



Path~Way to Purpose® Residential Housing Placement Form

(888)-419-0957 phone

(972)-692-5199 fax

info@CynthiaMickensMinistries.org

Personal Information

Name

Street

City

State

Zip Code

Home Telephone

Work Telephone

24-Hour Telephone

Birth date

Age

Social Security Number

Parent(s) Name

Street

City

State

Zip Code

Home Telephone

Parents Work Telephone

24-Hour Telephone

Spouse Name

Spouse Employer

Occupation

Street (home)

City

State

ZIP Code

Home Telephone

Spouse Work Telephone

Personal Information

Do you have dependent children? _____ If so, please list their names and ages below:

Where and with whom are they living? _____

With whom do you live? _____

Do you have other available places where you may live? _____

Have you ever lived in a shelter, residential housing, group home, drug treatment center, jail? _____ If so, explain:

Have you ever been prosecuted for an offense? _____ If so, please explain: _____

Are you currently serving probation? _____ If so, please explain: _____

Name of probation officer: _____ Phone # _____

Are you currently employed? _____ If so, where? _____

What is the name of your supervisor? _____

Weekly income? _____ Bi-weekly income? _____ Monthly income? _____

Have you been employed in the past? _____ If so, where and for how long? _____

Are there any persons you would not want to know where you are at this time? _____ if so, why not? _____

Are you drug free? _____

If not, what is your drug of choice? _____

About Your Spouse or Significant Other:

(check appropriate box):

 Married and Living Together? Married, not living together? Separated? Divorced? Living Together? Casual Relationship_____
Spouse or Significant Other Name_____
Phone Number**About You**

Do you attend church?

 Regularly Occasionally Christmas & Easter NeverDo you have a church home? Name of church: __________
Pastor's Name_____
Telephone Number of Church**Information on the Father of Your Child/Children**_____
Name of Birthfather_____
Age_____
Street_____
City_____
State_____
Zip Code_____
Home Telephone_____
Work Telephone_____
Employer

Are you still in relationship with the birthfather? _____

Name of Birthfather_____
Age_____
Street_____
City_____
State_____
ZIP Code_____
Home Telephone_____
Work Telephone_____
Employer

Are you still in relationship with the birthfather? _____

Other family members:

Name

Relationship

Educational History

At CMMPPW Residential Housing Program, we realize how very important education is regardless of your current situation. Therefore, all residents that have not received a high school diploma or GED are required to participate in our home-based education program. Those who have already graduated will participate in continuing education/life-skills courses.

Where are you currently in your education? (check all that apply)

_____ Dropped out of high school _____ Got GED & attend(ed) college

_____ Dropped out of high school & got GED _____ Got high school diploma

_____ Dropped out of high school & worked _____ Got diploma & worked

_____ Got diploma & attend(ed) college

_____ Currently attending school? Name of school: _____

What is the name of the last school you attended? _____

If you have dropped out of high school, please explain reasons: _____

When did you last attend? _____ Grade? _____

If you have obtained a GED, **please bring proof of your GED.**

What are your education goals for the future? _____

Are you attending college? _____ Name of college: _____

If you are currently enrolled in college, what is your major? _____

What school or community organizations are you currently involved, or have been involved with? _____

Medical History (Please answer each question)

Please complete the following information.

Primary Care Physician _____ Telephone _____

Have you seen a doctor in the last 12 months? _____

Have you had any medical problems? _____

If so, please explain: _____

Have you had any medical problems recently? _____ If so, please explain: _____

Hospitalizations:

When	Where	Why
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgeries:

When	Where	Why
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been diagnosed with a chronic illness? _____ If so, please explain: _____

Are you currently taking any medications? _____ If so, which ones and for what? _____

Do you have any allergies? _____ If so, please explain: _____

Are you currently experiencing any problems with your teeth? _____ If so, please explain _____

When was the last time you saw a dentist? _____

Dentist's Name, Address, and Telephone Number: _____

Do you wear braces? _____ Do you have equipment to care for your braces? _____

Do you wear glasses? _____ Contact lenses? _____

Do you have the equipment necessary to care for you contact lenses? _____

Are you currently having problems with your vision? _____ If so, please explain: _____

It is very important that you answer the following questions honestly and accurately. We cannot help you if you are not truthful with us.

Have you ever used drugs? _____ If so, when and what? _____

Are you now currently using drugs? _____ If so, what? _____

Have you ever used alcohol? _____ If so, when and what? _____

Are you now currently using alcohol? _____

Have you ever smoked? _____ If so, when & how much? _____

Are you now currently smoking? _____ How much? _____

Are you a sound sleeper? _____ Do you have nightmares? _____

Do you go to bed early or late? _____ Do you have any fears? _____

Have you ever had suicidal thoughts or tried to commit suicide? _____

How would you describe your temperament (quiet, bossy, nervous, energetic, depressed, etc)?

Are you normally more cold- or hot- natured? _____

Are you generally neat? _____ Have you ever had a roommate? _____

Is there anything else you would like for us to know about you at this time (i.e., habits, preferences, serious incidents? etc.)? _____

I request admission into CMM Path~Way to Purpose® Residential Housing program. I agree it is in my best interest for me to become a resident of this program. It is my intention to actively work on the serious issues that face me throughout the next few months.

Signature of Applicant

Date

Printed Name

Date