



# 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:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native<br>Asian       | <input type="checkbox"/> White        |
| <input type="checkbox"/> Black or African American                    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino                              |                                       |
| <input type="checkbox"/> Native Hawaiian or Other Pacific<br>Islander |                                       |

## 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: \_\_\_\_\_

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:

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

**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:**

<b>Personal:</b>	<b>Professional/ Agencies:</b>
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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcohol                           | <input type="checkbox"/> Heroin                | <input type="checkbox"/> Designer Drugs |
| <input type="checkbox"/> Recreational<br>Prescription Meds | <input type="checkbox"/> Crack                 | <input type="checkbox"/> Synthetics     |
| <input type="checkbox"/> Marijuana                         | <input type="checkbox"/> LSD/<br>Hallucinogens | <input type="checkbox"/> Cocaine        |

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 it? Y N

**Review**

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

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2.) 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: \_\_\_\_\_