECOVERY**

**RESIDENT APPLICATION FORM**

It is the policy of the Project Morning Star that no person will be discriminated against on the basis of: race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance, disability, sexual orientation or age.

**Project Morning Star is a Faith based, Christian Transitional Sober House**, it is important that both the applicant and the referral understand this. By initialing and completing this application, you agree to participate in programming that demonstrates Christian Faith.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral

**TO ENSURE THE PROTECTION AND SAFETY OF THE COMMUNITY, THE PROGRAM, AND THE RESIDENTS, THE FOLLOWING CRITERIA SERVE AS DISQUALIFIERS FOR RESIDENCY:**

1. Having been convicted of felony level violent offenses such as: assault (4th - 1st degree), offenses involving a weapon, murder, terrorism, kidnapping, etc.);
2. Having been convicted of a criminal sexual conduct charge or other crime that requires me to register on the Sex Offender Registry;
3. Having been convicted of drug sales/distribution or manufacturing charge(s); and/or,
4. Identified and/or admitted gang affiliation.

**I certify that I have read and understand the above list and swear that I have/ have not (circle one) been convicted of a crime that would disqualify me as applicant or resident of Project Morning Star. I will provide true and accurate information regarding my criminal history, as well as full contact information for verify the information provided; such as a probation agent name/phone and etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(applicant signature)**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Date Move in Desired \_\_\_\_\_\_\_\_\_\_\_\_\_ Projected Length of Stay Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of above answers (if necessary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personal Data**

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

Current address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Alternative contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Sex: \_\_\_\_\_ (if female, are you pregnant? Yes: \_\_\_\_\_ No: \_\_\_\_\_ )

Emergency contact name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Abuse History**

Please check all problem substances; indicate Drug(s) of Choice, how each substance is used (e.g.; drink, smoke, I.V.); also, please indicate how much, how often, and for how long each substance has been used at the peak of your addiction cycle.

\_\_\_Alcohol:

\_\_\_Marijuana:

\_\_\_Meth:

\_\_\_Cocaine:

\_\_\_Heroin:

\_\_\_Prescription Medications:

\_\_\_Other (describe):

What is your Longest Period of Abstinence?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your most recent negative drug screen/urine screen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke cigarettes or chew tobacco? [ ] Yes [ ] No, If Yes, amount daily:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychiatric Treatment History**

Have you ever been treated for a psychiatric condition (e.g.; depression, anxiety, bipolar disorder, psychotic behavior, schizophrenia)? Please list below:

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

If so, did that condition require hospitalization? Please explain:

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

Do you currently take medication? [ ] Yes [ ] No

If "Yes", please indicate what **medication is being taken, the dosage, and the prescribing doctor**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever seriously thought of, planned, or attempted suicide? [ ] Yes [ ] No,

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/Physical Condition:**

Do you have any medical or physical complications? [ ] Yes [ ] No If yes, please list:\_\_\_\_\_\_\_

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

Are you currently involved in a methadone maintenance program? [ ] Yes [ ] No

If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History/Financial Resources:**

Are you able to hold 40 hours per week of employment?: [ ] Yes [ ] No

Are you currently employed: [ ] Yes [ ] No, Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the kinds of jobs you have held:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Are you on any Public Assistance?: Yes \_\_\_\_ No \_\_\_\_ What assistance do you receive?

Cash\_\_\_\_ (amount per month) $\_\_\_\_\_\_\_\_ / Food Support\_\_\_\_ (amount per month) $\_\_\_\_\_\_\_\_\_

Medical Assistance \_\_\_\_\_ Insurance Provider and card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “yes”, please list your case #, your case worker, city, and telephone #.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “no”, What is your current source of income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**:

Please list any children, spouse, ex-spouse, or significant other in your life currently.

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

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

Do you have dependent children? Yes: \_\_\_\_ No: \_\_\_\_

If “yes”, how many dependent children are in your custody?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational History:**

Please indicate number of years completed and if degree was attained.

High School/GED:

College/Vocational school/Military:

Graduate School:

**Legal History:**

**Legal Status of your Driver’s License (valid, revoked, suspended, etc.):**

**Past Legal Issues:** Please indicate any past charges, convictions, prison sentences, DWI, probation's, paroles, etc. **Be complete and specific!**

**Current Legal Issues:** Please indicate any current charges, court cases, probation that you are facing presently. **Be complete and specific!**

**Please include name, office, and telephone number of any probation officer following your case.**

**Personal Statement:**

Briefly explain what you expect to gain from becoming a member of Project Morning Star.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Morning Star Board of Directors review information:**

**Application received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by Randy Simonson, and Sherri Smith**

**Application approved: yes / no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial & date)**

**Application denied: yes / no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial & date)**

**Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant notified of Committee decision on/by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial rental amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(to be reviewed within 60 days).**

**Pro-rated first month rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit: $100.00 Paid: yes/no Amount paid: \_\_\_\_\_\_\_\_ Payment plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_do hereby consent and authorize Project Morning Star Residential Recovery and/or its agents to exchange information with the following (**List all contact names and numbers**):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(list county) County Community Corrections or Department of Corrections probation agent(s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My alcohol or drug treatment provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mental health agencies or provider(s), including: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. My medical care provider(s), including:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Human Services Case Manager(s) and supervisors
6. Other:
7. Other:
8. Other:

**State of Minnesota Fifth Judicial District**

Blue Earth, Brown, Cottonwood, Faribault, Jackson, Lincoln, Lyon, Martin, Murray, Nicollet, Nobles, Pipestone, Redwood, Rock, and Watonwan Counties

This information may include:

* My name and other personal, identifying information;
* My status as a patient in alcohol/drug treatment and mental health services, including attendance and discharge recommendations;
* Date of discharge from alcohol/drug treatment and mental health services, and discharge status;
* My status as a client of the County Probation Agency;
* My criminal history;
* My status as a client of County Human Services;
* My status as a participant in the drug court;
* Initial and subsequent evaluations of my service needs by my medical care provider;

Other:

Other:

The purpose of the disclosure authorized in this consent is to enable the Project Morning Star and its staff to evaluate my need for services and residency at the transitional living home. This information is protected by Federal Confidentiality Rules (42 CFR Part2). Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

This authorization expires three (3) months from the date of my discharge from Project Morning Star.

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

Applicant Signature Date

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

Witness Signature Date