Educational Programs Inspiring Communities, Inc
6717 Stuebner Airline Road, suite 207
Houston, Texas 77091
713-692-4278 Fax 713-692-4279

Application for Admission

General Information

Name:_____ Citizenship: _____

Address _____City_____State_____Zip Code_____

DOB_____Phone_____Alt#_____

Social Security: _____-_____-_____ Driver's License#: _____

Male _____ Female _____ Ethnicity _____

Emergency Contact _____Phone_____

Address_____City_____State_____Zip Code_____

Guardian (If applicable) _____ Phone _____

Address_____City_____State_____Zip Code_____

Living Situation (Where and with whom does the applicant live) _____

How will the applicant be transported to and from the H.E.A.R.T. facility _____

_____

Referring Agency

Agency_____Case Manager_____

Residential
Facility_____Phone_____

Resident Case Manager_____Phone_____

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Medical

Diagnosis _____

Date of Diagnosis _____

Please provide a copy of applicant's diagnosis

Does applicant have any physical disabilities: _____Yes _____No

If yes, please explain _____

List all medication taken by applicant and time of day taken _____

Can applicant take his/her own medication _____Yes _____No

Does the applicant have any limitations that would interfere with the full participation of this program, please list if yes _____

Does applicant need any special equipment or considerations _____Yes _____No

If yes, please explain _____

Does applicant have special dietary needs _____Yes _____No

If yes, please explain _____

Does the applicant have any additional social limitations we must be aware of, please list

_____

Has applicant ever participated in a residential substance abuse rehabilitation program_____

If yes, name of facility, and starting and ending dates of participation. _____

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Has applicant ever participated in an out-patient substance abuse rehabilitation program _____

If yes, name of facility and starting and ending dates of participation

_____

Number of months of sobriety _____

Has applicant had an HIV/AIDS test? _____Yes _____No

Results of test. _____Positive _____Negative

Is applicant receiving treatment for HIV/AIDS? _____Yes _____No

Type of treatment applicant is receiving: _____

Benefits

Does applicant receive the following: (Check all that apply)

_____SSI _____Medicare _____Food Stamps

_____SSD _____Harris County Gold Card _____HCS

_____Medicaid _____Metro-Lift

Please provide proof of benefits, such as award letter or copy of card

Applicant Employment

Employment History	Job Title Responsibilities	Start Date-End Date

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How did you hear about the H.E.A.R.T. Program?

____Individual ____MHMRA (area) ____H.I.S.D. ____Flyer

____Other (explain) _____ Referred by whom _____

Education

____HS Diploma ____GED ____Technical ____College ____# years

Please list the names of each school attended and highest level of completion

School Name Highest Level of Completion Dates of Attendance
1_____

2_____

Additional Information
(Please list any additional information that you feel would be important)

_____

_____

_____

_____

I attest that all information provided is true to the best of my knowledge. I understand that intentionally omitting or falsifying information can lead to immediate termination from the H.E.A.R.T. Program.

_____ _____
Participant Signature (If applicable) Date

_____ _____
Parent or Guardian Date