

Section I: Contact info

Name _____ Age _____

Phone _____ Date of Birth ____/____/____

Email address _____

Street address _____ Apt. # _____

How long have you lived at this address? _____

City _____ State _____ Zip code _____

How did you learn about Safe Pastures Family Home?

Describe your current living situation over the past 6 months.

What has happened that has you considering a change in your living situation?

Have you ever been placed in foster care? (If yes, when and for how long?)

Section II: Personal Resources

What are some of your personal strengths?

Is there anyone in your life who could help you achieve your goals? (If so, please describe.)

Do you have any of the following? (Check all that apply.)

___ Driver's License or State ID

___ Birth Certificate

___ Vehicle

___ Health Insurance

Section III: Financial Resources

How do you currently support yourself?

What regular income do you receive?

How do you see supporting yourself while you live at Safe Pastures?

Do you have a bank account? _____

What debt do you currently have? (Example- credit card debt, car payment)

Do you receive government assistance of any kind? If yes, what kind?

Section IV: Education

What is the highest level of education that you have attained so far?

What is your plan for continuing with post-secondary education?

Have you ever had an Individualized Education Plan (IEP)? Do you have one at this time?

What would you like to study in the future and why?

Section V: Family History and Relationships

Please describe your relationship with your:

1) Father

2) Mother

3) Brothers or Sisters

4) Grandparents

5) Dependent Children

6) Additional Support Persons/ Extended Family

Section VI: Legal

Have you ever been arrested? If yes, please give the details.

Did you do jail time for the offense? (If yes, where and when?)

Have you ever been questioned or charged for physical violence against another person? (If yes, where and when?)

Have you ever been or are you currently associated with a gang?

Section VIII: Substance Use/Abuse

Have you ever taken illegal drugs? (If yes, what and when?)

Have you ever been questioned or charged with the possession or sale of illegal drugs? (If yes, where and when?)

Safe Pastures requires a drug test to enter the program. Do you think you would pass? _____

Section IX: Employment History

Please list employment starting with most recent.

- 1) Employer _____
City/state _____
Title/position _____
Hourly pay _____
Supervisor's name _____
Dates of employment _____
Why did you leave? _____
- 2) Employer _____
City/state _____
Title/position _____
Hourly pay _____
Supervisor's name _____
Dates of employment _____
Why did you leave? _____
- 3) Employer _____
City/state _____
Title/position _____
Hourly pay _____
Supervisor's name _____
Dates of employment _____
Why did you leave? _____

Section X: Mental Health

Have you ever been in counseling or any other form of therapeutic health? (If yes, when and for how long? When?)

Have you ever been treated for wanting to hurt yourself or others? (If yes, when?)

Have you been diagnosed with any form of mental illness /condition? (If yes, when?)

Section XI: Physical Health

Are you taking regular medication either over-the-counter or prescription? (If yes, please list.)

Do you have any medical conditional that we should know about?

Do you think you might be pregnant? _____

If yes, have you taken a test? _____

Section XII: Dental Health

When was your last dental exam? _____

Where? _____

Are you having any issues with your teeth right now? (If yes, what issues?)

Section XIII: References

List 3 references who are aware of your situation and could verify your need and your willingness to work with the program at Safe Pastures Family Home.

- 1) Name _____
Relationship _____
Phone _____
Email _____
How long have you known this person? _____
- 2) Name _____
Relationship _____
Phone _____
Email _____
How long have you known this person? _____
- 3) Name _____
Relationship _____
Phone _____
Email _____
How long have you known this person? _____

Section XIV: Signatures

I understand an application is not a guarantee of admission. Safe Pastures Family Home determines applicant eligibility for admission and does not disclose the rationale for denial or admission.

By signing below, I acknowledge and understand this application will be used to consider my eligibility to live at Safe Pastures Family Home. If accepted, I will sign a covenant agreement and other documents which outline the terms of living at Safe Pastures Family Home. I will uphold my safety and the safety of other residents. I understand my references will be contacted to verify the honesty of my statements. I understand that my eligibility will be based on the availability of the space in the home. Safe Pastures Family Home will make a decision based on this application, my interview and the availability of space. If my statements are found to be false or if I have demonstrated an unwillingness to work within the expectations of the program I have outlined for myself, I will be exited from Safe Pastures Family Home immediately. I give Safe Pastures Family Home permission to request official documents, make professional inquiries and complete background checks on me in order to verify the information I have given.

| | | |
|------------------------|--------------|------|
| Signature of Applicant | Printed Name | Date |
|------------------------|--------------|------|

| | | |
|----------------------|--------------|------|
| Signature of Witness | Printed Name | Date |
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