



Open Arms Village at St. Marks United Methodist Church Application

Please Print Below

First Name: _____ Middle Name _____

Last Name: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Florida Drivers License # _____

If you have had a name change, had other married names or used nicknames in the past, please list below:

Are you a U. S. Citizen: Yes No Are you able to read/write English well: Yes No

Phone Number: _____ Email: _____

Where did you stay last night: _____

How long have you been homeless: _____

How long have you been in Marion County? _____ Where is your nearest family: _____

Why are you homeless:

- | | | |
|--|---|--|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Expenses Exceed Income | <input type="checkbox"/> Family Abuse | <input type="checkbox"/> Loss of job |
| <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> Loss of Transportation | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> No affordable housing | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Substandard housing | <input type="checkbox"/> Release from Institution | <input type="checkbox"/> Utility shut off |
| <input type="checkbox"/> Low/No Income | | |

Write a few sentences about what brings you here/what happened? _____

Client's Signature

Client's Printed Name

Employment Status

Full Time Part Time Unemployed Disabled
 Disabled but working In school and working Retired Temp Work

If you are not currently employed, what was the last position held: _____

Why did you leave your last position: _____

Date of last position held: Start date _____ End Date: _____

If not employed are you currently looking for work: Yes No

If no, explain why: _____

Current Average Monthly Income:

Food Stamps	\$	TANF/Public Assistance	\$
SSI/SSDI	\$	Unemployment	\$
Social Security (Retirement)	\$	Day Labor	\$
Pension	\$	Wages/Salary	\$
Financial Aid	\$	Plasma	\$
Workers Compensation	\$	Family/Relatives	\$
Veterans Benefits	\$	Other	\$

Total Monthly Income: \$

Veteran and Military Service Information

Are you a Veteran: Yes No Did you serve in a war zone: Yes No
Are you currently in the military: Yes No List your service dates: _____
Service area: _____ Which military branch did you serve: _____
What type of discharge did you receive: _____

Disabilities

Are you disabled: Yes No Have you been disabled for more than a year? Yes No

Check all disabilities that apply:

Alcohol Abuse Ambulatory Auditory Developmental Visual
 Drug Abuse Bipolar Mental Illness Physical/mobility
 Dual Diagnosed Other

Substance Abuse

___Primary ___Secondary ___Tertiary

- 0. None
- 1. Heroin
- 2. Methadone
- 3. Synthetic
- 4. Alcohol
- 5. Prescription drugs
- 6. Over the Counter
- 7. Inhalants
- 8. Crack
- 9. Cocaine
- 10. Marijuana
- 11. Other _____

Legal

Have you ever been convicted of a misdemeanor? ___Yes ___No
 Have you ever been convicted of a felony? ___Yes ___No
 Have you ever been convicted of a sex crime? ___Yes ___No
 Have you served time in jail or prison? ___Yes ___No
 If yes, how long: _____

Are you currently on probation? ___Yes ___No
 If yes, what is the date your probation expires: _____
 Do you have legal fees/fines that you currently owe? ___Yes ___No

Medical Information

How would you rate your general health right now? ___Excellent ___Good ___Fair ___Poor
 ___Don't know ___Refused

Do you have a regular doctor? ___Yes ___No If so, who and where? _____
 When was your last medical exam, physical or screening? _____
 Are you currently taking any medications? ___Yes ___No If so, list all medications that you are
 currently taking: _____
 Is there medication that you are supposed to be taking but do not have it? _____

Do you have any known allergies? ___Yes ___No If so, what? _____

Do you currently use alcohol? ___Yes ___No Frequency? _____

Do you currently use drugs? ___Yes ___No Frequency? _____

Do you have a history of alcohol or substance abuse? ___Yes ___No Length of sobriety? _____

Have you every received treatment for a mental health issue? ___Yes ___No

When is the last time you had a dental appointment/check-up? _____

Are you currently fleeing abuse? ___Yes ___No
 Have you ever been a victim of domestic violence? ___Yes ___No

**Open Arms Village at St. Mark's United Methodist Church
AUTHORIZATION FOR BACKGROUND CHECK**

_____(Initial) I hereby authorize Open Arms Village to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to Open Arms Village information regarding convictions under Florida State Statutes or Statutes from other jurisdictions.

PLEASE PRINT BELOW

First Name: _____ Middle Name: _____

Last Name: _____ Sex: _____ Date of Birth: _____

Race: _____ Ethnicity: ___Hispanic ___Non-Hispanic

Social Security Number: _____

Drivers License Number: State _____ # _____

If you have had a name change, or used other names and/or nicknames in the past, please list below:

Client's Signature

Client's Printed Name