



Healing House, Inc.

4505 St. John Ave.

Kansas City, MO 64123

Office: 816-920-7181 | Fax: 816-255-2663

www.healinghousekc.org

Program Participant Application

NAME: _____ DATE: _____ TIME: _____ AM/PM

(PRINT)

DOB: ___/___/___ BIRTH GENDER: M / F EMAIL: _____

PHONE #: (___) ___-___-___ home/cell/other (___) ___-___-___ home/cell/other

Please circle your ethnicity/race: ASIAN / BLACK-AFRICAN / CAUCASIAN / HISPANIC /
NATIVE-AMERICAN / PACIFIC ISLANDER / PREFER NOT TO ANSWER / OTHER: _____

Have you ever been a participant at Healing House? _____

If so, when? _____

I am applying for: _____ Recovery Housing

_____ Parent with 1 Child Recovery Housing (Erin's House) **IF APPLYING**

FOR ERIN'S HOUSE, PLEASE COMPLETE ALL QUESTIONS ON APPLICATION

General Information

Do you have a picture I.D.? Yes ___ No ___

Do you have a Social Security card? Yes ___ No ___

Last 4 digits of your SSN _____

What state were you born? _____

Please list any other names or aliases you use: _____

Are you currently in an addiction treatment center? Yes ___ No ___

If yes, please provide name and exit date: _____

Are you currently incarcerated? Yes ___ No ___

If yes, please provide where and exit date: _____

DOC #: _____

Case Worker: _____ Phone (including extension): (____) ____ - _____

Counselor Name: _____ Phone (including extension): (____) ____ - _____

Are you on probation or parole? Yes ___ No ___

PO Name: _____ Phone (including extension): (____) ____ - _____

Is this Court Ordered? Yes ___ No ___

What court?: _____

Contact Information of Court: _____

Previous/Current Charges

Have you ever been convicted of a felony? Yes ___ No ___

(E.G. drug-related crime, DUI, property damage, assault, sex crime, ETC.):

If yes - when, where, and what was the charge? _____

Are you required to register as a sex offender? Yes ___ No ___

Please list any outstanding warrants, where they were issued, and for what: _____

Addiction & Medical History

Are you an addict of drugs, alcohol or both? Drugs ____ Alcohol ____ Both ____

What is your primary substance of choice? _____

How many months/years have you used these substances? _____

How long have you been free of substances? _____

Have you ever been in a recovery program before? Yes ____ No ____

 If yes, how long were you clean and sober? _____

Do you believe in total abstinence from alcohol and any other mind-altering substance abuse and are you willing to go to any length to obtain sobriety? Yes ____ No ____

Please list any medical conditions: _____

Please list all medications: _____

Please list all known allergies: _____

Employment & Personal History

Are you able to work? Yes ____ No ____

When was your last employment? ___/___/_____

What kind of work have you done in the past? _____

Are you in a relationship? Yes ____ No ____

Number of children and where they are living: _____

Please provide three (3) Emergency Contacts:

NOTE: it is a requirement to provide 3 contacts!

- | | |
|------------------------------|-------------------------|
| 1. Name: _____ | Relationship: _____ |
| Phone #: (____) ____ - _____ | Address: _____
_____ |
| 2. Name: _____ | Relationship: _____ |
| Phone #: (____) ____ - _____ | Address: _____
_____ |
| 3. Name: _____ | Relationship: _____ |
| Phone #: (____) ____ - _____ | Address: _____
_____ |

Do you have any other information you would like to share? _____

In order for your application to be processed, you must sign the agreement on the last page.

******ONLY COMPLETE THE FOLLOWING QUESTIONS IF APPLYING FOR ERIN'S HOUSE******

Child's name: _____ Child's age: _____

Child's Date of Birth: ___/___/____ Child's Birth Gender: M / F

Do you have current full custody of the child? Yes ___ No ___
If not, who has custody and why do you not have full custody? _____

If not, do you have visitations with the child? Yes ___ No ___

Is the child in childcare currently? (i.e.: school, daycare, YMCA) Yes ___ No ___
If in childcare, please list the name, address, and phone # for facility: _____

Do you have the child's:

Birth Certificate? Yes ____ No ____

Social Security card? Yes ____ No ____

Does the child have all current vaccinations? Yes ____ No ____

If yes, do you have the vaccination records? Yes ____ No ____

If not, please list all vaccinations needed : _____

Has the child been diagnosed with any mental health challenges? Yes ____ No ____

If yes, please list diagnoses: _____

Are there any undiagnosed challenges? _____

Does the child have any allergies? Yes ____ No ____

If yes, please list: _____

Please list any and all medications the child is currently taking or needs: _____

Do you have any other information about the child you would like to share? _____

By signing below, I agree that the information provided is true to the best of my knowledge. I agree that if I have been dishonest in any way, my application will be discarded.

Name: _____

Date: ____/____/____