

Mercy Center for Women Application for Housing

Name: _____ Phone #: _____
 SS#: _____ Alt. Phone #: _____
 Date of Birth: _____ Current Address: _____
 Age: _____
 How long have you been at this address: _____
 Discharge date: _____

Interview Dates: #1: _____ #2: _____ Arrival: _____

Referred By (agency): _____

Marital Status: _____ Maiden Name: _____

Natural Disaster
 Building condemned/renovated
 Overcrowding
 Evicted
 Other _____

Domestic Violence
 Family Dispute
 Runaway/Abandoned
 Release from MH

Release from Hospital
 Release from DA treatment
 Release from Jail
 In Transition

Ethnic Group: Black Asian
 White Native American Bi Racial
 Hispanic
 None Hispanic

Children

Children **coming** to Mercy Center

Name	Birth date	Age	Sex	SS #

Fathers Name/ Age/ Relationship:

Any special needs or concerns:

Past/ Current Services the Children are Involved With

Childs Name: _____ **Date involved:** _____

Agency & Counselor Name: _____

Phone # _____

Reason for Involvement:

Childs Name: _____ **Date involved:** _____

Agency & Counselor Name: _____

Phone # _____

Reason for Involvement:

Childs Name: _____ **Date involved:** _____

Agency & Counselor Name: _____

Phone # _____

Reason for Involvement:

Childs Name: _____ **Date involved:** _____

Agency & Counselor Name: _____

Phone # _____

Reason for Involvement:

Relationship History

Not currently in a relationship

Currently in a serious relationship

Person's name: _____

How long in relationship: _____

Describe any past or current significant issues such as Domestic Violence in this relationship or past relationships:

Domestic Violence History

Have you ever filed a protection from abuse order against anyone? Yes No

Have you ever had a PFA ordered against you? Yes No

If yes, list date and name of the person involved: _____

Describe the situation of the abuse:

Childhood/ Family History:

Education History

Regular or Learning Support Classes: _____

Highest grade completed: _____ Degree: _____

Where did you go to school: _____

Do you have a GED? Yes _____ No _____ Are you interested in getting your GED? Yes _____ No _____

If applicable, why did you not finish High School:

Employment History

Are you currently employed? Yes or No

If no, are you looking for work? Yes or No

Two Most Recent Jobs

Employer: _____ Dates: _____

Address: _____

Responsibilities: _____

Why did you leave: _____

Employer: _____ Dates: _____

Address: _____

Responsibilities: _____

Why did you leave: _____

Income

No Income ()

Income Information: List amount per month or week

SSI/SSDI \$ _____	Child Support \$ _____
DPW \$ _____	Other \$ _____
Food Stamps \$ _____	Other \$ _____
Total Monthly Income: _____	

Debts / Monthly Expenses:

Gas \$ _____	Telephone \$ _____	Luxuries \$ _____
Electric \$ _____	Cell Phone \$ _____	Fines \$ _____
Rent \$ _____	School Loans \$ _____	Medical expenses \$ _____
Credit Cards \$ _____	Loans \$ _____	Restitutions \$ _____
Cable \$ _____	Other \$ _____	Other \$ _____

Total Monthly Expenses: _____

Total Debt: _____

Medical History

How would you describe current physical health: () Good () Fair () Poor

Primary Care Physician:

Name _____

Phone _____

Address _____

Medical Card / Insurance: _____

Mental Health

Have you ever had a psychiatric evaluation or been diagnosed with an SMI?

Yes No If yes, please give details

Have you ever tried to harm yourself? How many times? _____

If yes, please give details:

Family Mental Health History:

Inpatient Mental Health Treatment History

Have you ever had an Inpatient Stay at a BH HOSPITAL?

Yes No If yes, on how many occasions_____.

