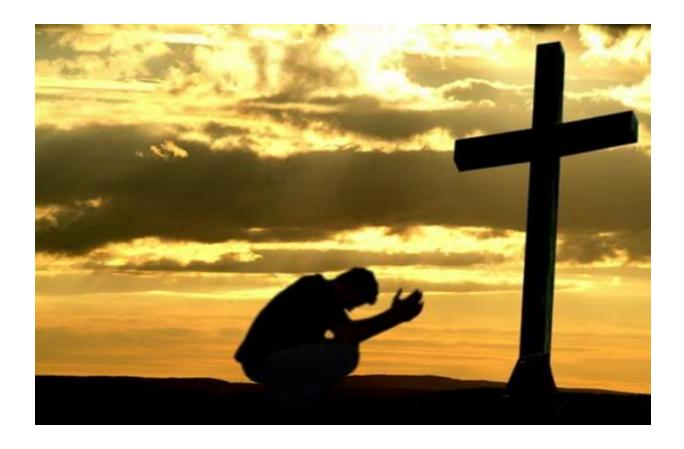
Name:	Date//
n case of emergency please notify:	
Address:	 Relationship:
Phone Number	



Disclaimer: Central Care Mission is not a medical facility and does not provide medical treatment of any nature. Central Care does not provide detox services. Applicants will not be considered for admission into Central Care until all needed detox is completed. By submitting this application, the Applicants waive any claim against Central Care Mission, of any nature whatsoever, arising out of Applicant's medical condition.

Central Care Mission of Orlando, Inc. is a not for profit corporation created to provide assistance to men who desire help. Our program is focused on the treatment of alcohol and drug addiction. It is a long term residential program requiring a commitment of two years to be considered for entry. Central Care Mission administers its program from a Christian-based perspective.

<u>ADMISSION PROCEDURE</u>

This Resident Application must be completed to be considered for enrollment. Our intake procedure consists of the following:

Step One: Completion of Resident Application.

Step Two: Initial eligibility determination by Staff based on application.

Step Three: Applicant review of Handbook.

Step Four: Staff interview for admittance determination.

A decision will be made by Central Care Mission Staff during the intake process on whether or not you will be invited to enter Central Care Mission. There are many factors that go into this decision, such as bed availability, applicant's suitability, applicant's attitude applicant's commitment and the scope of services applicant needs.



Please take your time and answer ALL questions.

Central Care Mission 4027 Lenox Boulevard Orlando, FL 32811 Phone 407.299.6146 Fax 407.299.5884

Are you homeless: Y or N
Is this your first time being homeless? Y or N
Date of first time you were homeless: Reason for being homeless:
Have you been in other treatment programs: Y or N Please list any other programs you have been in, where they were located and how long you stayed:
Did you complete the program: Y or N
Legal: Registered to vote: Y or N Veteran: Y or N Involved in family violence or abuse: Y or N Explain:
Were you in an Institution before your 18th Birthday: Y or N Are you on Probation: Y or N Do you have court dates: Y or N. Explain
Ever in prison: Y or N Have you ever been convicted of a felony: Y or N Misdemeanor: Y or N Charges: Convictions:
Do you have any Outstanding Warrants: When/ Where:
Have you been in jail or prison? When/where:
Family Information: Marital Status: married divorced separated single

Name of spouse:
Names & Ages of
Children:

Address
Address:
Are you currently <i>married</i> , <i>separated</i> , <i>divorced</i> or involved in a <i>romantic relationship</i>
(with anyone other than your spouse?) Yes/No If yes, please explain:
<u></u> .
ASSISTANCE:
Are you receiving assistance: Y or N If yes, Food Stamps: SSI:
SSDI:
Workers Compensation:
Disabilities:
Other(Explain):
Other Income: V or N Amount:
Other Income: Y or N Amount:
Welfare to Work Participant: Y or N
Fed/State Employment Eligibility: Y or N
Termination of public assistance: Y or N
Current Application for Public Assistance: Y or N Status of Application:
Status of Application.
Medical Information:
Addictions: Drug Addiction: Alcohol Addiction: Prescription:
Other:
Please list drugs or prescriptions you are taking:

Emotional/Mental Health problems:
Is there any medication you are not taking that you should be
taking:
·

Treatment Needs

Central Care Mission 4027 Lenox Boulevard Orlando, FL 32811 Phone 407.299.6146 Fax 407.299.5884

What is your drug of choice?		
When is the last time you used? Do you need detox? Yes or No. Please describe the past several months of your life. Discuss problems you've encountered while attempting to "get your life together".		
	_	
With 1 being the most important and 8 being the least important, please list in order 1 your reasons you are applying here. If it doesn't pertain, leave blank. To get help in finding employment To get help for my alcohol and drug use I have nowhere else to go To find a place where I can get closer to God.	-8	
I need a place to sleep and eat while I find employment or continue working. I am court ordered. My family and friends talked me into it. I want to change my life.		
Please check if any of the following pertains to you and if medication has been recommended. Schizophrenia Depression Anxiety Disorder Bi-Polar Disorder Paranoia Attention Deficit w/ Hyperactivity Disorder Anger Issues Hypertension Obsessive Compulsive Disorder Post-Traumic Stress Disorder Not listed,		

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Do you like to read? Y or N. Last book read:
By signing below you represent that all information in this application is accurate. Any substantive information that is found to be false or withheld will subject Applicant to immediate dismissal from Central Care Mission.
All information provided on this application is strictly confidential.
Applicant's Signature: Date
The undersigned Applicant hereby releases Central Care Mission of Orlando, Inc., its Board of Directors, officers, staff, and volunteers from any and all claims, actions, liability or responsibility for personal injury and/or property damage to the applicant while applicant is on Central Care Mission property for this intake process unless caused by the gross negligence of Central Care Mission or its representatives.
Signature: