Application for Huntsville Transitional Housing and Residential Services

Note: By completing this application you are agreeing that HTHRS is authorized to complete a background investigation.

Name

_____ _____
Last First Middle

Name at Birth (If Applicable)

_____ _____ _____
Last First Middle

Social Security Number_____ Age_____ Birthday_____

Birthplace_____ _____ _____
City County State

EMERGENCY CONTACT INFORMATION

Name_____ Relationship_____

Address_____

City_____ County _____State _____zip_____

Phone Number: Daytime_____ Evening_____

ALTERNATIVE EMERGENCY CONTACT INFORMATION:

Name_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Phone Number: Daytime_____ Evening_____

HEALTH:

Have you been diagnosed for any current health problems?_____

If Yes, please explain: _____

_____

_____

List any treatment and or medication prescribed:_____

_____

Do you have any medical problems that will interfere with you working? _____

_____

If yes, please list_____

Do you have financial assistance,(retirement, SSI, Disability etc) _____

If yes please list _____

Have you ever been recommended for mental health treatment_____

If yes, please explain _____

_____

Were you placed in a facility for treatment _____

Explain _____

Did you complete the treatment program listed above_____

If no explain _____

ALCOHOL AND DRUG HISTORY:

Do you now or have you abuse alcohol or drugs?_____

List you drug (s) of choice. Including alcohol, if applicable:

1._____

2._____

3. _____

4._____

List any treatment/counseling received:_____

_____

Did you complete program? _____
If not, state reason(s): _____

_____

Who or what organization administered treatment/counseling? _____

_____

_____

EDUCATION:

High School_____ _____
Last Grade G.E.D (if applicable)

Where Attended:

City: _____ Date_____

County _____State_____zip_____

Phone Number: _____

Do you have a trade? _____

What is it?_____

Do you have a certificate in your trade? _____

Do you have a college degree?_____

Name of degree: _____

MILITARY:

Military Service?_____ Combat Experience_____

Where_____

Year (s) of Service (beginning to end)_____

Type of Discharge: _____ Date_____

Military Benefits_____

Are you prescribed medication from VA?_____

If yes list_____

_____

Would you require assistance?_____

If yes, what type?_____

_____

EMPLOYMENT:

Were you employed the time of arrest? Yes_____, No_____

Where? _____

Were you self-employed?_____

What type of work? _____

Do you have a disability of any kind? Yes_____, No_____

If yes, please explain? _____

_____

CRIMINAL RECORD:

Current Charges _____

Current conviction, if different _____

Current Sentence_____ Plea Bargain?_____

Were you using alcohol or drugs prior to or during your offense? Yes_____ No_____

If yes, what were you using ? _____

When were you incarcerated on these charges?
Date incarcerated_____ Parole Date_____

Expiration Date_____ Institution_____

Was this Parole/Probation violation? Yes_____, No_____

If yes, what was the circumstances of the violation?_____

Who was your supervision officer? _____

How long were you in the community before being violated?_____

Inmate Identification Number _____

Will you be under supervision in the community? Yes_____, No_____

Type of Supervision?_____

Expiration_____
Any type conditions? Yes_____, No_____

If yes, specify: _____

_____

Supervision Officer:_____

_____

PAST RECORD:

Number of Adult Felony Convictions _____

Number of times incarcerated:_____

List your last (3) felony convictions

Date	Conviction	City/State	Sentence	Prison Time

How much of your adult life has been spent in prison? _____

Age of your first arrest: _____ Number of juvenile convictions:_____

Have you spent time in juvenile facilities ? Yes_____, No_____

_____

By signing this application, I certify that the information I have provided is true and complete as I know it. However, if HRTH finds that you have falsely made statements as you should know, this application will not be approve. I furthermore, authorize HRTH or any of its representatives to make any necessary third party verification of anything I have written on this application or anything said in my screening interview.

_____ _____

Print Name Signature/date