

Application For The Village Nac



PERSONAL DATA AND INFORMATION

Last Name: _____ First Name: _____
MI: _____

Home / Cell phone: (____) _____ Work Phone: (____) _____ Email: _____

SSN: _____ - _____ - _____ Birth Date: _____ . Age: _____

Gender Male Female

Driver's License #: _____ State: _____ / State ID #: _____

Driver's License: Valid Expired Suspended Never had one

If suspended, explain: _____

CURRENT ADDRESS

Street Address: _____ City: _____ State: _____ Zip: _____

Date in: _____ Date out: _____ Landlord Name: _____ Landlord Phone:(____) _____

Monthly Rent:\$ _____ Reason For Leaving: _____

PETS (\$150 deposit. Must be trained and have a number of someone to care for the dog should you not be able to.)

Pets?: _____ Describe: _____

Pet Caretaker Name: _____ Phone: (____) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home / Cell phone: (____) _____ Work Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

WHO REFERRED YOU TO THE VILLAGE NAC?

Name: _____ Relationship: _____ Phone: (____) _____

ACADEMIC HISTORY

List the highest grade that you have completed: _____

OCCUPATIONAL INFORMATION

What is your vocational trade or profession, if any? _____

How many jobs have you held in the last 2 years? _____

List your present employment status: Unemployment (Have not sought employment in the last 30 days)
 Unemployment (Have sought employment in the last 30 days)
 Employed part time (Working less than 35 hours / week)
 Employed full-time (Working 35 hours or more / week)

List your 2 most recent jobs: (Start with most recent)

Name of Employer	Position held	Dates Employed	Reason for Leaving

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List your current average monthly income: _____

Describe your future occupational goals and plans: _____

Skills: _____

Have you ever experienced or presently have a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while you are living at The Village Nac? Yes. No

If yes, explain: _____

FAMILY & RELATIONSHIP HISTORY

Marital Status: Single. Married Common Law Separated. Divorced. Widowed. Remarried

List your present living arrangement: (Check all that apply) Living alone With Parents With Spouse.

With Others (non-relatives) With others (relatives, including children)

Do you have any children? Yes. No. If yes, please list: Ages & Where are they Living

Describe any positive or negative aspects of your relationship with your children: _____

Are you presently in a relationship with someone? Yes No

If yes, briefly explain: _____

MILITARY SERVICE HISTORY

Have you ever served in the US Armed Forces? Yes No If yes, describe: _____

Branch of Service: _____ Entry date: _____ Discharge date: _____

Eligible for VA benefits? Yes No Unknown _____

LEGAL STATUS

Are you currently on probation or parole? Yes No

If yes, please explain the conditions of your probation/parole and when your probation or parole will be over: _____

FINANCIAL STATUS

If you are accepted, what provisions will be made for the following expenses?

Medical: _____

Dental: _____

Are you eligible for and / or receiving the following:

Welfare Disability Payments Unemployment Compensation Workman's Compensation

Other income (explain): _____

Are you receiving food stamps? Yes No

PHYSICAL & MENTAL HEALTH CRISIS PREPARATION

(Remember that the best time to develop a crisis plan is when things are going well.)

Present physician's name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Therapist _____ Caseworker _____

Other healthcare professionals _____ Psychiatrist _____

Family members _____

Friends or others who would be helpful and their phone numbers _____

Contact information for adults you trust _____

Current diagnoses _____

Current medication(s) and dosages _____

Any previous psychosis? _____ If Yes, please explain _____

History of drug use / addictions / how long sober? _____

Past or current coping strategies for mental health issues _____

List what might make your condition worse, and what might help _____

Will you, if accepted at The Village Nac, be willing to authorize doctors and agencies involved in previous treatments to release your medical records? ____ Yes ____ No

Will you be willing to fill out a Psychiatric Advance Directive to have on file with The Village Nac? ____ Yes ____ No

If you are a mental health patient, we will need a signed Release of Information form filled out for you.

