

Application for Jagriti House



Your Name _____

Date of application / /

Were you referred to Jagriti House? Yes / No Referrer's name _____

Referrer's phone _____

Section 1 Personal Details

Name _____
First Name *Middle Name(s)* *Last Name*

Address _____

Phone _____ Email _____

Date of Birth ____/____/____ Age _____ Ethnicity _____

Relationship Status (tick one) Married Partner Divorced Separated Widowed Single

Emergency Contact Name _____ Phone _____
Relationship to You _____

What are your spiritual or religious interests or ways of practising your beliefs _____

Do you currently attend Church? Yes / No If "Yes", which one? _____

Do you have any special needs e.g. allergies? _____

Section 2 Dependents

Do you have any children / dependents? Yes / No If "No", go to Section 3

Names: _____ Ages: _____

Do you have day-to-day care of any of your children/dependents? Yes / No

Are any of your children under the care of others? Yes / No

If "Yes" how often do you see them? _____

Are you subject to any Child, Youth and Family Services (CYFS) Court Orders? Yes / No

If "Yes" please give details _____

Do you have a Child, Youth and Family Case Manager? Yes / No

If "Yes" please share contact information of the Case Manager

Name _____ Contact Number _____

Email Address _____

Section 3 Education

Schooling _____ to _____
Name of Last Attended School *Years at School*

Qualifications _____
Qualification *Where qualification achieved* *Year*

_____ *Qualification* *Where qualification achieved* *Year*

Other Training Describe any other training you have done _____

Section 4 Employment

Current Employment

Are you currently employed? Yes / No If "Yes" provide name and address of employer

How long have you worked there? _____ years _____ months

Type of work? _____

Previous Employment

Employer _____

Dates Employed _____ to _____

Reason for leaving _____

Section 5 WINZ

Are you currently on a WINZ benefit? Yes / No

If "Yes", what type of benefit are you on, job seeker, sickness, sole parent, other? _____

WINZ Client Number _____

Are you currently receiving a disability allowance? Yes / No

If you are NOT currently on a WINZ benefit, will you need to apply to WINZ for financial assistance to stay at Jagriti House?

Yes / No

Section 6 Health Information

What is your NHS Number: _____

Current Doctor's Name: _____

Contact Number: _____

Address: _____

Name current professional services you are engaged in and contact details e.g. Counsellor, Therapist

Name *Contact Number*

Name *Contact Number*

Do you have any safety or risk issues we should be aware of? Yes / No If "Yes" please detail

Do you have a health diagnosis? Yes / No If "Yes" please detail

Do you have any mental wellbeing diagnosis? Yes / No If "Yes" please detail

Are you currently taking any medication? Yes / No If "Yes" please detail

Medication	Prescribed / Not prescribed	Dosage amount	Frequency

Is there a possibility you could be pregnant? Yes / No

Often with addictions there is damage to teeth and gums. What is your dental health like?

When did you last see a dentist? ____ / ____ / _____

Have you ever required assistance from a practitioner or psychological service for any of the following:

Suicidal feelings Yes / No

Self harm Yes / No

Drug use Yes / No

Alcohol use Yes / No

Section 7 Drug History

Do you have any challenges with drugs and/or alcohol? Yes / No If "No" go to Section 8

What is your drug of choice?

Please complete the following details about your drug use history:

Drug	Frequency	Quantity	First used	Last used	Amount used	Method used	How many days used in last month?

Have you ever been hospitalised as a result of injury, overdose or intoxication? Yes / No

If "Yes" please share details

Have you been through treatment/rehabilitation for addiction? Yes / No

If "Yes" please share details

Facility #1 Name _____

Did you complete the programs? Yes / No

Start date ____ / ____ / ____ End date ____ / ____ / ____

If "No" why? _____

Facility #2 Name _____

Did you complete the programs? Yes / No

Start date ____ / ____ / ____ End date ____ / ____ / ____

If "No" why? _____

How many times in total have you entered a residential rehabilitation program? _____

Do you smoke? Yes / No

Do you vape? Yes / No

Have you ever attended AA? Yes / No

Have you ever attended NA? Yes / No

Section 8 Domestic Abuse

Are you, or have you been a victim of domestic violence? Yes / No Current or Past?

If "Yes" do you have any current Protection Orders? Yes / No

If "Yes" please detail _____

Section 9 Process Addictions

Have you had any difficulty with any other such addictions e.g. gambling, sex, food, social media, shopping etc.?

Yes / No If "Yes" please detail

Section 10 Legal Information

Do you have any current criminal charges? Yes / No

If "Yes" please share details including bail conditions and next Court date

Next Court date ____ / ____ / _____

Do you have a Lawyer? Yes / No

Lawyer's Name _____

Lawyer's Address, Email and Phone Contact _____

Are you receiving Legal Aid? Yes / No

Have you ever had a conviction? Yes / No If "Yes" please detail

PRN Corrections / Police Number _____

Are you currently serving a sentence on an electronic monitored bracelet? Yes / No

Are you currently on (tick if yes) Home detention / Community detention

Are you on Probation? Yes / No

Are you on Parole? Yes / No

What are your current court ordered conditions? _____

Is drug and alcohol rehabilitation a condition that has legally been imposed on you? Yes / No

Are you in any other legal trouble (outstanding tickets, court fines, other)? Yes / No If "Yes" please detail

How much do you owe in legal fines? \$ _____ Are you making payments? Yes / No

Are you affiliated with any gang(s)? Yes / No If "Yes" please share details

Section 11 Documentation

Documents to be submitted with this Application Form:

- Proof of Identity – *Copy of Passport or Driver's License* Yes / No
- Current Court order – *if applicable* Yes / No
- Bail Conditions – *if applicable* Yes / No
- Name and Contact Details of a referee who has known you for at least 2 years
– family member, co-worker, landlord, sponsor, pastor Yes / No

Name Relationship Contact Number

Section 12 Why Jagriti House?

Please use this section to explain your reasons for wanting to be accepted to the Jagriti House Supported Living Program:

Declaration

I understand that the Jagriti House costs are \$ per week (\$ per day).

I am ready and willing to fully commit to the Jagriti House supported living environment and relevant programs.

I have read over, accept and signed the Jagriti House Information and Rules and commit to respecting and living by these while at Jagriti House.

I accept that this will include my engagement with groups, workshops and counselling to support my personal growth and development and to assist on the path to wellness and in preparing me for a full and meaningful life.

Signature of Jagriti House Applicant Date signed ____/____/____

Signature of Jagriti House Team Member Date signed ____/____/____

Admin to Complete

Interview Date: _____ Day of Week ____ / ____ / ____

Acceptance to Jagriti House: Yes / No

Commencement date: _____ Day of Week ____ / ____ / ____

Signed: _____