MSH Application

*** Denotes required field**

1. Full name (Last, First, Middle Initial): *

2. Address (Street, City, State, & Zip): *

3. Phone Number: *

4. Email: *

5. Emergency Contact (name & phone number): *

6. In your own words, why are you choosing the Mustard Seed Homes Recovery Program? *

7. Please check the box next to the goals you would like to achieve. *

- ☐ **Apply for Healthcare Insurance**
- ☐ **Apply for Disability**
- ☐ **Establish Primary Care Physician**

- [ ] **Address Addictive Behaviors (codependency, gambling, sex, pornography, ect...)**
- [ ] **Receive Treatment for Addictions**
- [ ] **Gain Sobriety**
- [ ] **Improve Overall Health & Wellbeing**
- [ ] **Learn How to Budget Finances**
- [ ] **Pay off Debt**
- [ ] **Seek Professional Help for Mental Health**
- [ ] **Improve Mood Management Skills**
- [ ] **Improve/Reestablish Family Relationships**
- [ ] **Learn Behavioral Modification (for anger, depression, anxiety, ect...)**
- [ ] **Learn Better Coping Skills**
- [ ] **Grow in Christian Faith**
- [ ] **Achieve Education Goals**
- [ ] **Find Stable Long-Term Employment**
- [ ] **Resolve Child Support or Other Legal Issues**

8. Of the Goals listed above what is your #1 goal you would like to work on? *

9. Of the Goals listed above what is your #2 goal you would like to work on? *

10. Of the Goals listed above what is your #3 goal you would like to work on? *

11. Please list & describe your CURRENT physical health issues (you will answer a question later about past physical health issues): answer NONE if you don't have any current issues. *

12. Please list & describe your CURRENT mental health issues (you will answer a question later about past mental health issues): answer NONE if you don't have any current issues. *

13. Please list and describe any past physical and/or mental health issues (please include hospitalizations, accidents, and illnesses): answer NONE if you don't have any past physical and/or mental health issues. *

14. If you are under the care of a healthcare professional or mental health professional please list their Name, Practice, and Phone Number. *

15. How would you rate your overall physical health? *

- ☐ **POOR**
- ☐ **FAIR**
- ☐ **GOOD**
- ☐ **EXCELLENT**

16. Date of last physical exam: *

17. Do you have current health insurance or benefits? If yes, please list name of insurance company: *

18. Have you ever experienced convulsions or seizures? If yes, please list the date of the last occurrence: *

19. If you answered yes to seizures above, were they related to alcohol/drug use, or detox? *

- ☐ **YES**
- ☐ **NO**

20. Please list and describe any allergies you have (medications, food, environmental, etc...) *

21. Date of last TB Test and results (positive or negative): *

22. Date of last AIDS test and results (positive or negative): *

23. Date of last HEP-C test and results (positive or negative): *

24. Have you ever been diagnosed with a traumatic brain injury? *

- ☐ **YES**
- ☐ **NO**

25. Do you currently take any prescriptions or over-the-counter medications? If yes, please list medication name, reason for taking, dosage, and date started. *

26. How would you rate your overall mental health? *

- ☐ **POOR**
- ☐ **FAIR**
- ☐ **GOOD**
- ☐ **EXCELLENT**

27. Have you ever had a psychological evaluation(if yes please list the date of evaluation): *

28. Have you ever been treated for a psychological disorder or mental illness?(if yes please list illness treated for, where you were treated, and when you were treated). *

29. Are you currently dealing with drug and/or alcohol use issues? *

- ☐ **YES**
- ☐ **NO**

30. What drugs/alcohol have you used in the last 30 days? *

- ☐ **Alcohol**
- ☐ **Barbiturates**
- ☐ **Cocaine**
- ☐ **Ecstasy**
- ☐ **Inhalants**
- ☐ **Methamphetamine**
- ☐ **Opiates**
- ☐ **Over-the-Counter**
- ☐ **Prescription Pills**
- ☐ **THC/Marijuana(including synthetics)**
- ☐ **Tobacco**
- ☐ **Other**

31. Do you consume any of the following drinks? *

- ☐ **Coffee**
- ☐ **Tea**
- ☐ **Pop**
- ☐ **Energy Drinks**

32. Of the drinks you just listed, how many cups/cans do you consume in a day? *

- ☐ **1 daily**
- ☐ **2 daily**
- ☐ **3 daily**
- ☐ **4 or more daily**

33. Please select the types of tobacco that you use: *

- ☐ **Cigarettes**
- ☐ **Vaping Products**
- ☐ **Smokeless Tobacco**

34. From the choices listed above concerning tobacco, how many times a day do you use it?

- ☐ **1-2x per day**
- ☐ **3-4x per day**
- ☐ **5-6x per day**
- ☐ **7+ times per day**

