Endeavor House Application

*Disclaimer: We highly encourage applicants to answer the following questions in a truthful, accurate manner. OAR uses a non-discrimination policy when reviewing applications to create our community for Endeavor House. If you need additional space to answer write on the back.*

***Basic Demographics***

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **SS#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OK To Leave a Message? Y N**

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a U.S. Citizen? Y N** **Do you have a Birth Certificate?** **Y N**

**Do you have a SS Card?** **Y N** **Do you have valid photo ID?** **Y N**

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Phone #:** (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender Identity:** *(Please Circle)*

Male Female Non-binary LGBTQI

**Race/Ethnicity:**

* American Indian/Alaska Native Asian
* Black or African American
* Hispanic/Latino
* Native Hawaiian or Other Pacific Islander
* White
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medical Overview***

**Do you have medical insurance?** Y N

**If yes, list Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a Primary Care Physician?** Y N

**If yes, list name & address of Physician:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have a Dentist?** Y N

**If yes, name of dentist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last physical exam?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of last dental exam?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have, or have you ever had any of the following**: *Check all that apply please*

* OTC medications
* Vitamins, minerals, food supplements
* Rash from food/medication
* Heart condition
* Rheumatic fever
* Heart murmur
* Blood disorder
* Bladder control problem
* Burning when urinating
* Blood in urine
* Bladder infection
* Itching/irritation in genital area
* Respiratory disease
* Liver disease
* Hepatitis B
* Chronic diseases
* STDs/STIs
* Unexplained weight loss/gain
* Special diet
* Physical disability
* Mental disability
* Learning disability
* Depression
* Anxiety
* Anger problems
* Severe mood swings
* Health concerns
* Medical problem
* Serious illness
* Serious accident
* Glasses or contacts
* Trouble seeing
* Dental problem
* Trouble sleeping
* Sleep walk
* Sleep aid
* Asthma
* Cancer
* Diabetes
* Eating disorder
* Heart disease
* Migraines
* Obesity
* Tuberculosis
* Medication allergies
* Food allergies
* Birth defect
* Epilepsy, seizures, convulsions
* Bi-polar disorder
* Schizophrenia
* Antisocial personality disorder
* PTSD
* Drug abuse
* Glandular problem
* Thyroid problem
* High blood pressure
* Mental illness
* Anemia
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you checked any of the boxes above, please explain:**

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

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**Do you have any history with the following**: *Check all that apply please*

* Suicide Attempts
* Suicide Threats
* Self-harm
* Physically aggressive behavior
* Sexually aggressive behavior
* Verbally aggressive/abusive behavior
* Fire setting
* Eating disorder
* Family violence
* Anger management
* Sexual abuse
* Physical abuse
* Intentional/accidental overdose
* Mental/emotional abuse
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you checked any of these boxes, please explain:**

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

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**Do you take any prescribed or over-the-counter (OTC) medications?** Y N

**If so, please list all medications here** (And dosage, if known)**:**

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

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***Social Overview***

**Do you have a history of homelessness? Y N**

**How many children do you have, if any?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If so, are you granted visitation? Y N**

**Date of last employment?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where you were last employed?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been in the U.S. military? Y N**

**If so, from** \_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_? **Were you honorably discharged? Y N**

**Do you have an open bank account? Y N If so, where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who does your personal & professional support system consist of:**

 **Personal: Professional/Agencies:**

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

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

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

**What is the highest level of education completed?**

* No Diploma
* High School Diploma
* GED/TASC
* Some College
* Associates
* Bachelors
* Masters, +

**Have you received any Certificates/Trainings or Specials Programs?** Y N

**If you have any degrees, certificates or trainings please provide details here:**

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

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***Financial Overview***

**Do you receive income from any of the following sources:** *Check all that apply*

* Food Stamps $\_\_\_\_\_\_\_\_\_\_
* TANF (Cash Assistance) $\_\_\_\_\_\_\_\_\_\_
* Wages $\_\_\_\_\_\_\_\_\_\_
* Help from friends/family $\_\_\_\_\_\_\_\_\_\_
* SSI $\_\_\_\_\_\_\_\_\_\_
* SSD $\_\_\_\_\_\_\_\_\_\_
* SSDI $\_\_\_\_\_\_\_\_\_\_
* Survivor’s Benefits $\_\_\_\_\_\_\_\_\_\_
* Annuity $\_\_\_\_\_\_\_\_\_\_
* Section-8 $\_\_\_\_\_\_\_\_\_\_
* Self-employment/odd jobs $\_\_\_\_\_\_\_\_\_\_
* Unemployment Benefits $\_\_\_\_\_\_\_\_\_\_
* Other $\_\_\_\_\_\_\_\_\_\_

**What is the total of your monthly income, from all sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Court Involvement***

**Are you currently on any type of Community Supervision? Y N**

**If yes, please specify type (ie. Probation, Parole, Drug Court):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of supervising Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:** (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maximum Date of Expiration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If *not* currently under Community Supervision have you ever been? Y N**

**If so, list date of most recent sentence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there any Order of Protection(s) against you? Y N**

**If so, with who:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For \*transportation, will you (Circle all appropriate)?** walk bike bus

**\****Participants of Endeavor House are not allowed to have a vehicle on premises*

**Are there currently any pending charges against you, here or in any municipalities across the continental U.S.? Y N**

**If so, please provide specific details, including- Court, charges & attorney:**

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

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**Date of last incarceration:** \_\_\_\_\_\_\_\_\_\_\_\_ **Place of last incarceration:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Substance Use***

**Please check any substance(s) you’ve used in the past or are currently using now:**

* Cigarettes/Tobacco
* Alcohol
* Recreational Prescription Meds
* Marijuana
* Cocaine
* Heroin
* Crack
* LSD/Hallucinogens
* Designer Drugs
* Synthetics
* Other: \_\_\_\_\_\_\_\_\_\_

**Date of last use:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What substance(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Have you ever received inpatient and/or outpatient treatment related to your use of alcohol and/or drugs? Y N**

**If so, when was your most recent treatment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you successfully complete? Y N**

**Where have you received treatment:**

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

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***Review***

**1.) Please specify why you’re unable to continue residing at your current residence.**

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

**2.) What other programs have you looked into, if any?**

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**3.) How did you find out about OAR’s Endeavor House?**

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

**4.) Please tell us why you want to become a part of and live in the community at Endeavor House?**

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***\* Signature of Applicant*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receiving OAR Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Revised: 5.18.17*