



## Resident Admission Application

Demographic Information (Please Print)			
Date:		How did you hear about Firm Foundation of VA, Inc.?	
Name:		Age:	
SSN:		DOB:	
Married	Single	Separated	Divorced      Widowed      Previous marriage(s)
Race:		Birth Place:	
Home Phone:		Cell Phone:	
Work Phone:			
Current Address:			
Child's name:		Age:	
DOB:		Child Gender:	
Child's Father name:		Address:	
Other children not residing with you: Yes      No		Name/Age (Continue on back if necessary):	
Pregnancy Information			
Expected Delivery Date:		Month and Term of pregnancy:	
OB/GYN: Address:		OB/GYN Phone: Fax:	
Education and Training			
School/College Attended Name	Address	Graduation Date	
Vocational Training/Certificates:			
Employed:    Yes      No		Full time      Part time	
Name of Employer:		Address:	
Current Salary:		Transportation:    Yes      No	
Driver's License:    Yes      No		State Issued:	Exp. Date:
Work History (Last 3 years)			
Year	Company Name/ Job Title	Duties	Reason for Leaving

Work History (Last 3 years-continued)			
Year	Company Name/ Job Title	Duties	Reason for Leaving
Family Information			
Parent's Name	Age	Address	Phone No:
Siblings Name	Age	Address	Phone No:
Spouse Name: (Current/Ex)	Age	Address	Phone No:
Personal History			
Do you smoke?    Yes    No	How much per day?		
Do you use drugs/Alcohol?    Yes    No	Ever been in drug or alcohol rehabilitation?		
If yes, when?	Name of Substance:		
Facility Name:	Address:		
AA Participant?    Yes    No	NA Participant?    Yes    No		
Have you ever been arrested?    Yes    No	If yes, What for?		
Did you receive fines/Sentence?    Yes    No	Explain:		
Have you ever been a battered person?    Yes    No	When?		
Have you ever served any time in jail?    Yes    No	How long?		
Do you have pending tickets?(speeding, parking) Yes    No	What for? Court Date?		
Are you on parole or probation at present?    Yes    No	How long?		
Parole/Probation Officer:	Phone No:		

Is there a warrant out for your arrest at present? Yes      No	Reason:
Do you have a past, current or pending Child Protective Services case?      Yes      No	Reason:
Current Credit Rating? Good      Fair      Poor      Excellent	Any current judgments/liens/garnishments? Yes      No      If so, what?
Financial Information	
Income Sources:	Current Income (Amount)
Child support:	
Employment:	
Food Stamps:	
General Public Assistance:	
Medicaid:	
No Financial Resources:	
Social Security/ SSDI/SSI:	
TANF:	
Unemployment Benefits:	
Veterans Benefit:	
Medical/Mental Health History	
Current/Prior Physician: Address:	Phone No:
Current/Prior Counselor/Psychiatrist: Address:	Phone No:
Insurance Provider:	ID No:
Secondary Provider:	ID No:
Are you currently receiving counseling?      Yes      No	
Have you received prior counseling?      Yes      No; If so, explain?	
Current/Past Diagnosis:	
Are you currently taking medication?      Yes      No; If so, what?      How long?_____	
Can you pass a drug test today?      Yes      No	
Are you willing to take a drug test to enter into housing program?	
Are you aware that you may be tested at any time during your participation in the program to remain eligible for the program?      Yes      No	
Transportation	
Do you have a car?      Yes      No	Year:      Make/Model:



What are your personal goals for the next 12 months?
How do you deal with stress? Describe what type of behaviors you have when you are stressed?
Are you aware that this is a faith based organization?      Yes                  No Do you currently practice any religious activities? If so, please explain.
Are you willing to participate in faith based activities as part of this program?      Yes                  No
Applicant Signature
I certify that the above information included in this application is true and correct to my knowledge. Signature: _____ Date: _____
Approval Determination Do <u>Not</u> complete information below. For office use only.
Housing Program for which resident is eligible: <input type="checkbox"/> Emergency Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeownership Program <input type="checkbox"/> Not eligible
Additional Comments: