

# Application For The Village Nac



**Date of Application:** \_\_\_\_\_

**Application Fee Paid:** Yes\_\_\_\_ No\_\_\_\_ (Completed by Staff)

## 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 (check one): 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 nonrefundable deposit. Must be house trained and meet all pet policy requirements if pet is approved)**

Pet: Yes\_\_\_\_ No\_\_\_\_ Describe: \_\_\_\_\_

Pet Caretaker's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home / Cell phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact this individual about medical needs/information? Yes\_\_\_\_ No\_\_\_\_ Is this POC next of kin? Yes\_\_\_\_ No\_\_\_\_

## WHO REFERRED YOU TO THE VILLAGE NAC?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## ACADEMIC HISTORY

List the highest grade 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: \_\_\_\_\_ Unemployed (Have not sought employment in the last 30 days)

\_\_\_\_\_ Unemployed (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 two most recent jobs: (Start with most recent)

Name of Employer	Position held	Dates Employed	Reason for Leaving

List your current average monthly income: \_\_\_\_\_

List your source of income: \_\_\_\_\_

Describe your future occupational goals and plans: \_\_\_\_\_

List Your 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 AND RELATIONSHIP HISTORY

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Remarried \_\_\_\_\_

List your present living arrangement: 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 U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide answers to questions below

Branch of Service: \_\_\_\_\_ Entry date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Eligible for VA benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Are you currently receiving VA medical care? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which VA facility? \_\_\_\_\_

## 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: \_\_\_\_\_

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Have you ever been convicted of or pled no contest to a misdemeanor or felony? Yes\_\_\_\_ No\_\_\_\_

If yes, what was the charge and date of the charge? \_\_\_\_\_

### **FINANCIAL STATUS**

Are you able to cover/pay for the following expenses?

Medical: Yes\_\_\_\_ No\_\_\_\_

Dental: Yes\_\_\_\_ No\_\_\_\_

Are you eligible for and / or receiving any of the following:

Disability Payments\_\_\_\_ Unemployment Compensation\_\_\_\_ Workman's Compensation\_\_\_\_

Other income (explain): \_\_\_\_\_

What government assistance are you currently receiving among the following? Check all that apply:

Food Stamps\_\_\_\_ Medicaid\_\_\_\_ Housing Assistance\_\_\_\_ Burke\_\_\_\_

### **PHYSICAL & MENTAL HEALTH CRISIS PREPARATION** **(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 \_\_\_\_\_

Current diagnoses \_\_\_\_\_

Current medication(s) and dosages \_\_\_\_\_

Any previous Psychosis? Yes\_\_\_\_ No\_\_\_\_ If Yes, please explain \_\_\_\_\_

Do you have a history of drug use / addictions? Yes\_\_\_\_ No\_\_\_\_ If Yes, provide  
details \_\_\_\_\_

How long have you been clean and 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 current 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\_\_\_\_  
Hearing Voices \_\_\_\_ Work-a-holism\_\_\_\_

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 Community is part of the solution. Which areas are you most able or interested in in order to contribute to the overall well-being of the Village Community?

Micro-enterprises\_\_\_\_ Culinary \_\_\_\_ Groundskeeping \_\_\_\_ Gardens \_\_\_\_ Chickens \_\_\_\_ Cleaning \_\_\_\_  
Group Discussions \_\_\_\_ Group Game Nights \_\_\_\_ Group Meals \_\_\_\_ Group Bible studies \_\_\_\_  
Life Application Classes\_\_\_\_ Group Movie Night\_\_\_\_

**Why do you want to live at The Village Nac?**

\_\_\_\_\_  
List Your Strengths\_\_\_\_\_

\_\_\_\_\_  
List Your Weaknesses\_\_\_\_\_

### SPIRITUAL HISTORY

Are you a member of any church or religion? Yes\_\_\_\_ No\_\_\_\_

If yes, which church or religion? \_\_\_\_\_

How often do you attend church? Never\_\_\_\_ Occasionally \_\_\_\_ Regularly\_\_\_\_

### REFERENCES

Please give 3 personal references: 1 & 2 – Provide references such as a Pastor/Advisor/Counselor/Employer 3- Provide reference such as a Friend. This information is required and necessary to process your application.

Name	Phone	Relationship	Yrs Known
1			
2			
3			

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.

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Applicant signature

Date

## THE VILLAGE NAC ADMISSION REQUIREMENTS

### To be turned in with application:

1. All applications require photo ID, social security card, and a fully completed application
2. Medical documentation of any disabilities or medical conditions requiring medication is required to accompany application.
3. Proof of sufficient income to pay monthly rent.
4. Background check must be completed successfully.
5. Applicants are required to have read and become familiar with the Guidelines for Community Living.

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.

6. Applicants requiring detoxification must do so prior to entry.
7. Applicants will need to have a clean drug test upon admission(observed).
8. Payment of first month's rent plus a Security Deposit equal to one month's rent
9. Signed Animal Agreement and a nonrefundable Pet Deposit of \$150 for approved pet.

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 Village Nac governing documents and the Village Nac staff*
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.*

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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