

___ Mother w/children ___ Single

PERPETUAL HELP HOME APPLICATION



Name: _____

Date: _____

Current phone number where you can be reached:

Alternate number: _____

(This application is good for 30 days, after which applicants will have to reapply)

Perpetual Help Home Application

Date: _____

Name _____
Last First Middle Name

Address _____ Phone # _____
City county

Date of Birth _____ Age _____ Race _____ Religion _____
 Check one: Single Married Common Law Divorced/Separated Widowed Boyfriend

Complete the following information on your children living with you (if applicable):

Name	Date of Birth	Age	Sex	Race	School
			M or F		
			M or F		
			M or F		
			M or F		

Complete the following information on your children not living with you (if applicable):

Name	Age	Sex	Who are they with?
		M or F	

Education Completed (Specify which particular grade)

1st - 5th Grade 9th - 12th Grade High School Diploma
 6th - 8th Grade GED College

College Attended	Location	Major	Degree Earned

Employment History

Employer & Position	Location	Date Employed		Reason for Leaving
		Begin	End	

Where are you currently staying: ___ own home/apt ___ family ___ boyfriend ___ friend ___ shelter ___ streets ___ treatment center ___ jail ___ hotel ___ other

Check all that you currently have: ___ birth certificate ___ driver's license/ID ___ Social Security

Do you own an automobile? ___ YES ___ NO If yes: Year/Model _____

How much is your car payments? _____ How much do you owe? _____

How much is your insurance payments? _____ Insurance Expiration Date: _____

ARREST HISTORY (If applicable)

Background Checked

Date: _____ County: _____ Offense: _____

_____ Misdemeanor/Felony _____ Sentence: _____

Date: _____ County: _____ Offense: _____

_____ Misdemeanor/Felony _____ Sentence: _____

Date: _____ County: _____ Offense: _____

_____ Misdemeanor/Felony _____ Sentence: _____

(Use back of paper if more space is needed for charges)

Legal charges Pending: ___ YES ___ NO Explain: _____

Are you out on Bond? ___ YES ___ NO

TDCJ/PAROLE/PROBATION HISTORY (If applicable)

TDCJ # _____ Unit: _____ Location: _____

Dates: From: _____ to _____ Are you on parole: ___ YES ___ NO

Parole Officer: _____ Phone: _____

Are you currently on probation? ___ YES ___ NO Probation officer: _____

Community Hours: ___ YES ___ NO How many hours do you have to do? _____

CPS HISTORY (If applicable)

Do you have an open case with CPS? ___ YES ___ NO

If yes, who is your caseworker? _____

Do you have any past CPS cases? ___ YES ___ NO

If yes, what was the outcome? _____

ABUSE

Have you ever been:

Sexual Abuse: ___ YES ___ NO Explain _____

Physical Abuse: ___ YES ___ NO Explain _____

Emotional Abuse: ___ YES ___ NO Explain _____

Do you need help with this situation? ___ YES ___ NO

Have you received help in the past? ___ YES ___ NO

Have members of your family been abused? ___ YES ___ NO

DRUG/ALCOHOL HISTORY

Please list previous Drug & Alcohol Rehabilitation Centers or psychiatric hospitalizations

Addiction or Diagnosis	Facility/hospital	From	To

Current Counselor: _____ Phone: _____

Mood Disorders: Self-Abusive: ___ YES ___ NO Explain _____

Homicidal: ___ YES ___ NO If yes, do you have a plan? _____

Suicidal: ___ YES ___ NO If yes, do you have a plan? _____

Current Medications _____

Do you currently attend AA, NA, Celebrate Recovery, CASA, or other Recovery Meeting? ___ YES ___ NO

If yes, where and when? _____

Do you have a sponsor? ___ YES ___ NO

Any other information you feel is important for us to know

INCOME (If applicable)

Are you currently employed? ___ YES ___ NO

If YES, where _____ How Long? _____

What is your work schedule? _____

Check if you receive: ___ TANF ___ Food Stamps ___ SS benefits ___ Child Support ___ Disability
___ Unemployment

What is your monthly Income: _____

Do you have a checking account? ___ YES ___ NO How much in account? _____

Do you have a savings account? ___ YES ___ NO How much in account? _____

What are your financial obligations (bills)? Who do you owe and how much?

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

What are your skills and talents?

What kind of job do you want to have?

What are your personal interests and/or hobbies?

Why do you want to live at PHH?

Emergency Contact: _____ Phone: _____

How is this person related to you? _____