



Miriam's Hope

Person completing this form: _____ Date: _____

Applicant referred by:

Name: _____ Agency: _____ Phone# _____

Identifying Information

Name: _____ Age: _____

Birthday: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Best phone number(s) to reach you: _____

Gender: Male/Female

Marital Status: Never Married / Married / Divorced / Separated

Have you ever been in Foster Care? Yes / No

Children

Are you expecting? Yes / No If yes, what is your estimated due date? _____

List the name(s) of your children, age, and date of birth:

Name: _____ DOB/Current Age: _____ Sex: M/F

Name: _____ DOB/Current Age: _____ Sex: M/F

Name: _____ DOB/Current Age: _____ Sex: M/F

Name: _____ DOB/Current Age: _____ Sex: M/F

Do you have legal custody of your children? Yes/No Do you have visitation rights? Yes/No

Do they live with you? Yes/No If no, where do they live?_____

Living Situation

Current Living Situation (mark all that apply):

Risk of being homeless____ Couch Surfing____ Friend's/Family's Residence____

Residential Program____

I've been told I need to be out by:_____

Reason why I need to leave this place:_____

If you are homeless where are you living:

On the streets____ In a vehicle____ Shelter____ Other____

Support System

List the three people that you can count on the most:

Name_____ Relationship_____ Age_____

Address_____ Phone #_____

Name_____ Relationship_____ Age_____

Address_____ Phone #_____

Name_____ Relationship_____ Age_____

Address_____ Phone #_____

Employment Information

Employed—Full time/Part Time/Seasonal/Sporadic/Unemployed

If employed, where?_____

How long?_____ Hours per week?_____ Wage?_____

Unemployed—looking for work/ unable to work/ not looking

If you are unable to work or not looking, indicate why:

Are you in vocational rehab? Yes/No If yes, who is your worker?_____

Please list your past three jobs, starting with the most recent:

	<u>Dates Worked</u>	<u>Employer</u>	<u>Wages</u>	<u>Position</u>	<u>Why you left</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Financial Information

Do you receive (circle all that apply): SNAP/Medicaid/WIC/SSI/SSA Other_____

Have you filed for unemployment? Yes/No

Do you currently have a bank account? Yes/No

Do you currently have any outstanding debts? Yes/No

If yes explain:

Education and Training Information

Have you graduated from high school? Yes/No Attained GED? Yes/No

If yes, what year?_____ School?_____

Are you currently attending college/vocational training/job training? Yes/No

If yes, where?_____

Children's School history:

What school did your child(ren) attend most recently?

	<u>Child's Name</u>	<u>School Attended</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Medical/Medication

When was you last physical?_____ Doctor:_____

Do you drink alcohol? Yes/No If yes how often?_____

Do you, or have you at any time, used illegal substances? Yes/No

If yes what substances: _____

How often: _____

Have you received treatment? Yes/No If yes where? _____

Approximate first date of use _____

Last date of use _____

Do you have a disability? Yes/No If yes explain _____

Do you have a mental health diagnosis? Yes/No

If yes, explain: _____

Are you currently taking medications? Yes/No

If yes:

	<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Legal Information

Have you ever been arrested? Yes/No

Have you ever been charged with a misdemeanor? Yes/No Felony? Yes/No

Have you ever been reported to child protective services at any time? Yes/No

If yes explain:

Is anyone in the home on the sex offender registry list? Yes/No

If yes explain: _____

Do you currently have a case worker? Yes/No

If yes what is their name and phone number:

Name: _____ Phone: _____

Consent to contact your case worker? Yes/No

Personal History

Circle any of these topics which apply to you currently or have applied to you at any time in the past:

Alcohol abuse/drug abuse/mental health diagnosis/victim of domestic abuse/victim of sexual
abuse/ victim of emotional abuse/ gang affiliation/ sexual offender/ self-harm/ prostitution/
homosexual relationship

Faith Steps, circle which best describes your attitude towards God?

Not sure/bitter towards God and Christians/Open to the Lord/Want fresh relationship with God

Have you had counseling or any reason? Yes/No

If yes, explain

Personal Opinion

What are your reasons for applying to Miriam's Hope? Please include circumstances regarding your
current living situation:

List three things you like about yourself:

1. _____
2. _____
3. _____

List three things about yourself that you feel may need improvement/attention:

1. _____
2. _____
3. _____

Independent Living Skills

On a scale of 1-5, how would you rate yourself on your ability to do the following:
(1=not good at all 2=sometimes good 3=neutral 4=good most of the time 5=always good)

Honestly answer as these are ways we identify how we can serve you:

- Money Management___
- Food Management___
- Personal Appearance___
- Health___
- Emergency and Safety Skills___
- Housekeeping___
- Job Seeking Skills___
- Educational Planning___
- Interpersonal Skills___
- Legal Skills___
- Job Maintenance Skills___
- Transportation___
- Knowledge of Local Resources___
- Leisure Activities___
- Housing Knowledge___

On a scale of 1-5 how well do you get along with?
(1=no relationship, 5=excellent relationship)

- Mother___
- Father___
- Siblings___
- Peers___
- Children___
- Teachers___
- Bosses___
- Co-Workers___
- Police___
- Landlords___

Problems Solving

What do you do when you get angry?

What do you do when you are told what to do by someone in authority?

What are your hobbies?

Goals?

What is your dream job?_____

What makes it difficult for you to find/keep a job?_____

What is your plan for the next 6 months?_____

What is your plan for the next 5 years?_____

If you are accepted, what goals do you wish to accomplish while at Miriam's Hope:

1. _____
2. _____
3. _____

Is there anything else you would like us to know about you before we review your application?

VERY IMPORTANT MUST READ

Application to live at Miriam's Hope is not acceptance to live at Miriam's Hope. All applications are reviewed by our multitude of counselors to ensure you will be successful. There will also be a face to face interview with us.

I agree to a full background check done by Miriam's Hope

Printed Name: _____
Signature: _____
Date: _____

Mail application to:

Miriam's Hope Ranch
P.O. Box 108
Oberlin, KS 67749

Or email to: luke@miriamshope.com

For questions call: 402.705.8971