



maryland living center Resident Application

Thank you for your interest in the Maryland Living Center. Please fill out this application to the best of your knowledge and as completely as possible. This will be used to determine your acceptance priority at any time there is a wait list.

Please return the completed application via fax to (402)834-3181 or mail it to 724 W. 7th St Hastings, NE 68901

Person completing this form: _____ Date: _____

Applicant referred by: Name: _____ Agency: _____ Phone# _____

1. IDENTIFYING INFORMATION: (Not used to determine acceptance, for reporting purposes only)

Name: _____ Age: _____ Birthday: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Best phone number(s) to reach you: _____

Gender: Male / Female / Transgender Male to Female / Transgender Female to Male / Do not wish to disclose

Sexual Orientation: Heterosexual / Homosexual / Bisexual / Questioning or Unsure / Do not wish to disclose

Race: (circle all that apply) American Indian / Asian / African American / Pacific Islander / White

Ethnicity: Hispanic or Latino / Not Hispanic or Latino

Marital Status: Never Married / Married / Divorced / Separated

Are you currently or have you ever been in Foster Care? Yes / No

When do/did you age out? _____

Please circle the personal documents that you either have or have immediate access to:

Social Security Card / Birth Certificate / Driver's License / State ID / Medical Records / Mental Health Records

2. PARENT/LEGAL GUARDIAN: (Only if applicant is under 19)

Parent/Legal Guardian: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

3. CHILDREN:

Are you expecting? Yes / No If yes, what is your estimated due date? _____

Do you have children? Yes / No If yes please answer the questions below:

Please list the name(s) of your children, age, and the name of the other parent: _____

Do you have legal custody of your children? Yes / No Do you have visitation rights? Yes / No

Do they live with you? Yes / No If not, where do they live? _____

4. LIVING SITUATION

Current Living Situation: (Mark those that apply)

At Risk of Homelessness: ___ Couch Surfing ___ Friend's / Family's Residence ___ Residential Program

I've been told I need to be out by: _____

Reason why I need to leave this place: _____

Homeless: ___ On the streets ___ In a vehicle ___ Shelter ___ Other (explain) _____

5. SUPPORT SYSTEM

Please list the three people (parent, guardian, sibling, friend, significant other, counselor, etc.) that you can count on the most:

1. Name: _____ Relationship: _____ Age: _____

Address: _____ Phone #: _____

2. Name: _____ Relationship: _____ Age: _____

Address: _____ Phone #: _____

3. Name: _____ Relationship: _____ Age: _____

Address: _____ Phone #: _____

6. EMPLOYMENT INFORMATION:

Employed – Full time / Part time / Seasonal / Sporadic If employed, where? _____

How long have you worked here? _____ Hours per week? _____ Wage? _____

Unemployed – Looking for work / Unable to work / Not looking

If unable to work or not looking, why? _____

Are you in Vocational Rehab? Yes / No If yes, who is your worker? _____

Please list your past three jobs, starting with the most recent first:

	<u>Dates Worked</u>	<u>Employer</u>	<u>Wages</u>	<u>Position</u>	<u>Why You Left</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

7. FINANCIAL INFORMATION:

Do you receive? (circle all that apply) SNAP / Medicaid / WIC / SSI / SSA / Former Ward / Other _____

Have you filed for unemployment? Yes / No If yes, when? _____

Do you currently have a bank account? Yes / No

Do you currently have any outstanding debts? Yes / No If yes, explain. _____

8. EDUCATIONAL AND TRAINING INFORMATION:

Have you graduated high school/received GED? Yes / No

If yes, what year? _____ What school? _____

If you are currently in school – What grade? _____ What school? _____

Are you currently attending college/vocational training/job training? Yes/No

If yes, where? _____

9. MEDICAL/MEDICATION

Do you have medical insurance? Yes / No If yes, who is your provider? _____

When was your last thorough medical exam? _____ Doctor: _____

When was your last dental exam? _____ Doctor: _____

When was your last eye exam? _____ Doctor: _____

If female, when was your last gynecological exam? _____ Doctor: _____

Do you drink alcohol? Yes / No

If yes, how often and to what extent? _____

Do you, or have you at any time, used any illegal substances? Yes / No What substance(s)? _____

