JACKIE'S HOME RESIDENTIAL PROGRAM

APPLICATION FOR RESIDENCY

Contact us at : *JACKIESHOME.INFO@GMAIL.COM*

Please note: Incomplete applications will not be processed. Please make sure to answer all questions as thoroughly as possible to the best of your ability.

* Indicates required question

1. Email *

2. Name *

3. Today's Date *

Example: January 7, 2019

4. Street Address *

5. City, State, Zip *

5. City, State, Zip *

6. Length of Time at Address *

7. Date of Birth *

Example: January 7, 2019

8. Age *

9. Telephone #(s) *

10. Is it OK to leave message? *

Mark only one oval.

- Yes
- No

11. Your Email Address

12. Are you a US Citizen? *

Mark only one oval.

- Yes
- No

13. Do you have a Social Security Number/Card? *

Check all that apply.

- Yes
- No

14. Marital Status *

Mark only one oval.

- Single
- Married
- Separated
- Divorced
- Widowed

15. Race *

Mark only one oval.

- White
- Black
- Asian
- Native American
- Black/White
- Other: _____

16. Ethnic Background *

Mark only one oval.

- Hispanic
- Non-Hispanic

17. Do you have Children? *

Mark only one oval.

- Yes *Skip to question 23*
- No *Skip to question 24*

18. Are you currently pregnant? *

Mark only one oval.

- Yes
- No

19. If Yes Anticipated Due Date

_____

Example: January 7, 2019

20. Have You Resided Here or in Similar Housing Before? *

Mark only one oval.

- Yes
- No

21. If Yes, Please List Program and Dates

(group home, transitional housing, shelter, etc.)

_____

_____

_____

_____

_____

22. Who referred you? (agency, friend, online, etc.)

_____

Skip to question 24

CHILDREN INFORMATION

FIll out the Information about your Children

23. Do you have custody of your children, if so how many? *

EMERGENCY CONTACT INFORMATION

24. Name of Emergency Contact *

25. Relationship to You *

26. Contact Phone *

27. Please provide the name and contact details for someone who we can speak with as a reference.

EMPLOYMENT HISTORY

Fill out your employment information, starting with your most recent job and working backward to your past positions.

28. **Employer/Address**

Please list the name of each employer followed by their address, on a new line, starting with your most recent job and working backward. For example:

1. ABC Corp, 123 Main St, City, State, Zip code
2. XYZ Inc, 456 Oak St, City, State, Zip code.

29. **Position**

Please list the position you held at each job, on a new line, starting with your most recent job and working backward. For example:

1. Sales Associate,
2. Clerk.

30. **Amount per Hour**

Please list the amount you were paid per hour at each job, on a new line starting with your most recent job. For example:

1. $15.00
2. 12.50

31. **Start/End Dates**

Please provide the start and end dates for each job, on a new line, starting with your most recent job. For example:

1. 01/2020 - 06/2023
2. 09/2017 - 12/2019

32. **Reason for Leaving**

Please list the reason you left each job, on a new line, starting with your most recent job. For example:

1. Career Advancement
2. Relocation

EDUCATION INFORMATION

Please fill out your education information, starting with your most recent school or program and working backward through your past education history.

33. **Name of School/City**
Please list the name of each school and its city, separated by slashes (/), starting with your most recent school and working backward. If none, write "N/A. For example:
1. University of XYZ/City,
2. ABC High School/City.

34. **Dates Attended**
Please provide the dates you attended each school, on a new line, starting with your most recent school. If none, write "N/A. For example:
1. 2018 - 2022,
2. 2014 - 2018.

35. **Highest Level of Education Completed**

Please list the highest level of education you completed at each school (**e.g., Degree, Grade level**), on a new line, starting with your most recent school. If none, write "N/A. For example:
1.Bachelor’s Degree,
2. High School Diploma.

36. **Course of Study**

Please provide the course of study or major for each school, on a new line, starting with your most recent school. If none, write "N/A. For example:
1. Computer Science,
2. General Studies. If none, write "N/A.

37. Have you defaulted on any student loans? *

Mark only one oval.

- Yes
- No

38. Have you Ever Been diagnosed or suspected to have a Learning Disability? *

Mark only one oval.

- Yes
- No

39. If you answered Yes above, What is the name of the Learning Disability?

TRANSPORTATION

40. Do you have a valid driver's license? *

Mark only one oval.

- Yes
- No

41. If you answered Yes above, What State?

42. Do you have auto insurance? *

Mark only one oval.

- Yes
- No
- I don't own a Car

HOUSING HISTORY

Please fill out your last 3 housing information (Not including your current address).

43. **HOUSING HISTORY**

Please List Last Three Addresses **(not including your current address)** on a new line. Write N/A if none. For example:
1.654, king st, Wil, DE 11111
2. 487, king st, Wil, DE 11111

44. **Length of Time**

Please indicate how long you lived at each address, on a new line, starting with the most recent. For example:

1. 2 years
2. 6 months.

