**SAMARITAN INN APPLICATION/INTAKE**

*Revised 07-24-21*

Date: Phone number where you can be reached:

*(Required)*

1. Name of Applicant Age DOB SSN

Present Mailing Address

1. **Ethnicity**

*(Please circle the one you feel best describes your ethnicity?)*

* 1. American Indian/Alaskan Native
  2. Asian
  3. Black/African American
  4. Native Hawaiian/Other Pacific Islander
  5. White
  6. American Indian/Alaskan Native & White
  7. Asian & White
  8. Black/African American & White
  9. American Indian/Alaskan Native & Black/African American
  10. Other Multi-Racial

1. **Marital Status**
   1. Single
   2. Married
   3. Living Together
   4. Divorced
   5. Legally Separated
   6. Widowed
2. **What is your reason for wanting to come to Samaritan Inn? \_**

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1. **How long have you been in this local community? Prior community was \_**
2. **What was your last permanent address? \_**
3. **Name of relative/friend in the area Relationship Phone**
4. **Name of emergency contact Relationship Phone**
5. **What is the address where you stayed last night?**
6. **How long have you stayed at last night’s location?**
7. **Of the choices below, circle the one which best describes the place where you stayed last night?**
   1. Car j. Relatives
   2. Streets/park k. Transitional housing
   3. Hotel/motel l. Abandoned building
   4. Voucher motel room m. Owned house
   5. Shelter n Shared house or apartment
   6. Men's Shelter o. Psychiatric facility
   7. Friends p. Jail/prison
   8. Hospital q. Substance abuse treatment or detox facility
   9. Rented house/apartment r. Other
8. **Do you have any disability?** *(describe)*
9. **Are you an alcoholic?** Yes/No **6. Are you a drug addict?** Yes/No **Are you sober/clean?** Yes/No

How long have you been sober/clean? Do you attend AA/NA meetings? Yes/No

1. **In the past three years, how many times have you been homeless?** *(In a shelter or on the streets only)*
2. **What are the causes of your homelessness?**
3. **Please list your housing history in the past three years?**

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| --- | --- | --- | --- |
| **Type of Housing**  *(See number 11)* | **Date moved in** | **Date moved out** | **Reason for leaving** |
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1. **Do you have a car/truck?** Yes/ No **15. Do you have a valid driver’s license?** Yes/ No
2. **Do you have dependents?** Yes/ No **If yes, how many**

Ages

**Do you have legal custody?** Yes/No

1. **What is your source of income?** *(SSI, SSDI, Employment, etc.)* **21. Total monthly income?**
2. **If employed, where** *Part-time or Full time* **Do you have benefits** Yes/No
3. **What is your work history in the past three years?**

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| **Employer** | **From** | **To** | **Reason for leaving** |
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1. **Are you enrolled in** *(circle any that apply)* **Food Stamps, Medicare, Medicaid?**
2. **What is your education background? Last grade completed \_ HS Diploma GED**

Any college Yes/No If yes, what school and how much

1. **Describe your reading and writing skills.** *(circle one)* **Excellent Good Fair Poor None**
2. **Are you a veteran?** Yes/No **If yes, what branch of service? Service Dates?**

**Duration** (# of months) **Served in War Zone?** Yes/No **If yes, which zone?**

1. **Describe any vocational/technical training you have and whether you completed it**
2. **If you have not graduated from High School and do not have a GED, are you interested in obtaining a GED?** Yes/ No

If no, explain

1. **Are you interested in obtaining vocational/ technical education?** Yes/ No/ Don't know

If yes, what area of study \_

1. **Are you interested in obtaining a College education?** Yes/ No/ Don't know **If yes, what field?**
2. **Do you have any special skills such as carpentry, electrical, landscaping, etc.?** Yes/ No **If yes, describe**
3. **Are you experiencing serious physical health problem?** Yes/ No/ don’t know **If yes, describe**
4. **Do you have any legal charges pending? This includes DUI charges** Yes/ No/ Don't know

If yes, describe

1. **Are you on probation or parole?** Yes/ No **If yes, describe**
2. **Please list current symptoms and medications (include vivitrol, suboxone, Subutex etc.)**

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1. Please list treatment and residential recovery history

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| **Treatment Provider or Residential Recovery Home** | **From** | **To** | **Reason for leaving** |
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1. I have received the COVID vaccination
2. I am willing to receive the COVID vaccination before entry
3. **Attest of Information** *(please initial each one)*
   1. I attest that all the information I have provided in this intake and application process is honest and accurate to the best of my knowledge.
   2. I understand that any deliberate misrepresentation of information could result in my being denied acceptance into or expelled from Samaritan Inn.
   3. I give permission for RCCR (Samaritan Inn) to request any records or other information from community agencies, past landlords, present and past employers and relatives, friends and associates and to obtain references on my behalf.
   4. I give permission for any random alcohol or drug testing to be completed while in the interview process as well as a resident of Samaritan Inn.
   5. I am aware that completing the interview process does not guarantee admission into the Samaritan Inn Program.
   6. I am aware and agree with the program components of the Samaritan Inn and I am willing to accept program direction if I am accepted into the program.

**Applicant Signature** Date

**Witness Signature** \_ Date

Name of Interviewer Referral Agency & Phone

# Submit this application with a copy of the applicant’s photo ID.

**Upon completion, do one of the options below**

**Mail to:**

**Samaritan Inn**

**Attention: Application Process**

**1117 Quarrier St**

**Charleston, WV 25301**

**Fax to:**

**844-606-7983**

**Email to:** [**nstout@rccr.org**](mailto:nstout@rccr.org)

**Direct all questions to the above addresses or 304-610-8730**