



JEREMIAH'S INN

1059 Main Street

(508) 755-6403

Worcester, MA 01603

Fax (508) 793-9568

APPLICATION REQUIREMENTS

Note: Keep this sheet and follow the directions for best results.

- Complete the 4 page application – You must put your social worker / case manager's name, phone number and extension on the application. (*We will not review incomplete applications*)
- Submit a copy of your most current PSYCH – SOCIAL evaluation with your application.
- A copy of your CORI is required to those who are or were previously incarcerated.
- Submit a copy of your disciplinary record if currently or previously incarcerated.
- Send copies of certificates received from successfully completed programs while incarcerated, and or written recommendations.
- Attach a copy of your photo I.D., social security card or birth certificate.
(*Must have a photo I.D. when admitted*)
- Attach a signed recent TB certificate. (*Less than one year old*)

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- Fax or mail the application, then be sure to call to verify that Jeremiah's Inn has received it. We will not review incomplete packets.
 - If application is approved for an interview, Jeremiah's will call to schedule an appointment. **Please provide a phone number or address to contact you or your case manager.**
 - A final decision will be made within 48 hours or the interview. Contact Jeremiah's Inn for the final decision on residency or possible alternate referrals.

Mail the completed application to:

**Admissions
Jeremiah's Inn
P.O. Box 30035
Worcester, MA 01603**

or fax to: (508) 793-9568

Jeremiah's Inn

Application Form		rev. 9/07	P.O. Box 30035 1059 Main St., Worcester, MA 01603-0035 FAX 508.793.9568 Phone 508.755.6403	
Last Name:	Suffix:	First Name:		Middle Initial:
Alias:				
Referral Information				
Referred by (agency, institution):	Contact Person/ Case Mgr.:	Phone Number (area code and Ext):		
Have you been admitted here before?		If so, when:		
No				

Demographic Information					
Male		Transgender		Height:	Weight:
Massachusetts Resident?		Primary Language:		Are you currently homeless?	
Yes No				Yes No	
Last Known Residence:			Criteria met? Yes No		
Date of Birth			Social Security #		
Status:		Family:			
Single		Children: Yes No How many? _____			
Married/Partnered		Ages: _____			
Divorced/Separated		Do you have custody? Yes No Physical Legal			
Widowed		If no, who has custody? _____			
		Do you have visitation rights? Yes No			
Education - Last grade completed:		Occupation:		Date last worked:	
Specific Needs: (i.e., dietary issues, hearing impairment, allergies, etc.)					
Do you have access to a picture ID?		Forms of Identification			
Yes No					
If yes, bring it with you.					

Legal History				
Probation	Parole	Case Pending	Outstanding Warrants	Restraining Order
Other _____		None		
Attorney:		Phone:		
Probation/Parole Officer:		Phone:		
Court:		Phone:		

Criminal History						
Have you ever been convicted of any of the following?					Yes	No
Arson	Murder	Rape	Kidnapping	Assault	Sex Crimes	Other
Outcome:						

Psychiatric History	
Have you ever been diagnosed with a psychiatric illness? Yes No	Psychiatric Diagnosis(s):
Psychiatric Hospitalizations: Yes No	When:
Where:	How many:
Prescribed Medication: Yes No	Prescriber: Phone:

Medication	Dose	Last taken

Have you stopped taking any medication in last 6 months for any reason? Yes No	Why?	
Are you or have you ever been physically abusive towards yourself? No	Are you or have you ever been abusive towards others? (physically/emotionally/sexually) <input type="checkbox"/> No	
Are you <input type="checkbox"/> or have you <input type="checkbox"/> ever been a victim of violence? <input type="checkbox"/> No		
If you have been a victim, please elaborate:		
History of Suicide Attempts <input type="checkbox"/> Yes <input type="checkbox"/> No	When:	Outcome:

Substance Use Information		
Last Date Used: __/__/__ (any substance) Number of treatments: _____ __ Detox __ Residential __ Outpatient __ Methadone __ Drunk Driver __ Other	What Last Used:	Drug(s) of Choice:
	Do you attend recovery meetings?	How long ago?
	Longest Clean Time:	
Date(s) of Treatment	Where	Outcome(s)
Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in quitting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other addictions?		
Intravenous Drug Use? <input type="checkbox"/> Yes <input type="checkbox"/> No When:		

Substance Use Information (cont.)				
	Age of First Use	Last Use	Frequency	Usual Route
Alcohol				
Cocaine				
Crack				
Marijuana/Hashish				
Heroin				
Non Rx Methadone				
Other Opiates				
PCP				
Other Hallucinogens				
Methamphetamine				
Other Amphetamines				
Other Stimulants				
Benzodiazepines				
Other Tranquilizers				
Barbiturates				
Other Sedatives/Hypnotics				
Inhalants				
Over-the-Counter				
Ecstasy				
Nicotine				
Caffeine				
Other				
In Case of Emergency Notify <i>(obtain release with signature)</i>				
Name:			Phone:	
Address:			Relationship:	

Military History			
Have you served? <input type="checkbox"/> Yes <input type="checkbox"/> No		What type of discharge did you receive?	
Enlistment Date:	Discharge Date:	Were you involved in armed conflict? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What branch of service were you in?		Where:	

Medical History	
Primary Care Physician: <input type="checkbox"/> None	Phone:
Date of last physical exam:	Date of last TB Test:
Date of last Hepatitis C Test:	Result of last TB Test:
Diagnosed Condition (s):	Prescription Medication (s):

Financial Information	
Current Source of Income:	Amount \$ _____ <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Worker's comp <input type="checkbox"/> VA <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> None	

Parenting Information		
	Number of Children:	
	Ages	Genders
DSS Involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
Worker Name:		
DSS Office:		
Worker Phone:		
Planned Reunification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reunification while in program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	

Please complete the following if applicable	
Probation _____	until (date): _____
Parole _____	until (date): _____
Wrap-up _____	wrap date: _____

Statement of Applicant	
I hereby certify that all questions above have been answered truthfully.	
Name: _____	Date: _____