



Application for Admission

Date: _____

Name: _____ Birthdate: _____ Race: _____

Social Security # _____

Phone # _____ Email: _____

Who referred you to Serenade Heights? _____

Name & Phone for referral _____

Why would you like to be accepted into the Serenade Heights Program? _____

Children:

Name	Race	DOB	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital status: _____ Marriage date: _____ Divorce date: _____

Religious Affiliation: _____

Veteran Status: Are you a veteran? Give dates and status _____

Disability Status: Are you disabled? _____ no _____ yes (check disability below)

Physical/medical

HIV/AIDS

Mental health

Substance abuse- recovery date _____

**Serenade Heights is not a substance abuse recovery program and is not equip to help applicants recover from substance abuse. Serenade Heights requires proof from an agency (or documentation from a*

support group) of two years of sobriety and documentation of completion of a drug rehabilitation program before application is complete if applicant has a history of substance abuse.

Developmental

Other _____

Homeless Status:

If you could not maintain an income or stay housed within the past 12 months, please check all that apply:

Domestic Violence

Family breakup

Fire/other disaster destroyed my home

Evicted due to non-payment of rent

Evicted for other reason

Discharged from an institution

Job loss

Mental illness

Medical problem or medical costs

Alcohol or other drug use

Money management problems

Other reason-explain _____

Have you ever been involved with Child Protective Services (DFACS)? _____ If yes, when and why?

How long and how many times have you been homeless?

What shelters/programs for the homeless were you in?

In what city and states have you experienced homelessness?

Drug/Alcohol Use?

Explain: _____

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Arrests/Convictions for self or children?

Explain: _____

Dates of Convictions or arrests?

**A background check will be administered for all applicants. The staff will review & proceed with application as they see fit.*

Incidence of victimization from abuse for Self or Children:

**Serenade Heights is not a domestic abuse recovery program and is not equip to help applicants recovering from an abusive situation. Serenade Heights requires applicants to be 1 year out of any domestic violence situation with no TPO's or legal orders outstanding. The staff will review & proceed with application as they see fit.*

Residential History:

Current residence:

Dates of residence: _____ Rental amount: _____

Landlord Name & number:

Reason for leaving:

Previous residence:

Dates of residence: _____ Rental amount: _____

Landlord Name & number:

Reason for leaving:

Previous residence:

Dates of residence: _____ Rental amount: _____

Landlord Name & number:

Reason for leaving:

Education:

Highest grade completed? _____

High school diploma? _____ GED? _____

Some College? _____ Degree? _____

Certificates? _____

Technical/Trade Education? _____

Special Training/Skills? _____

**Serenade Heights requires applicants to have their GED to move forward with application process.*

Describe your job interests or career

goals: _____

Employment History:

Current Employer: Job Title: Start date: Salary:

Previous Employer: Job Title: Dates: Salary:

Reasons for Leaving:

Previous Employer: Job Title: Dates: Salary:

Reasons for Leaving:

Job skills:

What other sources of income have you had in the last 6 months? Check all that apply w/ amounts:

TANF _____

Unemployment Compensation _____

Social Security/SSI _____

Relatives/partner/friends _____

Food stamps/how much? _____

Other sources (please describe) _____

In the past 12 months, have you needed to obtain financial assistance to meet your needs? If so when and where?

Current monthly expenses (car payment/insurance, child care, student loans, storage, phone, etc.)

Can the utilities be turned on in your name? _____

If not, how much is owed? _____

Amount of debt owed: _____

Make and model of vehicle: _____ Year: _____

Tag # _____

Bank Account - Type of account, where? _____

**Serenade Heights requires financial transparency & honesty of residents. Bank statements & proof of income (paycheck stubs) are required to be produced bi-weekly in Life Coaching sessions.*

Medical/Counseling/Psychiatric History:

Please list past and present medical doctor, specialist, or healthcare provider

Self:

Name	Specialty	Phone #	Date of last visit
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Children:

Name	Specialty	Phone #	Date of last visit
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List all medications, drugs, or other substances you are currently taking or have taken in the last 3 months-prescribed medications, over-the-counter medications, supplements, herbs, etc.

Medication:	From whom:	Reason:	Results:
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Have you ever taken medications for psychiatric or emotional problems, other than listed above? If yes, please indicate:

Medication:	When:	From whom:	Reason:	Results:
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Have you ever been hospitalized or received out-patient counseling, psychological or psychiatric care, including drug or alcohol treatment, suicide attempt or are you currently under the care of any such provider? If yes, please indicate:

Date	Provider	Reason	Outcome
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If you are disabled or unable to work, please give brief description why: _____

Is your health or mental health hindering your life in any way? _____

**Serenade Heights is not a mental health provider. Based on applicant's history, professional health services may be required by staff.*

References:

Reference from a community or referring agency

Name of Agency: _____
Contact Person: _____
How long have they known you? _____
Address: _____
Phone: _____ Email: _____

Professional Reference (Previous or past employer)

Name: _____
How do they know you? _____
Address: _____
Phone: _____
_____ Email: _____

Personal reference (a friend or family member)

Name: _____
How do they know you? _____
Address: _____
Phone: _____
_____ Email: _____

Reference letters required from each Personal Reference listed above. Attach with application or email to **nancytucker@serenadeheights.com** or mail to: Serenade Heights 12195 Hwy. 92, Ste. 114-146, Woodstock, Ga. 30188 **APPLICATION IS NOT COMPLETE WITHOUT ALL REFERENCES LETTERS**

What 3 things need to happen for you to overcome your current situation?
1. _____
2. _____
3. _____

In a few paragraphs, tell us "your story", basically the journey that led you here:

1. I certify that all information supplied is true and correct to the best of my knowledge.
2. I hereby authorize Serenade Heights, Inc. to conduct whatever checks necessary to verify the information supplied in this application.
3. I understand that in times of high demand of transitional housing, my application may be put on a waiting list.

Applicant Signature:

_____ Date: _____