

MOUNTAIN HOME MONTANA INTAKE APPLICATION

Date: _____

**Disclaimer – It is asked of each individual to complete this application as honestly as possible. The answers provided do not effect whether the applicant will be able to move into the Mountain Home Montana Program. Move in will be determined during an intake interview which will be scheduled after this application is completed and turned into the Mountain Home Montana Program. The information requested is to allow us to provide the best possible services for our residents and meet each residents needs through a generalized individual plan.*

PERSONAL INFORMATION

Name: _____

Current Address: _____

Current Phone or Message: _____

DOB: _____ AGE: _____ SS#: _____

RACE: (Optional)

_____ Hispanic _____ White _____ Native American

_____ African American _____ Asian American _____ Hawaiian

Are you pregnant? Yes No How many # Months: _____

Are you expecting twins? Yes No

Are you receiving prenatal services? Yes No If, yes please provide information:

Contact Person: _____

Address: _____

Phone: _____

Child Information:

Name: _____ Male Female

DOB: _____ Age: _____ Race: _____

Are you less than eighteen years of age? Yes No

**MOUNTAIN HOME MONTANA
INTAKE APPLICATION**

Legal Guardian: _____

Address: _____ Phone: _____

Relationship: _____

Emergency Contact Person: _____

Relationship: _____

Address: _____ Phone: _____

Is your legal guardian / parent willing to place you at Mountain Home? Yes No
If your legal guardian / parent is not willing to place you at Mountain Home,
please explain why: _____

What was your prior living situation?

- | | |
|---------------------------------|--------------------------------|
| _____ foster care/group home | _____ with friends/family |
| _____ homeless shelter | _____ on street/car |
| _____ transitional housing | _____ release from institution |
| _____ fleeing domestic violence | _____ evicted |

Please explain why you can no longer live at this prior living situation: _____

WHO REFERRED YOU TO MOUNTAIN HOME?

Contact Person: _____

Address: _____

Phone: _____

Name of Agency: _____

Additional Information: _____

**MOUNTAIN HOME MONTANA
INTAKE APPLICATION**

How did you learn about Mountain Home: _____

INCOME / SUPPORT SERVICES INFORMATION

Are you employed? Yes No

Where: _____

Hours: _____ Rate of Pay: _____

Are you receiving Child Support? Yes No If yes, amount: _____

If no, have you filed and when: _____

Are you receiving Medicaid Food Stamps TANF

Amount you are receiving from TANF _____ Food Stamps _____

Case Worker: _____

County: _____ Phone: _____

Other Income: _____

Are you involved with any other agencies for support? Please list:

Agency: _____

Address: _____

Phone: _____

Contact Person: _____

FAMILY BACKGROUND

Your Mother: _____

 Birth mother adoptive mother step mother

Address: _____

Phone: _____ Marital Status: _____

**MOUNTAIN HOME MONTANA
INTAKE APPLICATION**

Your Father: _____

Birth father

adoptive father

step father

Address: _____

Phone: _____

Marital Status: _____

Other significant individuals: _____

Phone: _____

Relationship: _____

Sibling's Name(s) Age Half/Step or Full Where does s/he live?

FATHER OF THE BABY / CHILD INFORMATION

Name: _____

Address: _____

Age: _____

Involvement:

Yes

No

Other comments: _____

PERSONAL BACKGROUND

Have you ever been in foster care? _____

If so, please explain: _____

Describe your relationship with your family: _____

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INTAKE APPLICATION**

Have you ever participated in any type of counseling, please explain: _____

Please provide contact information if you have ever received counseling:

Contact Person: _____

Address: _____

Phone: _____

Name of Agency: _____

Additional Information: _____

Have you ever been diagnosed with a mental health disorder? If yes, please explain: _____

Are you currently taking medication for a mental health disorder? If yes, please list: _____

Please provide contact information if you are meeting with an individual for a mental health disorder / medication management:

Contact Person: _____

Address: _____

Phone: _____

Name of Agency: _____

Additional Information: _____

CHEMICAL DEPENDENCY / SUBSTANCE ABUSE

Do you smoke? Yes No

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INTAKE APPLICATION**

Describe any alcohol use in the past and the present: _____

Describe any drug abuse in the past and the present, including how often and what types of drugs: _____

Have you ever been in treatment for alcohol or drug abuse, if so, please explain:

Please provide contact information if received treatment for alcohol or drugs:

Contact Person: _____

Address: _____

Phone: _____

Name of Agency: _____

Additional Information: _____

LEGAL

Describe any legal or criminal history you may have (juvenile and adult): _____

Are you currently on probation: Yes No

Probation / Parole Officer: _____

Phone: _____

MEDICAL INFORMATION

Health Insurance: Medicaid Other _____

For Whom: Self Child

Do you have any current or chronic medical conditions or allergies: _____

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INTAKE APPLICATION**

Are you taking any prescribed medications:

Primary Care Physician (other then your OBGYN): _____

Address: _____

Phone: _____

Additional Information: _____

Does your child have any health difficulties or special medical needs?

Is your child taking any prescribed medications:

Pediatrician for Child: _____

Address: _____

Phone: _____

Additional Information: _____

EDUCATIONAL BACKGROUND

Last Grade Completed: 7 8 9 10 11 12

Last school attended: _____

GED Status: Classes Currently Testing Completion Date: _____

Currently attending school? Yes No

Do you have a learning disability or other school classification? Yes No

If yes, explain? _____

When and where were you last tested/evaluated? _____

What plans do you have for after graduation or obtain your GED?

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INTAKE APPLICATION**

If not attending an educational program, please explain why: _____

DOCUMENTATION

Identification for Resident: (Circle identification that you currently have)

Birth Certificate Social Security Card State ID Card

Immunizations Driver's License Tribal ID Card School ID Card

Other: _____

Identification for Child: (Circle identification that you currently have)

Birth Certificate Tribal ID Card Social Security Card Immunizations

Other: _____

Office Use Only

Application Received: _____

Intake Interview Scheduled: _____

Intake Interview Completed: _____

Homeless Verification (Progress Notes): _____
