

Providence Ministries Loreto House Application

Accepted to wait list Denied Reason: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

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

COVID-19 VACCINATION: YES _____ NO _____ WILLING TO RECEIVE: _____

COPY OF STATE ID, SOCIAL SECURITY CARD AND VACCINATION CARD REQUIRED WITH SUBMISSION

REFERRAL INFORMATION

Referred by: _____

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

Have you previously been a resident of any Providence Ministries Sober Homes? _____

If yes, when? _____ What house? _____ Primary Language? _____

Occupation? _____ Date last worked? _____

Are you currently on or do you have: Probation Parole Case Pending Warrants
Restraining Order

Probation/Parole Officer: _____ Phone: _____

Court: _____ Phone: _____

Have you ever been convicted of the following? Arson Murder Rape Sex Crimes

Have you been diagnosed with a psychiatric illness? Yes No

Diagnosis: _____

Psychiatric Hospitalizations? Yes No

When? _____ Where? _____

Diagnosed Condition(s)? _____

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

Prescriber: _____ Phone Number: _____

History of Suicide Attempts? Yes No When? _____

IV Drug Use? Yes No What substance? _____

Date last used? _____

DETOX: Yes No Where? _____ When? _____

CSS/TSS: Yes No Where? _____ When? _____

Recovery Home Yes No Where? _____ When? _____

Outpatient: Yes No Where? _____ When? _____

Other: Yes No Where? _____ When? _____

Name of Primary Care Physician: _____ Phone: _____

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

Methadone Suboxone Other Dosage? _____

Circle one: Detox or Maintenance Use

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

Printed Name: _____ Date: _____

Signature: _____



Providence Ministries Income Verification Application

Date: _____ Name: _____

Are you currently employed? Yes _____ No _____

Employer: _____ Weekly Income: _____

How do you get paid: Weekly: _____ Bi-weekly: _____ Monthly: _____

Do you receive unemployment? Yes _____ No _____

Amount: _____ Per week: _____ Month _____

How long will you continue to receive Unemployment? _____

Do you receive disability payments? Yes _____ No _____

Amount: _____

Do you receive Social Security or SSI? Yes _____ No _____

What benefits: _____ Amount: _____

Do you have any other income ex. Retirement, annuity, pension...? Yes ___ No ___

Income Type: _____ Amount: _____

Do you currently have the funds needed for your initial payment? Yes ___ No ___

Do you have Family / Friends that are willing to help pay in an emergency?

Yes _____ No _____

If so what is the relationship: _____

Printed Name: _____ Date: _____

Signature: _____

MEDICATION LIST TEMPLATE

NAME _____

MEDICATION ALLERGIES _____

DATE OF LAST UPDATE _____

MEDICATION LIST

MEDICATION	DOSAGE STRENGTH	FREQUENCY	CONDITION/MEDICATION TREATS	PHYSICIAN	NOTES
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Providence Ministries for the Needy, Inc.

CORI REQUEST/APPROVAL FORM

PROVIDENCE MINISTRIES 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 leaase 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 personall information the DCJIS. I hereby acknowlede and provide permission to PMN to submit a CORI check for my information to the DCJIS. This authorization is valid for one 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 toa 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

_____	_____
Fath's Last Name	Mother's Last Name

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING FORMS OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION AND SOCIAL SUPPLIED 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.