If yes, how often and to what extent? _____

Do you have a disability? Yes / No If yes, explain: _____

Do you have a mental health diagnosis? Yes / No If yes, explain: _____

Are you currently taking any medications? Yes / No If yes, please list them below

	<u>Medication</u>	<u>Dosage</u>	<u>Reason for Taking</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

10. LEGAL INFORMATION

Are you a U.S. Citizen? Yes / No

Have you ever been arrested? Yes / No

Have you ever been charged with a: Misdemeanor? Yes / No Felony? Yes / No

Have you ever been convicted of a: Misdemeanor? Yes / No Felony? Yes / No

If yes, Date: _____ Charged: _____ Outcome: _____

Date: _____ Charged: _____ Outcome: _____

Are you or have you ever been on Probation? Yes / No

If yes, who is your Probation Officer? _____ Phone #: _____

Upcoming Court Date: _____ County court is held in: _____

11. PERSONAL HISTORY:

Please circle any of these topics which apply to you currently or have applied to you at any time in the past
Alcohol Abuse / Drug Abuse / Mental Health Diagnosis / Victim of Domestic Abuse / Victim of Sexual Abuse /
Victim of Physical Abuse / Victim of Emotional Abuse / Gang Affiliations / Sexual Offender / Self Harm

Are you presently in counseling? Yes / No

If yes, who is your therapist? _____ Phone: _____

Have you ever been placed out of your home (Group Home, Foster Care, Detention, Residential Care, Rehabilitation, YRTC, etc)? Yes / No If yes, list all placements, with the most recent first:

	<u>Dates</u>	<u>Placement Name</u>	<u>Reason Placed</u>	<u>Discharge Status</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

12. PERSONAL OPINION

What are your reasons for applying to the Maryland Living Center? Please include circumstances around your current living situation.

List three things you like about yourself:

1. _____
2. _____
3. _____

List three things about yourself that you feel need improvement/attention:

1. _____
2. _____
3. _____

13. INDEPENDENT LIVING SKILLS

On a scale of 1-5, how would you rate yourself on your ability to do the following: (1 = not good at all, 2 = sometimes good, 3 = usually good, 4 = good most of the time, 5 = always good)

Money Management: _____ Food Management: _____ Personal Appearance: _____ Health: _____
Emergency and Safety Skills: _____ Housekeeping: _____ Job Seeking Skills: _____
Educational Planning: _____ Interpersonal Skills: _____ Legal Skills: _____
Job Maintenance Skills: _____ Transportation: _____ Educational Planning: _____
Knowledge of Local Resources: _____ Leisure Activities: _____ Housing Knowledge: _____

On a scale of 1-5, how do you get along with? (1 = I don't – 5 = very good. Use 0 if not applicable)

Mother: _____ Father: _____ Siblings: _____ Peers: _____ Teachers: _____
Bosses: _____ Co-Workers: _____ Police: _____ Landlords: _____

Problem Solving:

What do you do when you get angry? _____
What do you do when you are faced with peer pressure? _____
What is your reaction when you are told what to do by someone in authority? _____

What are your hobbies? _____

Goals:

What is your dream job? _____
What makes it difficult for you to find/keep a job? _____
What is your plan for the future? _____

Personal Objectives:

Why do you feel you would benefit from being a part of the Maryland Living Center? _____

If you are accepted, what goals do you wish to accomplish while in the MLC program? (list at least three)

I, the undersigned, understand that the above information is being considered for my acceptance into the Maryland Living Center. I also understand that this is only one part of the application process and that I am not guaranteed acceptance by returning this application. Final acceptance into the program is based on all parts of the application process (interview, documents received, etc).

Applicant Signature

Date

I also understand that the Maryland Living Center is not just a place to live, but it is a program. I agree that if I am accepted into this program that I am willing to work all parts of the program to be successful.

Applicant Signature

Date