



Blake's House & His House Residency Application

Please set aside 20-30 minutes to fill out the application. Ensure you have all necessary information gathered prior to filling out the application as it does not allow you to save and return at a later time.

Which house are you applying for? *

Personal Information

Name *

First Name Last Name

E-mail *

Phone Number *

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Age *

Birthdate *

Month Day Year

Height *

Weight *

Primary Language *

Ethnicity *

Are you a legal resident of the United States? *

Current Living Situation

Describe your current living situation over the last four months. (Select all that apply.) *

- Renting own place or shared housing (paying rent)
- Staying with family
- Staying with significant other
- Transitional housing program or group home
- Foster care
- Couch surfing/staying with friends
- Hotel
- Jail/Prison
- Hospital/Treatment facility
- Shelter
- On the street

Do you feel safe where you are living right now? *

Yes

No

How many places have you lived during the past 12 months? *

What keeps you from living with or staying with your family? *

What happened that has you seeking a change in your living situation? *

Have you ever been placed into foster care? *

Yes

No

If yes, for when and how long? *

Did you complete PAL training? *

Name and number of case worker: *

Name and number of CASA worker: *

Resources

What are some of your personal strengths? *

Is there anyone in your life who could help you achieve your goals? If so, please describe: *

Do you own/have any of the following? (Select all that apply.) *

- Driver's License
- State ID
- Birth Certificate
- Health Insurance
- Vehicle

Is your vehicle insured? *

Yes

No

How do you currently support yourself? *

What regular income do you receive? *

Do you have a bank account? *

Yes

No

What debts do you currently have? *

Do you receive government assistance of any kind? *

Yes

No

If yes, what? *

How do you feel about government assistance programs such as DHA and food stamps? *

Education

Select Highest Education Level *

Do your future plans include completing any of the following? (Select all that apply.) *

- GED
- High School
- Vocational Training
- College Degree
- None of the above

If applicable, what is your desired field of study? *

Do you have any learning disadvantages/disabilities? *

Family History & Relationships

Please describe your relationship with your family members below:

Father: *

Mother: *

Siblings: *

Dependent Children: *

Extended Family/ Additional Support Persons: *

Legal

Have you ever been arrested? *

Yes

No

If yes, for what? *

Did you do jail time for the offense? *

Yes

No

If yes, when and where? *

Are you on probation or parole? *

Yes

No

If yes, please list the name and phone number for your PO. *

Have you been questioned or charged for physical violence against another person? *

Yes

No

Have you ever been or are you currently associated with a gang? *

Yes

No

What are your feelings towards law enforcement officials such as judges and police? *

Have you ever taken illegal drugs? *

Yes

No

If yes, what have you used? *

Have you been questioned or charged with the possession or sale of illegal drugs? *

Yes

No

We complete a drug screening upon entrance to the program. Would you currently pass? *

Yes

No

Employment History

Please list employment starting with the most recent.

Employer

Title/Position

City, State

Salary/Hourly Wage

Dates of Employment

Supervisor

Phone

If no longer employed, why did you leave?

Employer

Title/Position

City, State

Salary/Hourly Wage

Dates of Employment

Supervisor

Phone

If no longer employed, why did you leave?

Employer

Title/Position

City, State

Salary/Hourly Wage

Dates of Employment

Supervisor

Phone

If no longer employed, why did you leave?

Mental Health

Which of the following describes your current general emotional state? (Select all that apply.) *

Stable

Unstable

Happy

Sad

Angry
A little depressed
Very depressed
Frequent mood swings

Have you ever had counseling or any other form of therapeutic help? *

Yes

No

If yes, when? *

Have you ever been treated for wanting to hurt yourself or others? *

Yes

No

If yes, when? *

Have you ever received a mental health diagnosis? *

Yes

No

If yes, when and what diagnosis? *

What are your views on counseling? *

Physical Health

Do you have any existing medical conditions? *

Are you taking any prescribed or over the counter medications? If yes, please describe what they

are for. *

Do you think you may be pregnant? If yes, have you been tested? *

When was your last dental exam? *

Are you having any issues with your teeth right now? If yes, what? *

When was your last eye exam? *

Are you having any issues with your eyes? If yes, what? *

Do you use tobacco or vape? *

Yes

No

References

List three references who are aware of your situation and could verify your need and willingness to work the program through JRO.

Reference #1

Name

First Name

Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

How long has he/she known you?

Reference #2

Name

First Name

Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

How long has he/she known you?

Reference #3

Name

First Name

Last Name

Email

example@example.com

Phone Number

Please enter a valid phone number.

How long has he/she known you?

Comments & Signature

How did you learn about this program? *

If agency, what is the name of the organization? *

What is it about this program that makes you think it might be a good place for you? *

Is there anything else you would like us to know or consider about you regarding your application? *

By signing below, I understand an application is not a guarantee of admission to Blake's House or His House. I understand my eligibility will be based on the availability of the space in the home. If accepted, I understand that I must sign the member handbook and other documents outlining the terms for living at Blake's House or His House to uphold my safety and the safety of the other residents. I understand my references will be contacted to verify the honesty of my statements. If my statements are found to be falsely represented at any point, or I have demonstrated an unwillingness to work within the expectations and terms of my admission, I may be exited from Blake's House or His House immediately. By signing, I also permit Blake's House and His House to request official documents, make professional inquiries and complete a background check to verify the information provided. Lastly, I understand that Blake's House and His House hold the right not to disclose the rationale for the denial of admission.

Date *

Day Year