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):** _____________________________

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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.

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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?

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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