

## **PARTICIPANT APPLICATION**

TRANSFORMING LIVES & RENEWING THE INNER YOU

First & Last Name:	ame:			Social Security #:		Date:		
Ethnicity:	Cell Phone #:			Email Address:		Date of Birth:		
Emergency Contact Name:			Emergency Contact Phone#:				Citizenship Status	
1			1				Citizen	
2			2				Legal Resident	
3.			3.			Undocumented		
		FA	MII	LY DYNAM	IICS		I	
FIRST & LAST NAME (EACH CHILD)	SEX OF CHILDREN (M) OR (F)	AGE OF Y CHILD(R		DOES YOUR CHILD(REN) HAVE ANY DISABLITIES (MENTAL HEALTH, BED WETTING, ETC.) YES NO		ARE CHILD(REN IN YOUR CARE? YES NO		
_								
EDUCA	TIONAL	/ FINA]	NCI	AL / EMPL	<b>.OYME</b>	ENT H	ISTO	RY
Are you employed?	Yes N	0		Did	you complet	e high schoo	ol?	Yes No
If yes, what is your empl	oyment status?							
Full Time	Work Hours:							
Part Time Days You Work:								
Ture Time	24,0104 ((011							
Source of Income? (choo	se as many that a	pplies)			nthly Income			
Cal Works				How	w much Can	You Save N	Ionthly? _	
Cal Fresh								
SSI / SSDI								
VA Benefits								
Panhandling								
No Income								



## **PARTICIPANT APPLICATION**

TRANSFORMING LIVES & RENEWING THE INNER YOU

## **PERSONAL HISTORY**

**General Health** 

If you have experienced Domestic Violence, when did it occur?

Excellent Very Good Fair Poor Within the past 3 months 3 months - 6 months ago 6 months - 1 year ago More than a year ago

How long have you experienced homelessness ?

W

## **MEDICAL HISTORY**

YES NO

1. How many times have you been to the emergency room in the past three months?					
2. How many times have you been hospitalized as an inpatient in the past year?					
3. Do you currently have, have you ever had, or has healthcare provider ever told you that you have any of the					
following medical conditions?					
a. Kidney disease / End Stage Renal Disease or Dialysis					
b. History Of Frostbite, Hypothermia, or Immersion Foot					
c. History Of Heat Stroke / Heat Exhaustion					
d. Liver Disease, Cirrhosis or End Stage Liver Disease					
e. High Blood Pressure, Heart Disease, Arrhythmia or Irregular Heartbeat					
f. HIV + AIDS					
g. Emphysema, Epilepsy and Seizure Disorder					
h. Diabetes					
i. Asthma					
j. Cancer					
k. Hepatitis A, B or C					
l. Tuberculosis ·····					
4. Do you smoke or do you have history of using tobacco?					
5. Have you ever abused drugs / alcohol or been told you do?					
6. Have you consumed alcohol everyday in the past month?					
7. Have you ever used injection drugs or shots?					
8. Have you ever been treated for drug or alcohol abuse?					
9. Are you currently or have you ever received treatment for mental health issues?					
10. Have you ever been taken to the hospital against your will for mental health reasons?					
11. Have you ever been a victim of a violent attack since you've become homeless?					
12. Do you have a physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)					
13. Have you had a serious brain injury or trauma that required hospitalization or surgery?					

Date: \_\_\_\_\_