



Application

If you are unable to complete this application individually please call (319) 530-4729 or (319) 351-0326 and somebody will set up a time to assist you. You may also utilize Shelter House drop-in hours Mon- Fri 1pm-4pm and Sat-Sun 8am-10am.

Name: _____ Date: _____

Current Address: _____

Cell Phone #or best way to reach you: _____

Age: _____ DOB: ____/____/____

Are you currently homeless or chronically homeless? Yes No

Are you currently at risk of being homeless? Yes No If yes, please explain: _____

Do you have a photo ID? Yes No Do you have a Social Security Card or birth certificate?

Are you a Veteran?: Yes No

Are you a registered sex offender? Yes No

What is your current marital status? _____

Do you have kids? Yes No How many: _____ Who is the primary care taker _____

How were you referred to the Lodge Program? _____

Mental Health

Do you have a Mental Illness? Yes No If yes, diagnosis: _____

Have you been seen at University of Iowa Hospitals & Clinics? Yes No

Have you ever been hospitalized due to your mental illness? Yes No

If yes, where: _____ When: _____

If yes, where: _____ When: _____

If yes, where: _____ When: _____

Current treatment (list of meds with dose & frequency): _____

Current Doctors or Mental Health Providers: _____

List other mental health supportive programming participation: _____

****Please attach a copy of your diagnosis paperwork or notes from your last psychiatric visit.****

Physical Health

Significant pain or illness: _____

List any physical limitations: _____

Do you have/need HIV/AIDS testing or services? Yes No Do you have TB: Yes No

Last physical: _____ Current medications: _____

Would you like to see a doctor about any of the above? _____

Substance Use History

	Last Used When?	Frequency	Age at Onset
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Alcohol:	_____	_____	_____
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Marijuana:	_____	_____	_____
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Cocaine:	_____	_____	_____
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Meth:	_____	_____	_____
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Opioids:	_____	_____	_____
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Other:	_____	_____	_____
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When will you be able to provide a clean/negative drug test? _____

Past Inpatient/Outpatient/IOP Substance Use Treatment (list dates, types, if completed, & where)

Date: _____ Type: _____ Completed: _____ Where? _____

Date: _____ Type: _____ Completed: _____ Where? _____

Current Ongoing Substance Treatment

Agency: _____ Where: _____ Type: _____ Began: _____

Do you currently use tobacco products? Yes No

Funding

Do you currently have health insurance Yes No Provider? _____

Do you currently receive benefits such as: SSDI SSI Food Stamps Other Income? _____

Have you worked with vocational resources? Yes No

Are you in the process of applying for any resources? Yes No _____

Education History

Highest school grade attended: _____ High School GED Trade College

Last school attended: _____

Vocational History

Are you currently employed? Yes No Where? _____

Last Job: _____ Dates of employment: _____ To: _____

Reasons for leaving: _____

Job skills: _____

Has anything (mental health, substance abuse, etc.) interfered with your ability to work: Yes No If yes, please explain: _____

Is there anything else you think I should know about you? _____

If you received assistance in completion of this form please provide their name and contact information

Please send to 429 Southgate Ave, Iowa City, IA 52240 or fax to 319.351.3108. If there are any other questions, comments, or concerns please contact Fairweather Lodge Coordinator at 319.530.4729 or Shea@shelterhouseiowa.org.