



Applicant Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Gender (please specify): _____

Phone Number: _____

Email Address: _____

Current Address: _____

Personal Background

1. Please describe your current living situation:

2. What support systems do you currently have in place (e.g., family, counseling, etc.)?

3. Have you experienced any of the following? (Check all that apply):

- Trauma Human trafficking Sexual exploitation Addiction

4. If you checked Addiction, please indicate the type(s) of addiction (Check all that apply):

- Alcohol Prescription drugs Illegal drugs Gambling

Other (please specify): _____

If applicable, please specify your drug of choice: _____

Date of last use: _____

Program Interest

5. Why are you interested in the Dignity House Inc. Program?

6. What are your goals for participating in this program and the future?

7. Do you have any specific needs or accommodations that we should be aware of?

Health and Wellness

8. List any medical and mental health conditions/disabilities/allergies that we should be aware of:

9. Please list any medications you are currently taking:

Personal Strengths and Interests

10. What are some of your personal strengths and skills?

11. Do you have any hobbies or interests that you would like to continue or explore?

Family

12. Do you have any supportive family members?

13. Do you have any children?

References

If possible; please provide the names and contact information of two people who can provide a reference for you:

I, the undersigned, certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____