

Welcome Home, Inc.  
1206 Rangeline  
Columbia, MO 65201-1407  
Phone: (573)443-8001 Fax: (573)449-5080

Application for Residency/Assistance

Date: \_\_\_\_\_

Last 4 digits SSN: \_\_\_\_\_

If accepted into this program, what date would be able to move in? \_\_\_\_\_

**Instructions for Applicant**

Thank you for your interest in becoming a resident of Welcome Home, Inc. (WHI). Welcome Home, Inc. is a Transitional Living Facility for Homeless Veterans. Our program was founded in 1992 by a group of Vietnam Veterans who wished to help their homeless Brothers-In-Arms. We provide case management, advocacy, lodging, and bus transportation to all Veterans of the United States Military, regardless of disability, discharge status, or ability to pay.

You must answer all questions on this application. Failure to answer all questions will result in a negative evaluation. You must answer all questions truthfully. A background check will be conducted and any discrepancies will result in a negative determination.

All information provided in this document will be kept **CONFIDENTIAL** and will only be released to your healthcare providers. We will disclose **PROTECTED INFORMATION** as required by federal law in instances involving possible victims of physical assault, rape or sexual molestation and domestic abuses of elders, spouses, partners, or children.

**Personal Information:**

Full legal name: \_\_\_\_\_

Alias/Nicknames: \_\_\_\_\_

Current residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Do you have a Cell Phone: YES / NO

If yes, Number: \_\_\_\_\_

Provider: \_\_\_\_\_

**Marital/Familial Status** (please circle one):

Single (Never Married)      Married      Separated      Divorced      Widowed

If Married, how many times have you been married? \_\_\_\_\_

If Divorced, how many times have you been divorced? \_\_\_\_\_

Please list the names and ages of all children:

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

5. \_\_\_\_\_ Age: \_\_\_\_\_

Nearest Relative (to be notified in case of an emergency or follow-up).

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide a secondary contact in case attempts to contact your nearest relative are unsuccessful.

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Military History:**

Branch of Service (please circle one): Army   Air Force   Navy   Marine   Coast Guard

Are you in the Active Reserves? \_\_\_\_\_ National Guard? \_\_\_\_\_

Date Entered Active Duty Service? \_\_\_\_\_

Date Discharged from Active Duty Service? \_\_\_\_\_

Rank at Enlistment: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Do you have a copy of your DD-214? YES / NO   Type of Discharge: \_\_\_\_\_

Military Specialty: \_\_\_\_\_

Have you served in any of the following wars? **If yes, indicate dates of service.**

World War II	Panama	Kuwait	Afghanistan
Korea	Somalia	Saudi Arabia	
Vietnam	Bosnia	Iraq	

Are you a Prisoner of War? \_\_\_\_\_ If so, which conflict: \_\_\_\_\_

Are you registered in ANY of the following Veterans Health Administration Databases?

Agent Orange (YES / NO)	Asbestos Exposure (YES / NO)
Traumatic Brain Injury (YES / NO)	Depleted Uranium (YES / NO)
Persian Gulf War Syndrome (YES / NO)	

While on Active Duty, did you receive any of the following?

Article 15 or Non Judicial Punishment	(YES/NO)
Article 34 or Military Courts-Martial	(YES/NO)
Were you ever demoted in rank?	(YES/NO)

### **Medical History**

Present Physical Condition (circle one):    Excellent            Good            Fair            Poor

Do you have a VA card?    (YES/NO)    Are you enrolled at the VA Hospital?    (YES/NO)

Have you ever been treated for a PSYCHOLOGICAL DISORDER or MENTAL ILLNESS?  
(YES/NO)

Please list: \_\_\_\_\_

\_\_\_\_\_

What are your current MEDICAL problems?

Please list: \_\_\_\_\_

\_\_\_\_\_

Have you ever suffered (please circle all that apply):

AIDS	Panic Disorder/Panic Attacks
Allergies	Startle Easily
Blurred Vision	Fainting
Concussion	Tinnitus/Ringing in Ears
Chronic Obstruction/Pulmonary Disease	Hepatitis A/B/C
Diabetes	Heart Attack
Dizziness	Joint Problems
Epilepsy/Seizure Disorder	Nightmares
Sleep Apnea	Asthma

Do you wear:           Glasses?           (YES/NO)           Dentures?   (YES/NO)  
                          Hearing Aids?       (YES/NO)           Prosthetics? (YES/NO)

