

# Trinity Mission Residential Application Form

Mail to: **Trinity Mission** 817 North 12<sup>th</sup> Lafayette, IN 47904

(Phone) 765-742-1060 (Fax) 765-742-1061

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If spaces are left blank or less than honest information is provided, your application will not be placed into consideration for entry into the program. Completion and submission of this application does not guarantee admission nor does it guarantee being given an intake interview or assessment. However you will be contacted after a review of the application is complete and a determination is made on possible consideration for entry.

## PERSONAL HISTORY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_  
Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Race \_\_\_\_\_ Married \_\_\_ Children \_\_\_\_  
Current Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Have you ever been homeless? \_\_\_\_\_  
Last Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

## EMPLOYMENT/EDUCATION

Highest Level Of Education Successfully Completed \_\_\_\_\_ GED? \_\_\_\_\_  
Schools or Programs Attended & Completed \_\_\_\_\_

Present Employer \_\_\_\_\_ Address \_\_\_\_\_  
Employer's phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Previous 2 Employers \_\_\_\_\_  
Have you ever served in the Military? \_\_\_\_\_

## SUBSTANCE USE

Alcohol Abuse Yes No If yes, last date of use: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type(s) of Alcohol preferred \_\_\_\_\_

Drug Abuse Yes No If yes, last date of use: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type(s) of drug preferred \_\_\_\_\_

Have you been in a treatment program previously? Yes No  
If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

Length of Program? \_\_\_\_\_ Did you complete the Program? Yes No  
Have you ever been suicidal or had suicidal thoughts? \_\_\_\_\_ Have you ever overdosed? \_\_\_\_\_

Age of 1<sup>st</sup> use of:  
Alcohol \_\_\_ Marijuana \_\_\_ Cocaine \_\_\_ Smoking \_\_\_ Opiates \_\_\_ Amphetamines \_\_\_ PCP \_\_\_  
Hallucinogens \_\_\_ Sedatives \_\_\_ Inhalants \_\_\_ Prescription Drugs \_\_\_ Over The Counter Drugs \_\_\_\_\_

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### LEGAL

What legally prescribed medications are you currently taking?

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Are you currently incarcerated? Yes No If yes, which county? \_\_\_\_\_

What are your charges? \_\_\_\_\_

What is your legal status? \_\_\_\_\_

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Hearing date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of hearing: Initial Sentencing Other

Attorney: \_\_\_\_\_ Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Judge \_\_\_\_\_

Prosecutor: \_\_\_\_\_

Are you currently on probation? Yes No If yes, which county? \_\_\_\_\_

Probation officer's name \_\_\_\_\_ Could  
you be court ordered into this program? Yes No

Are other charges pending in any other county in Indiana? Yes No

If so, what charges and in what county, list all pending cases: \_\_\_\_\_

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List all locations in which you are on probation, if any: \_\_\_\_\_

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### FAMILY CONTACT INFORMATION

List family members whom we can contact to verify all information and discuss your situation:

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### IN CASE OF EMERGENCY WHOM SHOULD WE CONTACT, IF ACCEPTED?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_-\_\_\_\_-\_\_\_\_\_

**I understand that signing this application allows the staff of Trinity Mission to verify all statements and representations made on this application and further understand that making false statements will cause the application from being considered. If accepted and false or misleading statement are discovered on this application or during the consideration process it will constitute cause for immediate discharge from the program.**

By signing this program application, I understand that my acceptance into this program will be determined by my actions, honesty and cooperation during the interviewing process. I agree to allow the testing of breath samples for alcohol use and urine testing for drugs use, if the staff deems it necessary. I understand that the refusal to submit to the testing for use of alcohol and drugs is an admission of use and I will be possibly discharged from Trinity Mission, if accepted, as a result of that refusal. I also agree to sign all releases, if accepted.

Printed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**Completing this form DOES NOT GUARANTEE acceptance into this program. False statements, half-truths and misleading information will result in disqualification. This information will be verified.**

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For office use only: circle all that apply	Accepted/Denied	Phase 1/Phase 2	Terminated	Dropped-Out	Graduated
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