



## John's House Application

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

<b>Applicant Information</b>				
Name: Today's Date:		Date of Birth: <span style="float: right;">Age:</span> Gender:		
Current Address:		Contact/phone (how can we best reach you):		
Referral source & Phone number:		E-mail:		
<b>Living situation: where are you currently sleeping?</b>				
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 homeless or at risk of becoming homeless? Yes / No Please explain:				
<b>Education</b>				
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:				
<b>Culture</b>				
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 related to your culture or other cultures?				
<b>Employment</b>				
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 the 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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Food Stamps    Amount \$ _____ | <input type="checkbox"/> Money from family or friends    Amount \$ _____ |
| <input type="checkbox"/> DHS Subsidy    Amount \$ _____ | <input type="checkbox"/> Educational loans or awards    Amount \$ _____  |
| <input type="checkbox"/> Chafee    Amount \$ _____      |  |

**Medical Information**

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

The 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 the 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 a 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 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?	
<b>References:</b> 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 to obtain pertinent information to your acceptance into John's House.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send the application to:**

**John's House  
Integral Youth  
Services**

115 N. 10<sup>th</sup> street  
Klamath Falls, Or 97601

Email applications:  
[GZendejas@iyskfalls.org](mailto:GZendejas@iyskfalls.org)