

I'm In Transition

Confidential Application

A Christ Centered Program

"I can do all things through Christ which strengthens me", **Philippians 4:13**

Last Name _____ First Name _____ Middle Initial _____

Date of Birth: ____ / ____ / ____ SS#: _____ Phone/Cell: _____

Better Known as: _____

Home Address: _____

1. Do you have a sponsor? Yes _____ No _____ Their Name: _____

Will it be ok for us to contact them? Yes _____ No _____ Phone Number: _____

2. Will you commit to a redirection program for 3 months? Yes _____ No _____

3. Are you on Probation/Parole? Yes or No Do we have your permission to contact him/her Yes or No
If yes, please list your P.O.'s name: _____ Number: _____

4. Do you have a geographic restriction as to where the residential program is located? Yes or No
If yes, what township/area do you prefer **not** to be placed within Cuyahoga County? _____

5. Do you have a job? Yes or No. Are you looking for work? Yes or No

6. Do you smoke? Yes or No. If yes, Do you have a problem going outside in the designated smoking area to smoke? Yes or No

7. Are you struggling with a drug or alcohol addiction? Yes or No

8. Do you need drug or alcohol counseling? Yes or No

9. How long have you been fighting this addiction? _____

10. Why do you think you haven't overcome this addiction? _____

11. Do you have any physical disabilities? _____ If yes, please explain: _____

12. Do you or anyone in your family have a mental disorder? Yes or No

If yes, please list relationship or self _____

13. Are you presently on medication? Yes or No. If yes, what type of meds and for what purpose?

14. Do you have kids under the age of 18? If yes, are they in a safe place? _____

15. Are you HIV Positive? Yes or No

16. Do you have Hepatitis C? Yes or No If yes; are you aware of the cure and would you want to receive it?

17. What gender do you consider yourself? Male, Female, Bi Sexual

18. Have you been tested for TB? Yes or No. If yes, what's the results? _____

19. Are you registered sex offender? Yes or No

20. Have you ever had any run ins with the law/criminal justice? Yes or No. If yes, when _____

21. Who should we contact in case of an emergency?

Name, address, and phone number

Name, address, and phone number

Name, address, and phone number

22. Are you involved with another program/agency? Yes or No. If yes, please name the program and how they are helping you.

23. Please list 3 reasons we should accept you in this program:

1. _____

2. _____

3. _____

***ONLY BRING WHAT YOU NEED AND CAN FIT IN A 4 DRAWER DRESSER AND HALF A CLOSET.
WE DON'T STORE YOUR ITEMS***

The information to be disclosed is confidential and is provided only to I'm In Transition. I understand that I may revoke this consent at any time by notifying the Provider. _____ (initials)

I consent that the requested information is true to the best of my ability. I understand that I can be revoked from the program if information is falsified. _____ (initials)

Signing this document, I release this information to I'm In Transition for reason of assessment to be accepted into their housing and mentoring program.

Signature

Date

IIT Representative

Date

Fax it to: 216.916.0995