



The Ebbby House does not discriminate on basis of race, sex, color, religion, national origin, disability, or sexual orientation within the limits of applicant qualifications (female, ages 18-24).

Today's Date: ____/____/____ Walk-in: ____ Phone: ____ Referral: ____
Referral Agency/Person: _____

GENERAL INFORMATION

Name: _____ DOB: _____ Age: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____
Email Address: _____
SSN: _____ Driver's License # and State _____
Primary Language _____
Ethnicity _____ Immigration Status _____
Automobile (if any): Make _____ Model _____ Year _____
Car Insurance? Yes ___ No ___ License # _____

Are you currently pregnant? Yes ___ No ___ Unknown ___
Do you have children? Yes ___ No ___ If yes, how many live with you? _____
Are you currently in foster care or in an out-of-home placement? Yes ___ No ___
If yes, what is your current placement?
Group Home ___ THP ___ Foster Home ___ SILP ___ Other ___
If no, what was your emancipation date? ____/____/____

Are you currently on probation? Yes ___ No ___
Were you previously on probation? Yes ___ No ___
Name of current/last probation officer: _____
Phone: _____ County: _____
Name of current/last social worker: _____
Phone: _____ County: _____

EDUCATION

What best describes your current education status?
___ Never attended high school

- Dropped out of high school and not currently attending school
- Attending high school or GED program
- Received high school diploma/GED and not currently attending school
- Attending vocational training school
- Obtained vocational training school certificate of completion
- Attending community college
- Attending four year university
- Obtained Associates degree (AA) or technical degree and not currently attending school
- Obtained Bachelor's degree
- Other – Specify _____

If enrolled in school, what school? _____

If not enrolled in school, are you interested in enrolling in school? Yes ___ No ___

Have you ever been enrolled in special education classes? Yes ___ No ___

What grades? _____

Reason? _____

Do you currently or did you previously have an IEP (individualized education plan)?

Yes ___ No ___

What grades: _____

Reason: _____

EMPLOYMENT

What best describes your current employment status?

- Employed part-time
- Employed full-time
- Not employed but actively seeking employment
- Not employed and not actively seeking employment

Current Employer: _____

Position: _____

Length of time employed here _____

Total income from employment in the last month \$ _____

If you are not currently employed, have you ever had a job? Yes ___ No ___

How many jobs have you had? _____

Where were you last employed? _____

What were you doing? _____

Why did you leave employment? _____

WELLNESS AND GROUP LIFE QUESTIONS

Which of the following describes your general emotional state? (Choose as many as you'd like.)

Stable ___ Happy ___ Sad ___ Confused ___ Angry ___

A little depressed ___ Very depressed ___ Unstable ___ Mood swings ___

If none of the above, please describe your emotional state:

When was the last time you saw a medical doctor? _____

Please describe your overall health: _____

Have you ever had a mental health diagnosis? Yes ___ No ___ Unknown ___

If yes, please specify: _____

Do you currently have a therapist/counselor? Yes ___ No ___

If yes, Name: _____ Phone: _____

Last appointment date _____

We will not contact your therapist without your permission.

Do you currently have a psychiatrist? Yes ___ No ___

If yes, Name: _____ Phone: _____

Last appointment date _____

We will not contact your psychiatrist without your permission.

Do you receive SSI/SSDI: Yes ___ No ___

If yes, why do you receive SSI/SSDI? _____

Do you smoke? Yes ___ No ___ If yes, how many cigarettes per day? _____

Do you understand that no smoking is allowed at The Ebby House?

Yes ___ No ___ If admitted, will you comply with the rules against smoking

on the campus of Juliette Fowler Communities? Yes ___ No ___

Please list all prescription medication that you take. You may use the back of this form if necessary.

Medication Name/Dosage	Reason/Purpose (Check One)	Length of Time
	<input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Other	<input type="checkbox"/> How many days? <input type="checkbox"/> How many months? <input type="checkbox"/> How many years? <input type="checkbox"/> On-going
	<input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Other	<input type="checkbox"/> How many days? <input type="checkbox"/> How many months? <input type="checkbox"/> How many years? <input type="checkbox"/> On-going

	<input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Other	<input type="checkbox"/> How many days? <input type="checkbox"/> How many months? <input type="checkbox"/> How many years? <input type="checkbox"/> On-going
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Have you been hospitalized in the last two (2) years? Yes ___ No ___

If yes, please explain why: _____

Have you ever been in a treatment program for substance abuse? Yes ___ No ___

If yes, name of program and length of stay: _____

Have you been convicted of a felony? Yes ___ No ___ Date of conviction _____

If yes, please explain _____

Do you have any unpaid traffic tickets? Yes ___ No ___

Do you have any outstanding warrants? Yes ___ No ___

Are you on probation or parole? Yes ___ No ___

If yes, please explain _____

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

Is your kinship/family network:

Very supportive ___ Supportive ___ Not supportive ___ No contact ___

Is your social network:

Very supportive ___ Supportive ___ Not supportive ___ No contact ___

Do you have health insurance? Yes ___ No ___

___ Medicaid
 Medicaid # _____ Medicaid Issue Date: _____
 ___ Other health insurance - Specify Insurer _____
 Other Insurance ID # _____

Will you pass a drug test? Yes ___ No ___

Will you have problems living and getting along with house mates? Yes ___ No ___

You will need to keep your room clean, clean the bathroom, learn to prepare meals and clean up afterwards, and perform other chores. Will you be willing to do that?

