



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 initials)

Date Move in Desired _____ Projected Length of Stay Desired _____

**** 3 month minimum stay. If you chose to leave prior to the 3 months, you will be responsible for the payment for the end of you the 3 month term.**

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: _____

Sobriety Date (the date of the first day 100% without drugs or alcohol): _____

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.**

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: _____

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 and do they plan to reside with you? _____

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.): _____

Do you have a licensed and insured vehicle that you plan to use? _____

Are you required to register for the Sex Offender Registry for any purpose? Y/N If yes, why:

Are there any Restraining Orders against you or by you? Y/N Against/For

Who: _____ Relationship: _____

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, Sherri Smith, Ian Fleece

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:** _____

Date of discharge: ___/___/___

Reason for discharge:

___ **Positive for drug**

___ **Positive for alcohol**

___ **Financial**

___ **Non-Compliance of rules**

___ **Walk away**

___ **Financial/non-payment**

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: _____

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