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## Blue Monarch Resident Application

\* We are unable to accept children over the age of 12

Date \_\_\_\_\_ Place of Interview \_\_\_\_\_

Staff \_\_\_\_\_ Residents, if any, present at Interview \_\_\_\_\_

NAME \_\_\_\_\_

ALIASES \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Referred by \_\_\_\_\_

Contact Name (s) or Phone Numbers that can also be used to reach you \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CIRCLE ONE

#### Race:

- American Indian/ Alaskan Native
- Asian
- African American
- Native Hawaiian/Pacific Islander
- White

#### Family Status:

- Single, never married
- Separated
- Divorced
- Widowed

**Living Situation:** describe most recent living situation, choose most applicable

- Non-Housing (Street, car, etc.)
- Mother transient, children living with relatives/friends
- Domestic Violence situation
- Mother and children living with relatives/friends

- Emergency Shelter
- Transitional Housing for homeless persons
- Psychiatric Facility
- Substance Abuse Treatment Facility
- Hospital
- Jail/Prison
- Rental Housing
- Own Home
- Other

**Income:**

Are you currently on Families First? \_\_\_\_\_ If yes, what amount received? \_\_\_\_\_

**Do you have other sources of income or support?**

- |  |               |
|--|---------------|
| • General Public Assistance                | Amount: _____ |
| • Employment Income                        | Amount: _____ |
| • Unemployment Benefits                    | Amount: _____ |
| • WIC                                      | Amount: _____ |
| • Child Support                            | Amount: _____ |
| • Food Stamps                              | Amount: _____ |
| • Supplemental Security Income (SSI)       | Amount: _____ |
| • Social Security Disability Income (SSDI) | Amount: _____ |
| • Social Security                          | Amount: _____ |
| • Veterans Benefits                        | Amount: _____ |
| • Medicare                                 | Amount: _____ |
| • Medicaid                                 | Amount: _____ |
| • Other (please specify)                   | Amount: _____ |

**Total Monthly Income** \_\_\_\_\_

**Education:**

- Highest grade completed \_\_\_\_\_
- Last school attended \_\_\_\_\_

- Educational Interests

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My Personal Goal and Dream is to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:** (start with the most recent)

Employer Name: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ Wage \_\_\_\_\_  
Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ Wage \_\_\_\_\_  
Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ Wage \_\_\_\_\_  
Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_ Wage \_\_\_\_\_  
Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have a history of the following?**

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- Depression
- Child Protective Services
- Probation or Parole
- HIV/AIDS and related diseases
- STD's
- Development Disability
- Physical Disability
- Domestic Violence (as a child)
- Domestic Violence (as an adult)
- Childhood Physical abuse
- Sexual Abuse
- Abortion
- Dental Disease

**Please list any service agencies/providers (and contact persons) that work with you:**

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

**HEALTHCARE:**

Please describe any physical disabilities Blue Monarch would need to provide for:

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

Do you have TennCare? \_\_\_\_\_ If yes, who is the provider? \_\_\_\_\_

Do you have a primary physician? \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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

List any Medical Conditions and Treatments: \_\_\_\_\_

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

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

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

Are you currently pregnant? \_\_\_\_\_ If so, how many weeks? \_\_\_\_\_

Name of OB/GYN? \_\_\_\_\_

Date of Last Appointment \_\_\_\_\_ Date of Next Appointment \_\_\_\_\_

Have you been receiving any prenatal care? \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any complications with your pregnancy? \_\_\_\_\_  
Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Addiction: Please list all substances used - including tobacco**

1. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - d. Longest Period of Abstinence from Drug \_\_\_\_\_
2. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_
3. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_
4. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_
5. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_
6. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_
7. Drug of choice \_\_\_\_\_
  - a. Age of first use \_\_\_\_\_
  - b. Frequency Used \_\_\_\_\_
  - c. Date of Last Use \_\_\_\_\_
  - Longest Period of Abstinence from Drug \_\_\_\_\_

**Legal History**

Are you currently on probation/parole? \_\_\_\_\_  
If yes, for what charge? \_\_\_\_\_  
\_\_\_\_\_

Provide name and phone number for probation/parole officer(s): \_\_\_\_\_

\_\_\_\_\_

Do you have current charges pending? \_\_\_\_\_

What is the nature of your current and past charges?

Date   Place of Arrest   Nature of Charges/Arrests   Outcome/Time Served

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children:**

**Please list the names and ages of all children:**

_____	_____
_____	_____
_____	_____
_____	_____

**Do any of your children have behavioral problems? If so, list name and behavior:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do any of your children have special educational needs? If so, list name and needs:**

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**Do you have any special concerns about your children moving to Blue Monarch?**

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**What are your goals for your children?**

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**Please express as completely and honestly as you can why you would like to be a resident at Blue Monarch and how you feel you could benefit from being involved in our program. (Please use the back if necessary)**

**Please include:**

- How you feel about a 12-month commitment?
- How you feel about participating in community living?
- How you see our program enabling you to become self-sufficient?
- How you feel about the necessary rules and restrictions as a resident?

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Name of Child	Give Specific Charges Leading to Removal of Custody	Date Custody Was Lost	Most Recent Court Date and Outcome	Visitation Arrangements	Name/Phone Number of DCS/Juvenile Court workers

**Children: List all children.**