45. **Amount of Rent Paid**

Please list the amount of rent you paid at each address, on a new line, starting with the most recent. For example:

1. $1,200
2. $1,000

46. **Reason for Leaving**

Please provide the reason you left each address, on a new line, starting with the most recent.
For example:
1. Lease Expired
2. Relocation

CRIMINAL HISTORY INFORMATION

We do pull background checks so please provide all accurate answers on the following questions. Criminal history is not a deterant to applying to program. Upon approval of entry into program, a signed authorization form will need to be signed.

Background Check Authorization Form

47. Have you ever been arrested/ convicted of a crime? *

Mark only one oval.

- Yes
- No

48. If you answered Yes, Please Explain

49. Were the charges dropped? (Select Not Applicable if you don't have a criminal history) *

Mark only one oval.

- Yes
- No
- Not Applicable

50. Have you ever been convicted of a felony? *

Mark only one oval.

- Yes
- No

51. If you answered Yes, Please Explain

52. If Yes, Where & When did you serve time in jail?

53. Do you have a parole or probation officer? (Select Not Applicable if you don't have a criminal history)

Mark only one oval.

- Yes
- No
- Not Applicable

54. If you answered Yes, Please List Name & Contact Number

55. Length of Time Remaining?

56. Is there currently a restraining order on/***against you***? *

Mark only one oval.

- Yes
- No

57. If Yes, Please List Name & Contact Number

58. If you answered Yes, Please Describe

59. Do you currently have a restraining order in place ***on/against someone?*** *

Mark only one oval.

- Yes
- No

60. If Yes, Please List Name & Contact Number

61. If you answered Yes, Please Describe

62. Are you or have you ever experienced domestic violence or sexual assault against you? *

Mark only one oval.

- Yes
- No

MEDICAL HISTORY-SELF

Fill out your medical history below

63. Do you have medical insurance? *

63. Do you have medical insurance? *

Mark only one oval.

- Yes
- No

64. If yes, Insurance Company. Name

65. Primary Care Physician *

66. Address of Primary Care Physician? *

67. Phone Number *

68. Date of Last Physical *

69. OB/GYN Name (Write N/A if none) *

70. Date of Last Visit *

71. Please list any present health concerns (Write None if none) *

71. Please list any present health concerns (Write None if none) *

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs:

72. **Medication**

If you are currently taking any medications, please list each one on a new line. If you are not taking any medications, write "None." For example:

1. Amoxicillin
2. Insulin

73. **Dosage as Prescribed**

Please enter the dosage prescribed for each medication, on a new line, in the same order as the medications listed above. If none, write "N/A." For example:

1. 500 mg twice daily
2. 10 mg once daily

74. **Start Date**

Please provide the start date for each medication, on a new line, in the same order as the medications listed above. If none, write "N/A." For example:

1. 01/15/2024
2. 03/01/2024

75. **Reason for Medication**

Please list the reason for each medication, on a new line, in the same order as the

medications listed above. If none, write "N/A." For example:

1. Ear infection
2. ADHD

MENTAL HEALTH HISTORY

Please provide details about your mental health, including any diagnoses, treatments, or therapy you are currently receiving or have received in the past.

76. Are you or have you ever been involved in any counseling or therapy? *

Mark only one oval.

- Yes
- No

77. Name of Therapist (Write None if None) *

78. Phone Number (Write None if None) *

79. Dates (Write None if None) *

80. Name of Psychiatrist (Write None if None) *

81. Address of Psychiatrist (Write None if None) *

82. Phone Number (Write None if None) *

83. Dates (Write None if None) *

84. Are you or have you ever been diagnosed with a mental illness? *

Mark only one oval.

- Yes
- No

85. If Yes, State the Diagnosis:

85. If Yes, State the Diagnosis.

86. Have you ever been hospitalized for mental health? *

Mark only one oval.

- Yes
- No

87. **Date of Hospitalization**

If Yes, Please list the dates of any hospitalizations related to your mental health, with each date on a new line. If none, write "N/A." For example:
1. 01/15/2023
2. 03/22/2022

88. **Reason**

Please provide the reason for each hospitalization, on a new line, in the same order as the dates listed above. If none, write "N/A." For example:

1. Anxiety attack
2. Severe depression

89. **Outcome**

Please describe the outcome of each hospitalization (e.g., discharge plan, follow-up treatment), on a new line, in the same order as the reasons listed above. If none, write "N/A." For example:

1. Released with therapy plan
2. Medication adjustment

SUBSTANCE/ALCOHOL HISTORY

Please answer the questions below about your history with substances and alcohol, including any use, treatment, or rehabilitation experiences. We require that all residence be clean from drugs and alcohol use. Residence must be drug free for the past 2 years to enter into our program and activily participate in prevention sessions/counseling.

prevention sessions, counseling.

90. Are you or have you ever used any narcotic or illegal drug including marijuana? *

Mark only one oval.

