

APPLICATION FOR RESIDENCY

TODAY'S DATE: _____

INSTRUCTIONS

Please fill out this form in its entirety to the best of your ability with all names and requested contact information. Please save the application to your computer with your first and last name as part of the file name (ex. John Smith MR application). Attach the completed application to a new email with the subject line "Makarios Rez application". In addition to this application please attach copies of your birth certificate, social security card, driver's license and a 1 to 2-page response to the prompts at the end of this application. If any of the requested documents are unavailable to you, include an explanation why.

NOTE

Please answer all questions honestly and to the best of your ability. Information about criminal history or health history provided in this application does not necessarily disqualify you from acceptance to the program. Each applicant is reviewed on a case-by-case basis to determine if the program is a good fit for the applicant.

How did you hear about Makarios Rez? _____

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Birth Date: _____ *Do you have your original Birth Certificate? YES NO
You will be asked to provide a copy.

SSN #: _____ *Do you have your original Social Security Card? YES NO
You will be asked to provide a copy.

ID or Driver's License #: _____ *Do you have a valid CO driver's license or State ID? YES NO
You will be asked to provide a copy.

Have you been in the Foster Care System? YES NO Have you resided in kinship? YES NO
If Yes, what county? _____

Do you have a current Case Manager/GAL/Chafee Worker/CASA/Other you are working with? YES NO
If Yes, Name: _____ *Phone:* _____

What is your current living situation and with whom are you living?

Do you have any children? YES NO *If Yes, list names and ages:* _____

Have you ever been charged with a misdemeanor or felony offense (other than minor traffic violations)? YES NO
If Yes, please give a brief description of charges listing cause and date. _____

Are you currently on probation? YES NO N/A Are you currently on parole? YES NO N/A

EDUCATION

List all that apply.

	NAME & LOCATION	DID YOU GRADUATE?	MAJOR / AREA OF STUDY
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
SPECIALIZED TRAINING / TRADE SCHOOL			
OTHER EDUCATION			

HEALTH & MEDICAL

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Primary Doctor's Name: _____ Phone: _____

Do you have a Medicaid Card? YES NO *If Yes, provide card #:* _____
 Are you covered by other insurance? YES NO *If Yes, provide Insurance Name:* _____

Do you have any physical disabilities or illnesses that would affect you being able to work the program or to which you would need special accommodations? YES NO
If Yes, please explain: _____

Do you currently or have you ever received social security income for a disability? YES NO
If Yes, please explain: _____

Do you have any allergies? YES NO *If Yes, please list:* _____
 Are you currently taking any prescribed medication? YES NO *If Yes, please list:* _____

Have you ever been diagnosed with any mental health disorders by a psychiatrist? YES NO
If Yes, please list: _____

Are you currently regularly seeing a therapist or psychiatrist? YES NO
If Yes, please provide the name of your therapist or psychiatrist: _____

Have you ever experimented with or used any illegal substances? YES NO
If Yes please explain what you used and how long ago it was: _____

Please note: Makarios Rez is a drug and alcohol free environment. Although candidates may have a past history of substance abuse, each participant must show a commitment and determination to uphold this policy during the duration of their stay and have a minimum of one year sobriety before entering the program. Makarios Rez program participants will be drug tested upon entering the program and randomly throughout their participation. If at any time a program participant fails to uphold this policy, they may immediately be exited from the program at the Program Director's discretion.

I agree that I am willing to submit to drug and alcohol screening upon entering the Makarios Rez program as well as ongoing random screenings throughout my participation. I also give permission for Makarios Rez staff and affiliated members to view the results of these tests for the purposes of program compliance.

Signature (or digital signature): _____ Date: _____

PERSONAL REFERENCES

Please provide three.

NAME	EMAIL	PHONE	RELATIONSHIP

SHORT ANSWER QUESTIONS

Please answer the questions below or attach an additional 1- 2-page essay that includes your responses to these prompts.

What do you believe are your strengths and weaknesses? (list and explain at least 2 of each)

What are your personal goals in the next 12 months and how do you plan to achieve these goals?

Who has been the most influential person in your life? And why?