

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: _____

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.

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.*

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