35. What is your drug(s) of choice? *

36. When was the last time you used drugs? *

37. When was the last time you drank alcohol? *

38. How old were you when you first used, alcohol, tobacco, or drugs(write each substance and the age of use with it)? *

39. What has been your longest period of abstinence EVER from alcohol and/or drugs? *

40. What has been your longest period of abstinence in the LAST 12 MONTHS from drugs and/or alcohol? *

41. How many serious attempts have you made to stay abstinent from drugs and/or alcohol? *

42. What other life controlling issues do you want to address while in the program (food, sex, relationships, ect...)? *

43. How would you rate your overall spiritual health?

- ☐ **POOR**
- ☐ **FAIR**

- ☐ **GOOD**
- ☐ **EXCELLENT**

44. Do you consider yourself religious and/or spiritual? *

45. Did you grow up in the church? *

- ☐ **YES**
- ☐ **NO**

46. Please list the church you attend or prefer to attend: *

47. Please list Pastor(s) or religious/spiritual mentor(s) in your life(if you don't currently have one please answer NONE) - Please list their phone number or the church they are from as well. *

48. Do you have any religious/spiritual goals? If yes please explain. *

49. Do you have any spiritual/religious problems to resolve? Please list and explain. *

50. In your own words, please tell us your story, who you are and how you got to this point: *

51. Education: Please list where you attended high school, along with address: *

52. Please list where you attended College, along with addresses: *

53. Did you graduate High School?

- ☐ **YES**
- ☐ **NO**

54. Did you graduate college?

- ☐ **YES**
- ☐ **NO**

55. If you graduated college, what degree(s) did you earn? *

56. Have you ever been diagnosed with a learning or developmental disability (if yes, please explain)? *

57. Employment History: Please list your past employment, include Company, Job title, Responsibilities, Start date, End Date, and Reason for leaving(please list as many as you can): *

58. Military Service: Please list what branch you served in, date started, date discharged, rank at discharge, type of discharge, *if discharge other than honorable, explain: *

59. Financial Status: Do you have any financial issues to resolve(ex: outstanding debt, money management, ect)? *If yes, please explain. *

60. Do you have: (check all that apply) *

- ☐ **Checking Account**
- ☐ **Savings Account**
- ☐ **Credit Cards**
- ☐ **Overdraft Protection**
- ☐ **Line of Credit**
- ☐ **Other Loans**

61. How much cash do you have available? *

62. If you have a checking or savings account, how much is in each? *

63. How much do you have in other financial resources? (ex: stocks, 410K, retirement, real estate, inheritance, ect...) *

64. Do you pay child support? *

- ☐ **YES**
- ☐ **NO**

65. If yes to child support, how much? *

66. Are you behind on child support payments? *

- ☐ **YES**
- ☐ **NO**

67. If yes to being behind on child support, by how much are you behind? *

68. Please list any currents debts or required bills: (ex: fines, loans, ect...) Please list type, if current or behind, and the amount. *

69. Please list sources of income, along with frequency, and amounts: *

70. Legal Status: please list any legal matters that you need to resolve while in the program and please explain. *

71. Are you involved in any of the following legal matters:(check all that apply)

- ☐ **Assault Charges**
- ☐ **Childcare or Custody**
- ☐ **Civil Lawsuits**
- ☐ **Diversion**
- ☐ **Divorce Proceedings**
- ☐ **Mandated Treatment**
- ☐ **Outstanding Warrents**
- ☐ **Parole**
- ☐ **Probation**
- ☐ **Other**

72. If you have Offender Registrations or Restrictions please list them here:

73. Please list any pending court appearances, along with when and where:

74. If applicable: Please list your parole or probation officer's name, phone number, and how often you report:

75. When we run a background check/report, what will we find? *

76. Relationships: Please check all that apply *

- ☐ **Married**
- ☐ **Single**
- ☐ **Divorced**

- [ ] **Widowed**
- [ ] **Children**

77. If you have children please list their names, ages, gender, and location:

78. Is there any other information that you feel would be important for us to know for determining our programs ability to meet your needs? *

79.
By checking YES, you are certifying that your answers are true and complete to the best of your knowledge. You understand that a case manager is available to help you with any questions and to explain what is unclear to you.
If this application leads to program admission, you understand that false and misleading information in your application or interview may result in your release.

- [ ] **YES**
- [ ] **NO**

80. By selecting "YES," you are granting us permission to contact the individuals listed on this application, including parole/probation officers, family members, and church pastors/mentors.

- [ ] **YES**
- [ ] **NO**

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