Yes ___ No ___

There are curfews at The Ebby House. Will you be willing to adhere to the curfew?

Yes ___ No ___

You will meet with a Coach to discuss your progress and be given suggestions to help you achieve your goals. What qualities do you bring that will help you stay on track?

INCOME

What are your sources of funds and/or income (check all that apply)?

_____ Social security or other government sources

_____ Other family sources

_____ Employment

_____ Educational grant

_____ Student loans

Total monthly funds from all sources: \$_____

LOCATION & HOUSING

What city or neighborhood best describes the location of the following people or things?

Your job: _____

Your school: _____

Your kinship/family network: _____

Your social network: _____

What best describes your current living situation?

_____ Foster care or out of home placement: Specify: _____

_____ Renting own or shared housing (paying rent)

_____ Living with relative or other person in stable housing (rent free)

_____ College dorm

_____ Transitional Housing Program (THP): Specify:

_____ Other supportive transitional housing program:

Specify: _____

_____ Motel or hotel

_____ Other unstable housing situation (couch surfing with relatives, friends, or other)

_____ Emergency shelter, homeless or other unstable housing (street, car, etc.)

_____ Institutionalized (just exited hospital, jail, or mental health facility with no place to go) Specify: _____

Do you require reasonable housing accommodation due to a disability? Yes ___ No ___
If yes, please complete a reasonable accommodation request form.

PERSONAL CHARACTERISTICS, STRENGTHS, GOALS AND NEEDS?

How would you describe yourself?

What are your educational goals and how do you think our program could help you achieve them?

What are your employment goals and how do you think our program could help you achieve them?

Besides helping you achieve educational and employment goals, what else can we help you with?

What are some challenges that are getting in the way of meeting your goals?

What are your greatest strengths that would help you be successful in our program?

Have you ever lived in transitional housing program?

Yes ___ No ___

If yes, which one(s) and for how long?

Agency: _____

When? _____ # of Months: _____

Reason for leaving: _____

Agency: _____

When? _____ # of Months: _____

Reason for leaving: _____

Have you applied to other housing programs?

Yes ___ No ___

If yes, which program(s)? _____

If, yes, when did you apply? _____

Were you admitted? Yes ___ No ___

If not, why not? _____

If so, why didn't you go? _____

How did you hear about The Ebby House? _____

What is it about The Ebby House that makes you think it might be a good place for you?

What else, if anything, do you think we should know about you or your situation in considering your application?

Did you complete this application by yourself or with assistance? If you had assistance, who helped you complete the application? _____

APPLICANT SIGNATURE

DATE

CONSENT TO CRIMINAL BACKGROUND INVESTIGATION

The Ebby House, for the welfare of everyone in the House, requires periodic background investigations of residents. This form is provided to you accordingly to furnish the information requested and to reflect your consent to such investigation(s).

Name: _____
(Last) First MI

Date of Birth: _____
Month/Date/Year

Social Security Number
_____-_____-_____

Race (check one):
 Black White Hispanic American Indian/Alaskan Asian/Pacific Islands Other

Driver's License Number: _____ **Issuing State:** _____

Please state whether you may be known by another name (e.g., nicknames or aliases):
 Yes No

If yes, please specify:

(Other First Name) **(Other Last Name)** **(Last Year Name Used)**

I certify that the information provided above is true and complete. I understand that false or misleading information given in my application or interview or on this form will render my application for admission to The Ebby House void and will be just cause for discharge from The Ebby House. I further understand that the results of the criminal background check, if deemed by The Ebby House management staff to indicate the potential for risk to other residents or staff of The Ebby House may be the basis of termination of my residency. I authorize The Ebby House to make a criminal background investigation at any time The Ebby House management staff members deem appropriate. I further authorize any and all law enforcement personnel in Texas and in any other jurisdiction inside or outside of the United States to release criminal background information as part of the criminal background investigation performed by The Ebby House. I authorize The Ebby House management staff to reveal the results of the criminal background investigation to staff in The Ebby House and others in the employ of Juliette Fowler Communities who, in the opinion of The Ebby House management staff, have a need to know such results. I understand that criminal background information obtained by The Ebby House will not be disclosed to any person outside of The Ebby House and Juliette Fowler Communities. I release, relinquish, and discharge any claims, demands, or causes of action that I have or may have against Juliette Fowler Communities, including The Ebby House, or its officers, directors, employees, servants, and representatives arising, claimed to arise, or in any way relating to the conduct of the criminal background check.

I represent that I have not been convicted of a crime involving children, arson, or violence, and have not been convicted of a crime or misdemeanor that I have not disclosed to The Ebby House management staff. While I live at The Ebby House, I agree that I will notify The Ebby House promptly if I am charged with or indicted for any crime, whether misdemeanor or felony. I understand my continued residency at The Ebby House depends and will depend on the truth of my representations and promises as stated in this document.

(Signature)

(Date)