- Yes
- No

91. If yes, list drug of choice and last time used. If None, write "N/A *

92. Have you ever been treated for substance or alcohol abuse? *

Mark only one oval.

- Yes
- No

93. If yes, list dates of Treatment. If None, write "N/A *

94. Successfully graduate?

Mark only one oval.

- Yes
- No
- Not Applicable to me

95. Are you in recovery? *

Mark only one oval.

- Yes
- No

96. If so, how long have you been in recovery? *

97. Do you currently have a sponsor? *

Mark only one oval.

- Yes
- No
- Not Applicable to me

98. If yes, Name Sponsor. (if not applicable write N/A) *

_____

99. Are you currently drinking alcohol? *

Mark only one oval.

- Yes
- No

100. If yes, how often do you drink in a week? *

Mark only one oval.

- 1-4 drinks
- 5-8 drinks
- 9-12 drinks
- over 12 drinks
- Not Applicable to me

101. Are you currently taking soboxone or methadone? *

Mark only one oval.

Mark only one oval.

- Yes
- No

SUPPORTS

Fill out information on your supports

102. Who do you consider are supports in your life? (parents, siblings, friends, etc.) List all *

103. Describe the relationships you have and/or have had with child(ren) father(s) (good and bad) **(Write N/A if you don't have children)**

FINANCIAL

Please read carefully:
The program requires 30% of your monthly income while in residence at Jackies Home

The program requires 30% of your monthly income while in residence at Jackies Home.

104. What does self-sufficiency mean to you? *

105. List 3 reasons why you would like to be in our program, in priority order *

"Equal Opportunity and Accommodations Policy"

Jackie's Home does not discriminate against any applicant on the basis of race, color, religion, creed, national origin, or sexual orientation. Jackie's Home will provide reasonable accommodations for persons with disabilities. Reasonable accommodations in rules, policies, practices, and services will be allowed to give persons with disabilities an equal program, provided such accommodations do not impose an undue hardship to the agency. Applicants with disabilities seeking entry into our program and who can complete the program requirements with reasonable accommodations must notify the interviewer to make an accommodation request.
If you are currently working with any city or town welfare department please realize we will give them any information they request, relating to your application during the intake process.

106. The information I, _____, provided Jackie's Home is true, accurate, and honest. If any information that I have provided as actual and truthful is indeed false and untrue and has been deliberately lied about by myself, Jackie's Home may ask me

to leave the program immediately. I also absolve Jackie's Home from any liability of any actions they may take based on this information that I have provided as truth. **Please Write Your full name below**

107. Applicant Signature: **(WRITE YOUR FULL NAME AS YOUR SIGNATURE)** *

108. Today's Date *

Example: January 7, 2019

109. I, _____ give Jackie's Home permission to speak to the individuals/companies listed in this application for the purposes of gaining more information and verification to make an informed decision about my possible entry into the program. **Please Write Your full name below**

110. Applicant Signature: **(WRITE YOUR FULL NAME AS YOUR SIGNATURE)** *

111. Today's Date *

Example: January 7, 2019

INCOME ($)

State your income ($) on each category. Write N/A if None

112. Salary/earnings *

113. TANF *

114. Worker's Comp *

115. Child Support *

116. Alimony *

117. Food Stamps *

118. SSDI *

119. SSI *

120. Unemployment *

121. ARTD *

122. Other income *

123. **Total Monthly Income $ (Add all income provided)** *

EXPENSES

State your monthly expenses on each category. Write N/A if None

Housing Expenses
Fill out your housing expenses below

124. Rent *

125. Electric *

126. Gas *

127. Home Phone *

128. Cell Phone *

129. Cable *

130. **Total Housing Expenses $ (Add all Housing Expenses provided)** *

Household Expenses

Fill out your household expenses below

131. Food *

132. Toiletries *

133. Diapers/Wipes *

134. Laundry *

135. **Total Household Expenses $ (Add all Household Expenses provided)** *

Transportation Expenses

Fill out your transportation expenses below

136. Car Payment *

137. Gasoline *

138. Car Insurance *

139. Car Registration *

140. Maintenance *

141. Bus/Taxi

142. **Total Transportation Expenses $ (Add all Transportation Expenses provided)** *

Personal Expenses

Fill out your Personal expenses below

143. Medications/Vitamins *

144. Child Care *

145. Hair/Nails

146. Church donations *

147. School lunches

148. Clothing

149. Cigarettes

149. ~~Cigarettes~~

150. Recreation (fast food, movies, etc.)

151. Rent to Own

152. Credit Cards

153. Child Support

154. Other

155. **Total Personal Expenses $ (Add all Personal Expenses provided)** *

Outstanding Debt

Fill out your Outstanding Debt below

156. Back Rent Due

157. Electric

158. Gas

159. Cell Phone

160. Child Care

161. Student Loan in Default

162. **Total Outstanding debt $ (Add all Outstanding debt provided)**

163. **TOTAL MONTHLY EXPENSES $ (Add all TOTALS provided)**