

PROVIDENCE MINISTRIES PRE-APPLICATION

Loreto House	<input type="checkbox"/>
Broderick House	<input type="checkbox"/>
McCleary Manor	<input type="checkbox"/>

Please complete in full – N/A if it does not apply

Date: _____

Accepted to wait list Denied Reason: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

DOB: _____ SS# _____ AGE: _____ STATE ID# _____

****Copy of State ID and Social Security Card required with submission****

REFERRAL INFORMATION

Referred by: _____

Contact Name & phone number if a bed becomes available: _____

Have you been a resident at Providence Ministries Yes No

If yes, when? _____ House? _____

Primary Language? _____ Homeless? Yes No

Marital Status: Married Single Divorced Widowed

Occupation? _____ Date last worked? _____

Do you now or have you ever used another name or SS number? Yes No

Are you experiencing and of the following:

Probation Parole Case Pending Warrants Restraining Order

Probation/Parole Officer: _____ Phone: _____

Court: _____ Phone: _____

Have you ever been convicted of any of the following?

Arson Murder Rape Kidnapping Assault Sex Crimes

Outcome? _____

Have you ever been diagnosed with a psychiatric illness? Yes No

Diagnosis: _____

Psychiatric Hospitalizations? Yes No When? _____ Where? _____

Diagnosed Condition(s)

Prescription

_____	_____
_____	_____
_____	_____

Are you taking prescribed medical and or psychiatric medications? Yes No

Prescriber: _____ Phone Number: _____

Medication

Dose

Last taken

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check whatever applies

Are you / or have you / ever been abusive towards yourself? Yes No

Are you / or have you /ever been abusive toward others (physically/emotionally/sexually?) Yes No

Are you/or have you/ever been a victim of violence? Yes No

Please explain: _____

History of suicide attempts? Yes No When? _____ Outcome? _____

Do you use tobacco? Yes No Are you interested in quitting? Yes No

Any substance use dependences? _____

IV Drug use? Yes No When? _____

What substance used? _____ Date last used? _____

Have you ever had experiences with following?

WHERE?

WHEN?

OUTCOME(S)

DETOX _____

CSS/TSS _____

RECOVERY HOME _____

OUTPATIENT _____

OTHER _____

Have you served in the military? Yes No Branch? _____

Name of Primary Care Physician: _____ Phone: _____

Date of last physical exam: _____

Date of last Hepatitis C test? _____ Date of last TB test? _____

Are you enrolled in a Medically Assisted Treatment program? Yes No

Methadone Suboxone Other _____ Dosage? _____ Detox Maintenance

Future resident must have sustainable income:

Current source of income: _____ Amt: \$ _____ Wages Unemployment

SSI SSDI Workman's Comp. VA Savings Other None

What is your attitude/involvement with AA/NA: _____

Do you have a spiritual orientation or practice? Yes No Explain: _____

Do you want to address spirituality in your recovery? Yes No

Why do you want to come to Loreto House? _____

How do you feel about living with people from different backgrounds? _____

PMN reserves the right to deny ANY misrepresentation on this application will result in termination of consideration. **I certify all information is true and correct to the best of my knowledge.**

Name: _____ Date: _____

For PMN/Loreto House ONLY

Notes and Impressions: _____

PMN/Loreto House Team: _____ Date: _____



Providence Ministries for the Needy, Inc.

CORI REQUEST/APPROVAL FORM

PROVIDENCE MINISTRIS is registered under the provisions of M.G.L. c. 6, 172 to receive CORI for the purpose of screening current and otherwise qualified perspective employees, subcontractors, volunteers, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information the DCJIS. I hereby acknowledge and provide permission to PMN to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

THIS IS FOR EMPLOYMENT, VOLUNTEER & LICENSING PURPOSES ONLY:

PMN may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, a written notice of the check is required to be supplied.

By signing, below I provide my consent to a CORI check and acknowledge that the information provided on the Acknowledgement form is true and accurate.

Signature of Applicant (Required)

Date

To be filled out legibly by staff with supporting documentation.

LAST NAME*

FIRST NAME*

MI

DATE OF BIRTH*

SOCIAL SECURITY*

SEX*

Race: (Use code _____)

A=Amer.Indian/AS=Asian/B=Black/U=unknown/W=White

Father's Last Name

Mother's Last Name

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING FORMS OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION AND SOCIAL SUPPLIES WITH THIS FORM*****

DEPARTMENT REQUESTING: **HOUSING/PLACEMENT**

STAFF – REQUEST/VERIFIED BY: _____

PROCESSED BY: _____

REVIEWED BY: _____

NO FORM WILL BE PROCESSED WITHOUT THE PROPER DOCUMENTATION ATTACHED.