**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.***

***Basic Demographics***

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

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

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

**Phone Number:** (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Okay 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 a 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 **Do you have a Primary Care Physician?** Y N

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

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**Will you be receiving mental health services?** Y N

**Will you be receiving substance abuse treatment services?** Y N

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

**Do describe any current medical conditions you have:**

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

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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 were you 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
* Master, +

**Have you received any Certificates/ Training or Special 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

**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:**

* Alcohol
* Recreational Prescription Meds
* Marijuana
* Heroin
* Crack
* LSD/ Hallucinogens
* Designer Drugs
* Synthetics
* Cocaine

**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 it?** Y N

***Review***

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

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

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

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

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

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

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

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

*Revised: 9/16/2021*