

MARY WESLIN HOME  
APPLICATION FOR RESIDENCE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

SS# \_\_\_\_\_ DUE DATE: \_\_\_\_\_

ETHNICITY:

Hispanic/Latino  Non Hispanic/Latino

RACE: Please check ALL that apply.

Caucasian/White  Black/African American  Asian

American Indian/Alaskan Native\_\_ Tribe \_\_\_\_\_  Native Hawaiian other Pacific Islander

American Indian/Alaskan Native & White  Black/African American & White  Asian & White

American Indian/Alaskan Native& Black/African American  Other Multi-racial

PRENATAL CARE: YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEDICAID: YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

SIBLINGS:

AGE

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FATHER OF UNBORN CHILD:

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

INTENT: MARRIAGE: YES \_\_\_ NO \_\_\_ ADOPTION: YES \_\_\_ NO \_\_\_

CHILD SUPOORT: YES \_\_\_ NO \_\_\_

CLIENT INFORMATION:

ALERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

LEGAL HISTORY/INCARCERATIONS (Please list dates and charges):

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DRUG	FREQUENCY	TREATMENT	FIRST USE	SOB/CLEAN
MARIJUANA				
COCAINE				
AMPHETAMINES/METH				
PERScription				
OTHER (list)				
ALCOHOL				

Have you or are you currently attending a 12 step program? Yes \_\_\_ No \_\_\_

Are you receptive to drug and alcohol treatment if necessary? Yes \_\_\_ No \_\_\_

If you answered no. Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a tobacco smoker? Yes \_\_\_ No \_\_\_

Have you ever had psychological/psychiatric treatment? Failure to disclose prior psychiatric treatment and /or diagnosis may be grounds for eviction from Mary Weslin Home:

Yes \_\_\_ No \_\_\_

If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Education:

Highest level completed? \_\_\_\_\_

Are you currently seeking a diploma or GED? Yes \_\_\_ No \_\_\_

If no, are you receptive to a degree completion program? Yes \_\_\_ No \_\_\_

If no, employment options must be considered

To the best of my knowledge, the information given above is true and correct:

Client: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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