



<b><i>For Milagro House Use Only</i></b>	
CHART Referral:	_____
Practice Test Scores:	
Reading:	_____
Math:	_____

**RESIDENT APPLICATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino
- Client Doesn't Know
- Refused

Primary Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Client Doesn't Know
- Native Hawaiian or Pacific Islander
- Client Refused
- White

Current Residence: \_\_\_\_\_

Last Permanent Address: \_\_\_\_\_

Who referred you to Milagro House? \_\_\_\_\_

**FAMILY:**

1. Are you (circle): **Single**      **Married**      **Separated**      **Divorced**

2. How many children do you have? \_\_\_\_\_

How many are living with you? \_\_\_\_\_

Child's Name	Gender	Date of birth	With you?

3. Are you pregnant?      **Yes**      **No**

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

4. Are you now, or have you ever been involved with Children and Youth?      **Yes**      **No**



If Yes, When? \_\_\_\_\_ Which Child? \_\_\_\_\_

What County? \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_

5. Did you grow up in Foster Care? **Yes No**

If yes, for how many years? \_\_\_\_\_

6. Were you adopted? **Yes No**

### EDUCATION:

1. Do you have (circle): **High School diploma GED Neither**

If you completed high school, where from? \_\_\_\_\_

What year did you graduate? \_\_\_\_\_

If you did not complete high school; why not? \_\_\_\_\_

If you have your GED, where did you obtain it? \_\_\_\_\_

What year did you obtain it? \_\_\_\_\_

If you do not have a diploma or GED, what is the last grade you completed in school? \_\_\_\_\_

In what city did you attend school? \_\_\_\_\_

2. Have you ever been diagnosed with a learning disability? **Yes No**

If yes, what have you been diagnosed with? \_\_\_\_\_

3. Have you ever had an IEP or received special services while you were in school? **Yes No**

Please define special services:

\_\_\_\_\_  
\_\_\_\_\_

4. If you have attended a post-secondary program, where did you attend? \_\_\_\_\_

How long did you attend? \_\_\_\_\_ How many credits did you earn? \_\_\_\_\_

What is/was your field of study? \_\_\_\_\_

5. Please rate your computer keyboard skills on a scale from 1-5 (1-poor, 5-excellent) **1---2---3---4---5**

List any computer experience you may have:

\_\_\_\_\_  
\_\_\_\_\_

6. In the last six months, how many books have you read? \_\_\_\_\_

7. Who in your family has a college education? \_\_\_\_\_

8. Who in your family do you consider to be supportive of your educational goals?

\_\_\_\_\_



9. What are your immediate and long-term educational/career goals?

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**INCOME:**

1. Current workplace: \_\_\_\_\_ Position: \_\_\_\_\_  
Please specify:      **Temp Service**      **Full-Time**      **Part Time**  
Number hrs/wk: \_\_\_\_\_ Hourly pay rate: \$ \_\_\_\_\_ Length of employment: \_\_\_\_\_

2. Cash Assistance:      \$ \_\_\_\_\_/Month  
Food stamps (SNAP)      \$ \_\_\_\_\_/Month  
Medical card (MA)      **Yes**    **No**

Please list any other sources of income: \_\_\_\_\_  
\_\_\_\_\_

3. Do you have any debt?    **Yes**    **No**  
How much? \_\_\_\_\_  
If yes, explain (school, utilities, rent, etc.): \_\_\_\_\_

**MEDICAL:**

1. Do you have any medical conditions?    **Yes**    **No**  
Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have **OR** have you ever had any mental health issues?  
Depression:      **Yes**    **No**  
Anxiety      **Yes**    **No**  
Bi-polar:      **Yes**    **No**  
ADHD:      **Yes**    **No**  
Other:      **Yes**    **No**    please specify: \_\_\_\_\_

Have you ever been hospitalized for any mental health reason?    **Yes**    **No**  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_



3. Please list any current medications, how often you take them, and how much you take:

Medication: \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_  
Medication: \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_  
Medication: \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

4. Do you have a history of drug and/or alcohol abuse? **Yes No**

If yes, what is your drug of choice? \_\_\_\_\_

If yes, did you complete a treatment program? **Yes No**

Where? \_\_\_\_\_ When? \_\_\_\_\_

Amount of time clean/sober: \_\_\_\_\_

Could you pass a drug test today? **Yes No**

Do you attend NA/AA meetings? **Yes No** If yes, how often? \_\_\_\_\_

Where do you attend meetings? \_\_\_\_\_

**CRIMINAL HISTORY:**

1. Have you ever been convicted of a misdemeanor and/or felony? **Yes No**

If yes, please explain: \_\_\_\_\_

2. Have you ever been in jail? **Yes No** If yes, why? \_\_\_\_\_

3. Please list any current probation or parole: \_\_\_\_\_

4. To your knowledge, do you have any outstanding warrants? **Yes No**

If yes, please explain: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Do you have a learner's permit? **Yes No**

2. Do you have a driver's license? **Yes No**

3. Do you have any fines against your license? **Yes No**

If yes, please explain: \_\_\_\_\_

4. Do you have a car? **Yes No**

Out of all the social services in Lancaster County; **WHY** Milagro House? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_