1. _____
Facility Name City/State SMI Diagnosis

Dates of Stay Aftercare Plan

2. _____
Facility Name City/State SMI Diagnosis

Dates of Stay Aftercare Plan

3. _____
Facility Name City/State SMI Diagnosis

Dates of Stay Aftercare Plan

All current or prior medication usage

Medications	Dosage	Condition/Reason

Drug & Alcohol History

Clean Date: _____

Drug of choice:

Primary: _____ Secondary: _____

What is your longest clean time? _____

When was it? _____

How old were you when you first started getting high? _____

What happened that you started to use drugs or alcohol?

Substances used:

(Check all that apply)

	First use age	Last use age	Frequency	Amount
() Alcohol	_____	_____	_____	_____
() Meth Amphetamines	_____	_____	_____	_____
() Cocaine	_____	_____	_____	_____
() Crack cocaine	_____	_____	_____	_____
() Marijuana/Weed	_____	_____	_____	_____
() Heroin	_____	_____	_____	_____
() Benzos	_____	_____	_____	_____
() Opiate	_____	_____	_____	_____
() Other _____	_____	_____	_____	_____

List Drug and Alcohol treatment facilities starting with current or most recent

Facility Name: _____ Date involved: _____

Counselor Name: _____ Phone # _____

Did you complete the program? _____

Facility Name: _____ Date involved: _____

Counselor Name: _____ Phone # _____

Did you complete the program? _____

Facility Name: _____ Date involved: _____

Counselor Name: _____ Phone # _____

Did you complete the program? _____

Facility Name: _____ Date involved: _____

Counselor Name: _____ Phone # _____

Did you complete the program? _____

Do you attend meetings (AA/NA)? Yes or No

How often _____

Do you have a sponsor? Yes or No

Why do you want to remain clean and sober? What is different this time?

Legal / Criminal History

Have you ever been incarcerated? Yes No

If yes, list dates, where and what for:

Do you have any **pending** charges?

Are you currently on parole or probation? Yes No

If yes, list officer's name and contact phone #: _____

Homeless History

List Shelter Stays for the last 3 years
Dates and Agencies

Rental History / Time Line

Starting with the most recent for the last 3 years
Must give dates

More About You

How do you handle anger or situations that are frustrating?

What/ Who in your life do you look to for support?

What are some of your goals?

1. _____
2. _____
3. _____
4. _____
5. _____

In which areas of your life do you feel like you need the most help with?

1. _____
2. _____
3. _____
4. _____
5. _____

Why do you want to come to MCW?

Contacts / Agency Involvement

List all agencies in which you are currently involved with, e.g. OCY, Family Services, MH Counselors, D/A Counseling, education, law enforcement, etc:

Agency: _____ Time Period: _____

Case Worker / Counselor: _____

Agency: _____ Time Period: _____

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Case Worker / Counselor: _____

Agency: _____ Time Period: _____

Case Worker / Counselor: _____

Agency: _____ Time Period: _____

Case Worker / Counselor: _____

Currently seeing a Counselor, Psychiatrist or Therapist

Name _____

Agency _____

Dates of contact _____

Phone Number _____

Name _____

Agency _____

Dates of contact _____

Phone Number _____

Prior outpatient counseling

Name _____

Agency _____

Dates of contact _____

Phone Number _____

Do you have a **BCM**?

Name _____

Agency _____

Phone Number _____

List any relatives or friends MCW could contact as a reference:

Name: _____ Relation: _____ Phone # _____

Name: _____ Relation: _____ Phone # _____

Name: _____ Relation: _____ Phone # _____

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I certify that the information provided on this application is true, complete and correctly stated. I understand that any deliberate misstatement or omission can be cause for my application being denied or for my immediate dismissal from the program.

Applicant Signature

Date

Staff Signature

Date

Treatment Facilities who need their release signed:

- **Cove Forge Behavioral Health System:**
 - Williamsburg
 - White Deer Run/Cove Forge
 - Bowling Green Brandywine
- PYRAMID HELTHCARE, INC Erie
- UPMC WPIC (Warren Psych Hospital)
- Gaudenzia and Community House