

Plumb Place

Application

Date _____

This application must be completed in full.

There is a \$25.00 non refundable application fee.

Information marked with an * is used for statistical purposes only.

PERSONAL INFORMATION

Name: _____ Race/Ethnicity*: _____ Date of Birth*: _____

Social Security #: _____ County of Origin*: _____ Vehicle Type/Make: _____

Driver's License #: _____ State of issue: _____ Are you a veteran?* Yes No

IMPORTANT - Phone number where you can be reached if your application is approved: _____

Why are you applying to stay at Plumb Place? _____

Have you applied at Plumb Place before? Yes No If yes, please explain: _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Please list your four most recent addresses and dates of residency.

	<u>Address</u>	<u>City</u>	<u>State</u>	<u>From</u>	<u>To</u>
1.					
2.					
3.					
4.					

Present Landlord (if applicable):

Name: _____

Address: _____

City: _____ State: _____ Telephone: _____

Have you ever been evicted from a residence? Yes No If yes, please explain: _____

Referred by (if applicable): _____

EMPLOYMENT/FINANCIAL INFORMATION

Employer: _____ Employer's Telephone #: _____

Hourly Pay: _____ Hours Worked per Week: _____

Gross Monthly Income (before taxes): _____

Sources of income*: Place amount in appropriate box

SSI	_____	General Public Assistance	_____
SSDI	_____	Unemployment Benefits	_____
Social Security	_____	Veteran's Benefits	_____
Medicaid	_____	Veteran's Health Care	_____
Food Stamps	_____	No Financial Resources (check if applies)	_____
Other	_____		

Do you currently have any unpaid bills? Yes No If yes, please explain: _____

Please list other debt or monthly payments you have - including medical expenses and/or co-pays.

_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT - Please provide a copy of your most recent pay stub or other written verification of income.

SOCIAL SERVICE INFORMATION

Please list any therapists, counselors, or others who are providing services to you. For example: SRS, Court Services, Social Security, Attorneys, SOS, etc. If there are more, please attach an extra sheet.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____

IMPORTANT - The above people may be contacted concerning you residing in a shared living setting. No questions regarding professional services will be asked without a release of information form. **Withholding information will result in the denial of residency at Plumb Place.**

What do you consider to be your top three goals (what do you want to achieve in the next year)?

1. _____
2. _____
3. _____

By my signature, I certify that the information contained in this application is true and factual to best of my knowledge. If any false information is given, your application may be denied.

_____	_____
Signature	Date
_____	_____
Director of Resident Services	Date

MEDICAL HISTORY

Name: _____

Primary health problem and how long: _____

<u>Medical Issue</u>	<u>When</u>	<u>Medical Issue</u>	<u>When</u>
Chicken pox	_____	High blood pressure	_____
Measles	_____	Diabetes	_____
German measles	_____	Gallbladder	_____
Whooping cough	_____	Liver trouble	_____
Scarlet fever	_____	Asthma/allergy	_____
Rheumatic fever	_____	Chest pain/heart attack	_____
Mumps	_____	Kidney disease/stones	_____
Polio	_____	Anemia	_____
Tuberculosis	_____	Stroke	_____
Cancer	_____	HIV/AIDS	_____
Stomach ulcers	_____	Drug abuse	_____
Colitis	_____	Mental illness	_____
Alcohol abuse	_____	Developmental disability	_____
Physical disability	_____	Domestic violence	_____
Other	_____		

Please list name and dosage of the medications you are currently taking.

<u>Medication Name</u>	<u>Dose</u>	<u>Medication Name</u>	<u>Dose</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known allergies.

EMERGENCY CONTACT INFORMATION

In case of an emergency, list 2 persons to be contacted. By giving these names, you are giving permission for Plumb Place staff and/or Plumb Place Board Members to contact these people.

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