Last Eye Exam? \_\_\_\_\_ Last Dental Exam? \_\_\_\_\_

Last Flu Shot? \_\_\_\_\_ Last Tetanus Shot? \_\_\_\_\_

Are you now, or have you ever been suicidal? (YES/NO)

Please explain: \_\_\_\_\_

Have you ever been hospitalized for a mental disorder or treated for depression or anxiety in a hospital? (YES/NO)

List dates: \_\_\_\_\_

Have you been declared disabled? (YES/NO)           If yes, percent (%) disability: \_\_\_\_\_

Service-Connected? (YES/NO)   \$ \_\_\_\_\_           SSI/SSD? (YES/NO) \$ \_\_\_\_\_

Please list all medications that you are taking. You will need to obtain a list of active medications from the VA Pharmacy prior to being admitted to Welcome Home, Inc.

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

Are you able to manage your medications without assistance? (YES/NO)

### **Education**

What is the highest level of education you have completed? \_\_\_\_\_

\_\_\_\_\_ HS Diploma/GED

\_\_\_\_\_ Some College   \_\_\_\_\_ AA Degree   \_\_\_\_\_ BA/BS Degree   \_\_\_\_\_ MA/MS Degree

If you have taken some college classes, about how many hours have you completed? \_\_\_\_\_

What was your primary and secondary areas of emphasis? \_\_\_\_\_

While in school did you ever receive a failing grade, if yes, which subjects? \_\_\_\_\_

Did you ever have to take remedial classes? \_\_\_\_\_

Were you ever diagnosed with a learning disability? \_\_\_\_\_

If yes, what was your diagnosis? \_\_\_\_\_

What was your BEST subject? \_\_\_\_\_

This next section helps us to identify how you learn best.

- 1) Do you learn best by reading or doing? \_\_\_\_\_
- 2) Do you learn best by reading or listening? \_\_\_\_\_
- 3) Do you learn best by listening or doing? \_\_\_\_\_
- 4) Do you learn better by writing or reading? \_\_\_\_\_
- 5) Do you learn better by writing or listening? \_\_\_\_\_

Have you completed Vocational Training? (YES/NO)  
If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_ Type: \_\_\_\_\_

Any Certifications or Licenses? (YES/NO)  
If yes, What Kind: \_\_\_\_\_ Valid Dates: \_\_\_\_\_

Are you currently in default on any student loans? (YES/NO)

If yes, how much do you owe? \_\_\_\_\_

### **Job History/Skills**

Please list the dates and places employed for the last 5 years. If unemployed, please indicate.

<b>Dates</b>	<b>Place</b>	<b>What did you do</b>

Are you able to type? (YES/NO) If yes, words per minute: \_\_\_\_\_

Are you familiar with a computer? (YES/NO)

Please list any computer programs you are familiar with: \_\_\_\_\_

What do you consider to be your primary field of employment? \_\_\_\_\_

What type of work do you want to do? \_\_\_\_\_

What do you consider to be your biggest barrier to obtaining employment? \_\_\_\_\_

**Personal History**

Do you possess a valid drivers license? (YES/NO)

If yes, which state? \_\_\_\_\_ Expires: \_\_\_\_\_

If no, are you able to obtain one? \_\_\_\_\_

Why or why not? \_\_\_\_\_

When will you be eligible to obtain one? \_\_\_\_\_

Do you have a vehicle? (YES/NO)

If yes, please answer the following questions.

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Is vehicle currently registered? (YES/NO)

Is vehicle currently insured? (YES/NO)

**Please write a brief statement of why you want to come to Welcome Home, Inc.**

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Have you ever been homeless? (YES/NO)

If yes, please answer the following questions.

(1) How long have you been homeless? \_\_\_\_\_

(2) What is the longest period of homelessness? \_\_\_\_\_

(3) Have you ever stayed in a homeless shelter? \_\_\_\_\_  
If yes, please list previous homeless shelters you have stayed in.

\_\_\_\_\_

(4) Have you ever been asked to leave a homeless shelter? \_\_\_\_\_  
If yes, please provide an explanation.

\_\_\_\_\_

\_\_\_\_\_

(5) Please explain how you became homeless.

\_\_\_\_\_

## Substance Abuse History

The following information will help us determine what specific programming services WHI can offer you. Please answer the questions honestly.

Have you ever used any of the following substances? If yes, please indicate how old you were when you first tried the substance, how many years you used the substance, and when the LAST time you used that substance. Please be advised that you may be REQUIRED to submit to a drug screen and that this facility will RANDOMLY TEST for alcohol and drug abuse.

