



John's House Application

If you need help filling this out, please call (541) 882-2053.

Applicant Information				
Name: Today's Date:		Date of Birth: Age: Gender:		
Current Address:		Contact/phone (how can we best reach you):		
Referral source & Phone number:		E-mail:		
Living situation: where are you currently sleeping?				
County:		Type of housing:		Length of time there:
Are you on the rental contract? Yes / No		Reason for leaving:		
List your last two places of residence or living arrangements, beginning with the most recent:				
Type of housing	County	Length of time	Were you on the rental contract? Yes / No	Reason for leaving
			Yes / No	
			Yes / No	
Do you currently consider yourself to be homeless or at risk of becoming homeless? Yes / No Please explain:				
Education				
Level of Education High School: <input type="checkbox"/> Some <input type="checkbox"/> Graduated GED: <input type="checkbox"/> Some <input type="checkbox"/> Obtained Certificate Diploma Program: <input type="checkbox"/> Some <input type="checkbox"/> Completed <input type="checkbox"/> Some College <input type="checkbox"/> Other Program		Are you interested in further education/training? Yes / No <input type="checkbox"/> High School Diploma <input type="checkbox"/> Tutoring <input type="checkbox"/> GED <input type="checkbox"/> Computer Training <input type="checkbox"/> College <input type="checkbox"/> Other: What are your educational goals?		
Have you ever had an Individual Education Plan? Yes / No / Don't know what this is If yes, please explain:				
Have you ever been suspended or expelled from school? Yes / No If yes, please explain:				
Culture				
Do you identify with any particular culture(s)? Culture may include, but is not limited to: family heritage, race, sexual orientation, religion, gender identification, economic status, and place of residence.				
Are you interested in participating in activities that relate to your culture or other cultures?				
Employment				
Are you currently employed? Yes / No		Are you Interested in finding a job? Yes / No		
List your work skills:				

Work History: If applicable, list your last two jobs beginning with most recent.

Name of Employer	Location	Position	Hrs per week	Pay Rate	Dates	Left on good terms
						Yes / No
						Yes / No

Finances

Do you or have you ever had: Checking account Savings account Credit card debt Debt to friends or family

Outstanding utility or phone bills Total amount due for all: \$ _____

How do you organize your bills, receipts, and income statements?

Financial Assistance: Check all that apply.

Food Stamps Amount \$ _____ Money from family or friends Amount \$ _____

DHS Subsidy Amount \$ _____ Educational loans or awards Amount \$ _____

Chafee Amount \$ _____

Medical Information

Current medical coverage: OHP None Private (Name of Carrier)

Present state of health: Excellent Good Fair Poor If fair or poor, please explain:

Do you have any chronic health conditions? Yes / No
If yes, please explain:

Are you Pregnant? Yes / No If Yes, How far Along?

Last doctor visit: Date _____ Reason:

Last dental visit: Date _____ Reason:

Medications: List prescription and non-prescription medications you should be taking.

Name of Medication	Reason	Dosage	Currently taking? (If no-please explain)
			Yes / No
			Yes / No

Psychological and Emotional Information (please do not repeat answers from previous section)

Have you ever experienced:

Anxiety Depression Difficulty with anger Difficulty with stress Eating disorder

Sleep disorder Suicidal thoughts Suicide attempt Hospitalization for emotional difficulties

Please describe:

Have you ever had counseling? Yes / No If yes, please describe:

Where	Age	How long	Topics discussed

Are you interested in seeing a counselor now? Yes / No

Legal

Have you ever been involved with:
The juvenile justice system? Yes No
The adult justice system? Yes No
A gang? Yes No

Have you ever been convicted of a crime? Yes No

Do you currently have:
Pending criminal charges or arrests? Yes No
A probation officer? Yes No

PO Name _____
Location _____
Phone _____

If you answered yes to any, please give details. Include dates, location and current status.

Drug & Alcohol History

When did you last use alcohol?
When did you last use drugs?
List all drugs you've ever tried. Include recreational use of prescription meds:

Have alcohol or drugs ever caused problems for you with:

Relationships	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friendships	<input type="checkbox"/> Yes <input type="checkbox"/> No	School	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decision Making	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No

After using alcohol or drugs, have you experienced:

<input type="checkbox"/> Hangovers	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> DUI's	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Blackouts
<input type="checkbox"/> Passing out	<input type="checkbox"/> Victimization	<input type="checkbox"/> Prolonged sleeplessness
<input type="checkbox"/> Positive UA	<input type="checkbox"/> Positive	
	<input type="checkbox"/> breathalyzer test	

Have you ever experienced:

- Withdrawals from alcohol or drugs Yes No
- People suggesting you have a problem with drugs or alcohol Yes No
- Being in a treatment program Yes No
- Considering yourself an alcoholic or addict Yes No

Do you consider yourself to be an alcoholic or addict?
 Are you currently in a recovery program?

Family & Support System

Describe your current living situation, including who resides in the home:

Describe your relationships with parents and/or stepparents, guardians, siblings, and other family members:

Who gives you emotional support and what type?

Strengths & Goals

What are your strengths?

What things would you like to improve about yourself?
What do you want to learn from John's House?
On an average day, how do you spend your time?
List supportive and non-supportive people in your life, other than family:
What are your goals?
Why would you be a good fit for John's House?
Do you have any food allergies and preferences that we should be aware of?
How do you feel about talking to a professional about your finances, relationships, employment, school, legal history, substance use health issues, and other personal matters?
When you have problems with:
Friends/family
Coworkers
People you are dating
Others
What do you do?
References: Two professionals, mentors or staff from an agency who can discuss your qualifications for this program (no friends, family, or program participants).
Name:
Contact:
Relationship:
Name:
Contact:
Relationship:

Signature

By signing below, you authorize Integral Youth Services to contact these references in order to obtain information that is pertinent to your acceptance into John's House.

Your Signature: _____

Date: _____

Please send application to:

**John's House
Integral Youth
Services**

115 N. 10th street
Klamath Falls, Or 97601

Or Fax: 541-882-6809

Or email:

bethanyosborn@iyskfalls.org