

Clarksburg Mission Program Application

Date: _____ Time: _____ Staff: _____

Name: _____ D.O.B: _____

Emer. Contact/Ph. No.: _____ Personal Phone No.: _____

Family Status

Marital Status: _____ Where is your spouse? _____

What is the status of your relationship? _____

Are you pregnant? _____ Due Date? _____ Doctor's Name: _____

Children's Information: Name/Age/Sex/Custody: _____

Do you have an open CPS case? _____ Explanation: _____

Who will care for your children if you attend this program? _____

Relationship to children and contact info: _____

Alcohol and Drug Abuse History

Do you have any history with any of the following? Check all that apply: Alcohol ___ Marijuana ___ Heroin ___
Cocaine ___ Nicotine ___ Meth ___ Prescription Drugs ___ Ecstasy ___

Drug of Choice? _____

How long have you used? _____ When was the last time you used? _____

What did you use? _____ Have you been through detox? ___ Yes ___ No

Mental Health

Have you been diagnosed with a mental health condition? _____

Were medications given? _____ What were the medications? _____

Were you hospitalized? _____ If so, where? _____

What was your diagnosis? _____

Have you ever attempted suicide? ___ If so, when? _____

Medical Health

Do you have any physical health problems? Explain _____

What medications are you taking? _____

How will you be paying for your medical needs? _____

Housing Status

Have you applied for housing? _____ Which programs? _____ When? _____

Are you currently sanctioned from any housing programs? _____

Reason: _____ Date Lifted: _____

Last known address: _____

Legal History

Have you ever been arrested? _____ If so, how many times? _____

Convictions? _____ Sentence: _____

Currently on probation/parole/home confinement? _____ Upcoming court dates? _____

When? _____ Location: _____

When? _____ Location: _____

Outside Legal Team (name, phone, email address)

CPS Contact: _____

Attorney: _____

Probation/Parole Officer: _____

Child Support Caseworker: _____

Vital Documentation

Do you have the following?

S.S. Card _____ Birth Cert. _____ Valid Photo I.D. _____ Valid Driver's License _____

If accepted, bring the original documents with you when you come.

ACCEPTED NOT ACCEPTED

Director Signature: _____ **Date:** _____

Assigned Program: _____