IN HIS MERCY

Residential Application

Please complete the following as honestly as possible without fear of judgment or rejection.

PERSONAL INFORMATION

First name: _____ Last name: _____

Date of birth: _____ Phone number: _____

Email address: _____ Marital status: _____

Current address: _____

Previous address: _____

Home of record (if different): _____

Treatment center or correctional facility (if applicable): _____

Requested move-in date: _____ How did you hear about us? _____

EMERGENCY CONTACTS

Contact #1 name: _____

Relationship: _____ Phone number: _____

Contact #2 name: _____

Relationship: _____ Phone number: _____

TRANSPORTATION

Do you have reliable transportation? ☐ Yes ☐ No

If yes, what kind? ☐ Car ☐ Bike ☐ Ride share ☐ Friend or family

Do you currently have a driver's license or state ID? ☐ Yes ☐ No

License or state ID number: _____ Expiration date: _____

Is your license or state ID currently valid? ☐ Yes ☐ No

If no, explain: _____

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LEGAL INFORMATION

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain:

Are you currently facing legal charges? ☐ Yes ☐ No

If yes, explain:

Do you currently have a probation or parole officer? ☐ Yes ☐ No

Officer name: _____ Phone number: _____

MEDICAL INFORMATION

Current prescription medications: Include name, dosage, and frequency.

Medication 1, dosage, and frequency: _____

Purpose: _____

Is this medication effective for you? ☐ Yes ☐ No

Medication 2, dosage, and frequency: _____

Purpose: _____

Is this medication effective for you? ☐ Yes ☐ No

Medication 3, dosage, and frequency: _____

Purpose: _____

Is this medication effective for you? ☐ Yes ☐ No

Non-prescription medications:

Medical conditions:

Do you currently have health insurance? ☐ Yes ☐ No

Do you receive state or tribal assistance? ☐ Yes ☐ No

Type of assistance: ☐ SNAP ☐ SoonerCare ☐ TANF ☐ Tribal assistance

Tribe (if applicable): _____

Other assistance: _____

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RECOVERY INFORMATION

Sobriety date: _____ Drug(s) of choice: _____

Have you previously lived in a sober living residence? ☐ Yes ☐ No

If yes, when, and what was the reason you left?

_____

_____

Short-term goals:

_____

_____

Long-term goals:

_____

_____

Personal strengths:

_____

_____

What are your expectations while living at In His Mercy?

_____

_____

Do you have any special needs or requests? If yes, please explain:

_____

_____

Current needs:

_____

_____

RECOVERY SUPPORT

Are you currently attending an Intensive Outpatient Program (IOP)? ☐ Yes ☐ No

Are you currently working with a therapist? ☐ Yes ☐ No

Do you have a sponsor? ☐ Yes ☐ No

Sponsor name: _____ Sponsor phone number: _____

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EMPLOYMENT INFORMATION

Employment status: ☐ Employed ☐ Unemployed ☐ Self-employed

Employer name: _____ Employer phone: _____

Employer address: _____

Position/job title: _____ Length of employment: _____

Pay period: ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

Other pay period: _____

Typical hours worked per week: _____

EDUCATION

High school attended: _____

Did you graduate? ☐ Yes ☐ No

If no, what is the last grade completed? _____

Do you have a diploma or GED? ☐ Yes ☐ No

College attended: _____ Degree earned: _____

Technical qualifications/trade skills: _____

ADDITIONAL INFORMATION

Please provide any additional information you would like us to consider:

_____

_____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may affect my eligibility for residency.

Applicant printed name: _____ Date: _____

Applicant signature: _____

FOR STAFF USE ONLY

Application date: _____ Interviewed by: _____

Application status: ☐ Approved ☐ Denied ☐ Pending

Move-in date: _____ Staff initials: _____

Staff notes: _____