CENTRAL CARE MISSION of ORLANDO, INC.
RESIDENT APPLICATION

Name:______________________ Date___/____/_____

In 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
4027 Lenox Boulevard
Orlando, FL 32811
Phone 407.299.6146 Fax 407.299.5884
www.centralcaremission.org

CENTRAL CARE MISSION of ORLANDO, INC.
RESIDENT APPLICATION

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.

ADMISSION PROCEDURE

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.

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Please take your time and answer ALL questions.

Personal Information:

Name:______________________________________ SSN:_____-____-_____

Date:_____________ DOB:______________ City of

Birth:___________________ State of Birth______________

Race:_______ Height:______ Weight:_________ Hair Color:________ Eye

Color:_________ Tattoos or piercings:

____.

Drivers License/ID #:______________________Valid License: Y/N

Previous Address:____.

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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*

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Name of spouse:_____________________________________
Names & Ages of
Children:____
____
____
Address:____
Are you currently *married*, *separated*, *divorced* or involved in a *romantic relationship* (with anyone other than your spouse?) Yes/No If yes, please explain:
____
____
____
___.

ASSISTANCE:
Are you receiving assistance: Y or N If yes, Food Stamps:_____ SSI:_____
SSDI:________
Workers Compensation:____________________________________
Disabilities:____
Other(Explain):____
____
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:____________________________________

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:____
____.

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Do you have any medical appointments:___________________.
Dates:_______ _________ _______
HIV/AIDS: Y or N Hepatitis: Y or N
STD's:____.
Do you have any physical or mental health condition that will prevent you from working an 8 hour a day manual labor job? Explain:

____
____
____.
Have you ever been admitted to a mental health or behavioral health facility? Yes or No. Was it voluntary or involuntary? Please explain:

____
_________.____.

Upon discovery of any medical issues not disclosed you will be asked to leave the program on account of being dishonest.

Do you smoke? Yes/No. Would you be willing to quit in order to enter the Program? Yes/No

Veteran? Y N Discharge Info._________________ Receiving VA Benefits? Y N

Education/Vocation/Employment Information:
Education Level (Years): Grade____ GED____ College____ Technical School_____
Other_____________
Are you employed? Y/N
Employers Name:_____________________________________
Employers Address:___________________________________
Employers City:_______________________________________
Employers State:______________________________________
Employers #:________________ Hours per week:_____ Hourly wage:____
Insurance: Y or N
Vocational Skills, Training, and/or Work Experience:____
____.

Treatment Needs

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 1-8 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.
___ 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, ________________________.

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: ____________________________________