



**Path~Way to Purpose® Residential Housing Placement Form**

**(888)-419-0957 phone**

**(972)-692-5199 fax**

[info@CynthiaMickensMinistries.org](mailto:info@CynthiaMickensMinistries.org)

**Personal Information**

Name

Street

City

State

Zip Code

Home Telephone

Work Telephone

24-Hour Telephone

Birth date

Age

Social Security Number

Parent(s) Name

Street

City

State

Zip Code

Home Telephone

Parents Work Telephone

24-Hour Telephone

Spouse Name

Spouse Employer

Occupation

Street (home)

City

State

ZIP Code

Home Telephone

Spouse Work Telephone

**Personal Information**

Do you have dependent children? \_\_\_\_\_ If so, please list their names and ages below:

\_\_\_\_\_  
\_\_\_\_\_

Where and with whom are they living? \_\_\_\_\_

\_\_\_\_\_

With whom do you live? \_\_\_\_\_

Do you have other available places where you may live? \_\_\_\_\_

Have you ever lived in a shelter, residential housing, group home, drug treatment center, jail? \_\_\_\_\_ If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been prosecuted for an offense? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving probation? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Name of probation officer: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

What is the name of your supervisor? \_\_\_\_\_

Weekly income? \_\_\_\_\_ Bi-weekly income? \_\_\_\_\_ Monthly income? \_\_\_\_\_

Have you been employed in the past? \_\_\_\_\_ If so, where and for how long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any persons you would not want to know where you are at this time? \_\_\_\_\_ if so, why not? \_\_\_\_\_

\_\_\_\_\_

Are you drug free? \_\_\_\_\_

If not, what is your drug of choice? \_\_\_\_\_

**About Your Spouse or Significant Other:**

(check appropriate box):

 Married and Living Together? Married, not living together? Separated? Divorced? Living Together? Casual Relationship\_\_\_\_\_  
Spouse or Significant Other Name\_\_\_\_\_  
Phone Number**About You**

Do you attend church?

 Regularly Occasionally Christmas & Easter NeverDo you have a church home?  Name of church: \_\_\_\_\_\_\_\_\_\_  
Pastor's Name\_\_\_\_\_  
Telephone Number of Church**Information on the Father of Your Child/Children**\_\_\_\_\_  
Name of Birthfather\_\_\_\_\_  
Age\_\_\_\_\_  
Street\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Home Telephone\_\_\_\_\_  
Work Telephone\_\_\_\_\_  
Employer

Are you still in relationship with the birthfather? \_\_\_\_\_

\_\_\_\_\_  
Name of Birthfather\_\_\_\_\_  
Age\_\_\_\_\_  
Street\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP Code\_\_\_\_\_  
Home Telephone\_\_\_\_\_  
Work Telephone\_\_\_\_\_  
Employer

Are you still in relationship with the birthfather? \_\_\_\_\_

Other family members:

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational History**

At CMMPPW Residential Housing Program, we realize how very important education is regardless of your current situation. Therefore, all residents that have not received a high school diploma or GED are required to participate in our home-based education program. Those who have already graduated will participate in continuing education/life-skills courses.

Where are you currently in your education? (check all that apply)

- \_\_\_\_\_ Dropped out of high school
- \_\_\_\_\_ Got GED & attend(ed) college
- \_\_\_\_\_ Dropped out of high school & got GED
- \_\_\_\_\_ Got high school diploma
- \_\_\_\_\_ Dropped out of high school & worked
- \_\_\_\_\_ Got diploma & worked
- \_\_\_\_\_ Got diploma & attend(ed) college
- \_\_\_\_\_ Currently attending school? Name of school: \_\_\_\_\_

What is the name of the last school you attended? \_\_\_\_\_

If you have dropped out of high school, please explain reasons: \_\_\_\_\_

When did you last attend? \_\_\_\_\_ Grade? \_\_\_\_\_

If you have obtained a GED, **please bring proof of your GED.**

What are your education goals for the future? \_\_\_\_\_

Are you attending college? \_\_\_\_\_ Name of college: \_\_\_\_\_

If you are currently enrolled in college, what is your major? \_\_\_\_\_

What school or community organizations are you currently involved, or have been involved with? \_\_\_\_\_

**Medical History (Please answer each question)**

Please complete the following information.

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Have you seen a doctor in the last 12 months? \_\_\_\_\_

Have you had any medical problems? \_\_\_\_\_

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you had any medical problems recently? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Hospitalizations:

When	Where	Why
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surgeries:

When	Where	Why
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been diagnosed with a chronic illness? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ If so, which ones and for what? \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently experiencing any problems with your teeth? \_\_\_\_\_ If so, please explain \_\_\_\_\_  
\_\_\_\_\_

When was the last time you saw a dentist? \_\_\_\_\_

Dentist's Name, Address, and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Do you wear braces? \_\_\_\_\_ Do you have equipment to care for your braces? \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

Do you have the equipment necessary to care for you contact lenses? \_\_\_\_\_

Are you currently having problems with your vision? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

**It is very important that you answer the following questions honestly and accurately. We cannot help you if you are not truthful with us.**

Have you ever used drugs? \_\_\_\_\_ If so, when and what? \_\_\_\_\_  
\_\_\_\_\_

Are you now currently using drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_

Have you ever used alcohol? \_\_\_\_\_ If so, when and what? \_\_\_\_\_  
\_\_\_\_\_

Are you now currently using alcohol? \_\_\_\_\_

Have you ever smoked? \_\_\_\_\_ If so, when & how much? \_\_\_\_\_

Are you now currently smoking? \_\_\_\_\_ How much? \_\_\_\_\_

Are you a sound sleeper? \_\_\_\_\_ Do you have nightmares? \_\_\_\_\_

Do you go to bed early or late? \_\_\_\_\_ Do you have any fears? \_\_\_\_\_

Have you ever had suicidal thoughts or tried to commit suicide? \_\_\_\_\_

How would you describe your temperament (quiet, bossy, nervous, energetic, depressed, etc)?  
\_\_\_\_\_

Are you normally more cold- or hot- natured? \_\_\_\_\_

Are you generally neat? \_\_\_\_\_ Have you ever had a roommate? \_\_\_\_\_

Is there anything else you would like for us to know about you at this time (i.e., habits, preferences, serious incidents? etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I request admission into CMM Path~Way to Purpose® Residential Housing program. I agree it is in my best interest for me to become a resident of this program. It is my intention to actively work on the serious issues that face me throughout the next few months.**

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Signature of Applicant

Date

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Printed Name

Date