

# MILAGRO HOUSE RESIDENT APPLICATION

Application Code: \_\_\_\_\_



Resident Application				
Last Name	First Name	Middle Initial	Today's Date	Birthdate / Age
Are you homeless?	Yes	No	Phone	
Where are you currently living?				
Address				
City		State	Zip Code	
How long can you stay at the above location?				
Last Permanent Address:				
Address				
City		State	Zip Code	
Who referred you to Milagro House?				
<p>The staff of Milagro House understands that each woman has her own life story so it is important that you answer the following questions honestly. We understand the nature of addiction and abusive relationships. Substance abuse and/or a criminal record will not disqualify you from admission to our program.</p>				
Are you:	Single	Married	Divorced	Separated
Please list your children below:				
Child's Name	Gender	Date of Birth	Live with you?	
1)				
2)				
3)				
4)				
Are you pregnant?	Yes	No	If yes, Due Date:	
Are you now, or have you ever been involved with Children and Youth? Yes No				
If yes, when?		Which Child?	What County?	
Are you adopted?	Yes	No	Have you ever been in foster care?	Yes No
Educational Data				
Last grade completed in school:		How long has it been since you attended school?		
In what city did you attend school?				
If you did not complete high school, why not?				
If you have attended a post-secondary program, where did you attend?			How long did you attend?	
What was your field of study?		How many credits did you earn?		

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Medical Data			
Do you or your children have any medical conditions?    Yes    No			
Please explain:			
Do you or your children have any mental health issues?    Yes    No			
Please explain:			
Please list any current medications, how often you take them, and how much you take:			
Do you have a history of drug or alcohol abuse?    Yes    No			
If yes, did you complete a treatment program?    Yes    No			
Where?		When?	
Amount of time clean/sober:		Can you drug test today?    Yes    No	
Do you attend NA/AA meetings?    Yes    No		How often?	
Where do you attend meetings?			
Income			
Are you currently employed?    Yes    No			
If yes, what is your current job:			Pay rate:
How long have you been there?		Full Time	Part Time
Please list past places of employment:			
Cash Assistance/Month: \$		Food Stamps/Month: \$	
Medical card?    Yes    No			
Please list any other sources of income:			
Criminal History			
Have you ever been convicted of a felony or misdemeanor?    Yes    No			
If yes, please explain:			
Please list any current probation or parole:			
To your knowledge, do you have any outstanding warrants?    Yes    No			
If yes, please explain:			