

The Fellowship Home
THE FELLOWSHIP HOME OF WINSTON SALEM, NC, INC.

Personal Identification Information

Name: _____ SSN: _____ Case ID: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
Age: _____ Date of Birth: _____ Ethnicity: _____ Referred by: _____
Have you ever applied to a Fellowship Home program before? Yes No If yes, when? _____
What are your expectations? _____

Emergency Contact

Next of Kin: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Financial Position

Are you employed? Yes No If yes, where? _____ Occupation: _____
Do you have any outstanding financial obligations (Child Support, IRS, Court Costs, etc.)? Yes No If yes, what type? _____

Military Service

Have you ever served in the military? Yes No If yes, what branch(es)? Air Force Army Navy Marines Other _____
Dates of service: _____ Type of discharge: _____

Legal History

Do you have an arrest record? Yes No If yes, how many times? _____ Have you ever been convicted? Yes No If yes, for what? _____
Do you have any court cases pending? Yes No
If yes, where? _____ When? _____ Explain: _____

Substance History

What is your drug of choice? _____ What other substances did you use? _____ What was your pattern of use (daily, weekends, binge, etc.)? _____ What is your longest previous sobriety/clean time? _____
How did you maintain your sobriety/clean time? _____
Have you had previous treatment? Yes No If yes, how many times? _____ Where? _____
When? _____

Current Health

What is the date of your last physical? _____ Where? _____ Were you prescribed medication? Yes No
Are you currently taking any medications? Yes No If yes, what? _____ Do you have any significant limitations? Yes No If yes, please explain. _____

The information presented above is true and correct to the best of my knowledge. Presenting false or misleading information could be grounds for immediate termination from The Fellowship Home.

Signature: _____ Date: _____

Staff use only:

Recommendation: _____
Date Referral/Certification of Homelessness Received: _____ Interview Date: _____ Admit Date: _____
Referred To Agency: _____
Comments: _____

