

THE PHILIP HOUSE MISSION

(313)828-2202 fax (313)731-0303

www.thephiliphousemission.org

Shelter Application

- Must be drug and alcohol free
- Must follow house rules
- Must be willing to enter into programs to better self
- Must complete chores

Please complete all information below if you are seeking shelter at TPHM:

Name: _____ DOB: _____ Age: _____ Social Security Number:

CurrentAddress: _____

Street _____

City _____ State _____ ZipCode _____

Phone _____ Can we leave a message for you at this number?

If unable to receive phone calls, who is a contact person that we can speak with?

Name _____ Phone# _____

Who referred you to our program: _____ Have you ever been in an TPHM
program before? _____

If so, how many times? _____ Which TPHM facilities?

Are you currently homeless? _____ Do you need emergency shelter?

Reason(s) for wanting admission at this time?

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Section 2:

Marital Status: Single_____ Married_____ Divorced_____ Widow_____ Separated_____

Are you required to pay Child Support? _____ Are your payments current? _____

For female applicants only:

Name of Child Age/Birth Date Relation Will he/she live with you here?

Do any of your children have any physical, emotional, or behavioral problems? ____ If yes, explain:

Section 3:

INCOME HISTORY

Are you currently receiving income from any of the following sources:

Welfare_____ Food Stamp _____ Governmental Aid _____ SSI _____ Child Support _____ Other _____

If yes, what is the total monthly amount? _____

Occupation _____ Date of last employment: _____

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Section 4:

ALCOHOL/DRUG ABUSE HISTORY

Please check all that apply:

Cocaine____ Marijuana____ Heroin____ Alcohol____ Nicotine____ Prescription
Drugs____

Methamphetamine____ Ecstasy____ Other:

When was the last time you used?

TREATMENT HISTORY

How many treatment facilities have you attended? _____

How many treatment facilities have you completed? _____

Section 5:

MENTAL HEALTH

Have you been diagnosed with a mental health condition? _____ Were you hospitalized?

If so, diagnoses: _____ Were mental health medication(s)
prescribed? _____

List _____ medications:

Have you ever attempted suicide? _____ If so, when?

Section 6:

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LEGAL HISTORY

Have you ever been arrested? _____ If so, how many times? _____

Criminal Convictions Sentence Requirements

Are you on probation / parole / drug court / court mandated? _____ (please circle all that apply)

If yes, what are the names, addresses, and telephone numbers of your probation/parole officers?

Are you mandated to complete a recovery program? _____

Have you ever been convicted of a violent crime? _____ Are you a sex offender? _____

Have you ever been convicted of a crime involving children or the elderly? _____

Do you have any pending charges? _____ Date: _____

If yes, what are the charges?

Section 7:

EDUCATION

Highest grade level completed: _____ Did you graduate? _____ Do you have your G.E.D.? _____

List colleges or vocational schools attended and degrees obtained:

Section 8:

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MEDICAL HISTORY

Date of last physical: _____ Are you currently under a physicians care?

Physician: _____ Phone #: _____ Address:

Will someone be financing your medical needs? _____ If yes, Name: _____

Phone#: _____

Have you ever had any of the following?

_____ Seizures _____ Heart Disease _____ Diabetes

_____ Vision Problems _____ Respiratory Problems _____ Venereal Disease

_____ Hepatitis _____ Hearing Problems _____ Tuberculosis

_____ Problems Standing or Lifting _____ High Blood Pressure _____ Back Injury

Have you ever been tested for HIV? _____ Tuberculosis? _____ What was the diagnosis? _____

What medications are you currently taking?

Section 9:

TPHM is not a medical or psychiatric facility. Therefore, prospective clients and their children must be medically, as well as psychiatrically cleared prior to admission. Medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective clients. If mental health evaluation/documentation is requested, that must be received before a final decision can be made on placement in TPHM. If, after admission, it is noted that the client is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, TPHM reserves the right to refer the client to another facility or back to the referring agency.

Signature _____ Date _____