PERSONAL MEDICAL HISTORY

Allergies: ____ Yes ____ No Type: _____

Have you ever struggled with ____ Abusing others ____ Anorexia ____ Anxiety ____ Bipolar ____ Bulimia ____ Chronic pain ____ Cigarettes ____ Self-abuse (cutting) ____ Depression ____ Diabetes ____ Gambling ____ Hallucinations ____ Illegal drugs ____ Mania ____ Mobility challenges ____ Multiple personality disorder ____ Over-eating ____ Paranoia ____ Pornography ____ Prescription drugs ____ Psychosis ____ Schizophrenia ____ Sex ____ Stealing ____ Video games ____ Voices ____ Work-a-holism

If yes, explain: _____

Do you feel you are addicted to any kinds of foods? If yes, explain: _____

COMMUNITY LIVING

Because many mental health conditions and personal challenges worsen when people withdraw into isolation, the Village Nac provides ways to keep residents engaged and active as part of our community. We believe that "community" is part of the solution. Which areas are you most able or interested in to contribute to the overall well-being of the village?

___ Micro-enterprises ___ Culinary ___ Groundskeeping ___ Garden ___ Chickens ___ Cleaning ___ Group Discussions
___ Group game nights ___ Group meals ___ Group Bible studies ___ Group movies

Why do you want to live here? _____

Strengths _____

Weaknesses _____

SPIRITUAL HISTORY

What is your current spiritual condition? _____

What were the circumstances that led to this? _____

How often do you attend church? ___ Never ___ Occasionally. ___ Regularly

Are you a member of any church or religion? ___ Yes. ___ No If yes, which church or religion?

Do you believe in God? ___ Yes. ___ No ___ Uncertain Do you pray? ___ Never ___ Occasionally ___ Often

REFERENCES

Please give 3 personal references: 1 & 2 - Such as a Pastor/Advisor/Counselor/Employer (If you cannot give to employer then give to someone else like another Pastor 3. Friend. This information is required and necessary for the processing of your application.

Name	Phone	Relationship	Yrs Known
1			
2			
3			

Note: In selecting people, who will complete your reference forms, please select those who can adequately answer all of the questions. If you are not, then choose someone who is able to fill this out from a Christian perspective.

The undersigned applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge and understands that any false or incomplete information may cause and result in disqualification from admittance or even removal from The Village.

THE VILLAGE NAC ADMISSION REQUIREMENTS

To be turned in with application:

1. All applications require photo ID, social security card, and a completed application
2. Medical documentation of any disabilities or medical conditions requiring medication is required to accompany application.
3. Proof of qualifying mental health criteria or proof of homelessness.
4. Proof of sufficient income to pay monthly rent
5. Background check must be completed successfully.
6. Applicants are required to have read and become familiar with the Rules and Guidelines Handbook as a part of the application

Once all of this has been turned in (without these items, we cannot process your application), you will be contacted and we will set up an interview. If you are accepted, these are the rest of the requirements prior to move in.

7. Applicants requiring detoxification must do so prior to entry.
8. Applicants will need to have a clean drug test upon admission(observed).
9. Payment of \$50 Security deposit and \$50 for background check.
10. Payment of first month's rent
11. Signed Animal Agreement and a Pet Deposit of \$150/pet for applicants bringing pets.

By my printed name and signature at the bottom of this page, I understand that upon admission to The Village Nac:

1. *I place myself under the authority of the staff of The Village Nac*
2. *I do hereby acknowledge that I understand the Rules and Guidelines Handbook*
3. *I give my consent to complete The Village Nac Orientation within the first month of residency.*
4. *I understand that I will receive disciplinary action, up to and including being asked to leave The Village Nac, for not following the rules and guidelines in The Village Nac Handbook.*

Printed Name _____ Signature _____ Date ____/____/____

Please return this application, all references and correspondence to:

The Village Nac
 1188 County Road 823
 Nacogdoches, TX 75964

If you have questions regarding any of these requirements, please feel free to contact us at:

(936) 615-3899
 info@TheVillageNac.com