



P.O. Box 1207, Monteagle, TN 37356
(931) 924-8900 phone / (931) 467-3515 fax
Email: info@bluemonarch.org

Blue Monarch Resident Application*

** We are unable to accept children over the age of 12. Also, please note that this is a NO SMOKING facility, including anywhere on the property.*

Instructions: The entire application must be completed ONLY by the applicant herself, with no additional help.

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, along with their addresses and phone numbers.

HEALTHCARE:

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

We live in a rural area and take care of the house and grounds.

Are you able to perform...

- 1) Housekeeping chores (such as vacuuming, moping, laundry, dusting, cooking, cleaning, etc.) _____
- 2) Yard/garden work (raking, hoeing, planting, weeding, etc.) _____
- 3) Farm work (taking care of farm animals, lifting 30-50 pound bags of feed, raking out and keeping a barn clean, etc.)? _____

If you are unable to perform any of the above, what is the reason?

Do you have TennCare? _____ If yes, who is the provider? _____
Do you have a primary physician? _____ Doctor's Name _____
Address and Phone Number: _____

List all Medical Conditions (including Mental Health conditions and diagnosis), Treatments, and Current Medication: *Please be aware that if you have or develop any medical condition lasting more than two weeks, you will need to look for another placement as Blue Monarch is not able to provide convalescent or medical treatment on-site.*

Have you ever applied for SSI or Disability? If so, when and why?

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?

<u>Date</u>	<u>Place of Arrest</u>	<u>Nature of Charges/Arrests</u>	<u>Outcome/Time Served</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children:

Please list the names and ages of all children:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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:

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

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.