



Resident Application Form

SELF:

Name: _____ SPN or TDCJ# _____

SS#: _____ Date of Birth _____ Age: _____

Projected Out Date/Court Date: _____ Ethnicity: _____

Institution: _____ Unit: _____

What program are you in, if any? (Example: Freedom Project, Been There Done That, WHO, etc)

Who is your current case manager? _____

How many times have you been incarcerated? _____

How many times have you been arrested? _____

List all convictions:

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Year: _____ Charge _____

Have you ever been arrested for causing bodily injury to anyone? _____

If yes, please explain: _____

FAMILY:

Current Marital Status: *married* _____ *divorced* _____ *separated* _____ *widowed* _____
single _____ *Common Law* _____

Do you have children under the age of 18? Yes ___ No ___ How many? ___ Male ___ Female ___

Do you have any children 18 or older? Yes ___ No ___ How Many ? ___ Male ___ Female ___

Do you have any open CPS cases? _____

Do you have any "injury to a child" convictions Yes ___ No ___

If yes, please explain in detail: _____

Who has custody of the children – Who is taking care of the children?

Is reunification with your children part of your plan? Yes ___ No ___

MEDICAL:

What are your medical and psychological needs, if any?

Please list medications you are currently taking:

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Have you ever been hospitalized for physical or mental health issues? _____

If yes, please explain when and where: _____

SUBSTANCE ABUSE HISTORY:

Have you ever used alcohol or drugs? _____ if yes, please identify/circle:

Alcohol Marijuana Cocaine Crack Heroin Prescriptions Methamphetamine PCP

What is your drug of choice? _____

Have you ever completed a substance abuse program? _____

If yes, please list program & dates:

Program: _____ Date: _____

Program: _____ Date: _____

Program: _____ Date: _____

EDUCATION HISTORY:

High School Grad _____ GED _____ College _____ Last grade completed: _____

Did you attend school while imprisoned? If yes, what classes were you enrolled in?

Have you participated in any programs during your past incarceration/s?

Yes _____ No _____

If yes, please list program and date:

Program: _____ Date: _____

Program: _____ Date: _____

Program: _____ Date: _____

EMPLOYMENT/INCOME:

Last year and place of employment: _____

Have you ever received SSI and/or SSDI, if so, when? _____

GOALS:

Why do you want to come to Angela House? _____

List your short term goals (six months to one year after your release.)

1. _____

2. _____

3. _____

4. _____

What are your strengths? _____

What are your areas of growth? _____

What do you like most about yourself? _____

What would you like to change or improve? _____

How do you motivate yourself? _____

Please use the space below to include any additional information about yourself that would be helpful to us in considering your residency at Angela House:

Angela House
6725 Reed Rd
Houston, TX 77087
Phone: 281-445-9696
FAX: 281-501-2723

Office Use Only HMIS ID# _____