Substance	Age of First Use	Years of Use	Last Time You Used
<b><u>DEPRESSANTS</u></b>			
Alcohol Beer, Liquor, Wine			
Amyl Nitrite Liquid Gold, Ram, Climax, Rush			
Barbiturates Amytal Sodium, Seconal, Tuinal, Soneryl			
Benzodiazepines Xanax, Restoril, Valium, Librium Ativan			
GHB Liquid Ecstasy, Liquid X, GBH			
Methaqualone Quaaludes, 'ludes, Mandrax, Mandies, Sopor			
Solvents Glue, lighter fluid, Gasoline/petrol, Hairspray, Other Aerosols, Inhalants			
<b><u>NARCOTICS</u></b>			
Heroin			
Hydrocodone Vicodin, Lortab			
Methadone			
Opium			
Oxycodone OxyContin, Oxy, Percodan, Percocet			
Propoxyphene Darvon, Darvocet			

<b>Substance</b>	<b>Age of First Use</b>	<b>Years of Use</b>	<b>Last Time You Used</b>
<b><u>STIMULANTS</u></b>			
Amphetamines Adipex, "Biphes" Speed, Uppers, Black Beauties			
Cocaine			
Crack Cocaine			
Ecstasy			
Khat Abyssinian Tea, African Salad, kat, Quadka, Quat			
Methamphetamine Meth, Crystal, Crank, Yabba, Ice			
Methylphenidate Ritalin, Uppers			
Steroids			
Tobacco			
<b><u>HALLUCINOGENICS</u></b>			
Ketamine Special K, Super K, Vitamin K			
LSD – Acid			
Marijuana Bud, Weed, Blunt Grass, Ganja, Herb, Joint, Hash, Dope, Pot, Smoke			
Mushrooms Magic Mushrooms, Mushies, Shrooms, Psilocin, Psilocybin			
Mesacaline Peyote, Cactus, Cactii			
Phencyclidine PCP, Angel Dust			

Please identify your drug of choice and 3 triggers that you may have: \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Have you ever received treatment or counseling for a substance abuse issue? (YES/NO)

If yes, please answer the following questions:

- 1) When did you LAST receive treatment/counseling? \_\_\_\_\_
- 2) Where did you receive this treatment/counseling? \_\_\_\_\_
- 3) Who provided this treatment/counseling? \_\_\_\_\_
- 4) How many times have you received treatment or counseling for a substance abuse issue? \_\_\_\_\_
- 5) When did you LAST USE a substance? \_\_\_\_\_
- 6) What substance did you use? \_\_\_\_\_

Please list all Treatment Programs/Centers/Hospitals that you have received treatment for substance abuse.

Hospital/Treatment Center	Dates	How Many Days?	Completed?
_____			
_____			
_____			

### Legal

You will be required to obtain a background check from the Columbia Police Department to make sure there are no outstanding warrants that may interfere with your program while at WHI. Please be honest in your answers, any discrepancies will result in a NEGATIVE DETERMINATION.

We do not discriminate based upon a person's criminal background. However, because of our proximity to an elementary school, we are unable to provide services to persons convicted of a violent and/or sexual crime.

Have you ever been CONVICTED of a felony in a court of law? (YES/NO)

If yes, type of offense(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you serve time for these convictions? (YES/NO)

If yes, how long: \_\_\_\_\_

Have you ever been ARRESTED AND NOT CHARGED? (YES/NO)

If yes, please provide an explanation. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been served with an EX PARTE, or a RESTRAINING ORDER? (YES/NO)

Have you ever been a VICTIM of domestic abuse, stalking, assault, rape, or sexual abuse? (YES/NO)

Are you now on Probation or Parole? (YES/NO)

If yes, please provide the following information:

Name of Probation/Parole Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How often are you required to report to your PO? \_\_\_\_\_

Please circle an answer to the following question.

Do you report in:      PERSON                      MAIL                      TELEPHONE

In order to be considered for admission, you must have your Probation/Parole Officer contact Welcome Home, Inc.

This concludes the written application process. Upon receipt of your application, you will be called for a TWO-STEP interview process. You will be interviewed by the Executive Director and then you will be interviewed by current residents of Welcome Home, Inc. Following the interview process, you will be notified if your application has been approved.

Your eligibility to remain at Welcome Home, Inc. will be reviewed by staff and/or board members a minimum of every 90 days.

Thank you for your interest in our program.

Sincerely,

Aneisa L. Sherrill-Mattox, MSW  
USN – AG3 (E4)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPROVED/DENIED: (REASON IF DENIED)** \_\_\_\_\_