Oma's House Resident Application

The information included in this form will be distributed to Oma's House Executive Committee. _____

o New Applicant o Returning Applicant		Today's Date:		
Full Name:		DOB:	Age:	Gender:
Primary Phone :	Alternate Phone:	Race/Ethnicity:	Preferred Language:	SSN:
Current Address:		City:		Zip:
Parent/Guardian (s) Name:		Relationship:		P/G Preferred Language:
Parent/Guardian (s) Email Address :		P/G Primary Phone :		P/G Alternate Phone :
Emergency Contact:		Relationship:		Phone:
Support System:		Medicaid/CHIP eligible? o Yes o No		
		Insurance/medical coverage (if applicable):		
Source of Income:		Total Income:		

Please list any triggers or pet peeves:

Please list the applicant interests/ strengths /skills:

EDUCATION INFORMATION

Highest Level of Education
- o High School Grade: _____
- o High School Graduate
- o Associate's Degree
- o Bachelor's Degree
- o Master's Degree

Field of Study: _____

Special education: o Yes o No
Services provided by the school:
_____
_____

Military Service

o No- Skip to next section Yes o	Length of Service:
If yes, what branch?	Tour Location(s):

Other relevant information:

MENTAL/PHYSICAL HEALTH

Current mental health diagnosis(es):	Date of Last Evaluation:
Current physical health diagnosis(es):	Date of Last Evaluation:

Allergies:

Current prescribed medication(s)/dosage:

PROFESSIONAL PROVIDERS

Medical Doctor:	**Phone:**	**Address:**
Psychiatrist:	**Phone:**	**Address:**
Counselor:	**Phone:**	**Address:**
Caseworker:	**Phone:**	**Email:**
Dentist:	**Phone:**	**Address:**
Other:	**Phone:**	**Email/Address:**

LEGAL HISTORY

Alias(es):

Felony Arrests: o No- Skip to next section o Yes

Felony Convictions: o No- Skip to next section o Yes

Date	Charge(s)	Date	

PAST YEAR PLACEMENT HISTORY (IF APPLICABLE) (e.g., residential placement, hospitalization, incarceration, boot camp, shelter, relative placement)

Facility/Agency/Person Name: **Dates of Placement:**

Reason for Admission:

Discharge Status/Outcome:

Facility/Agency/Person Name: **Dates of Placement:**

Reason for Admission:

Discharge Status/Outcome:

Please attach a copy of the signed Release of Information Authorization and a brief history of the applicant to be shared with the Executive Committee of Oma's House.

Signature/Relationship **Date**

OMA'S HOUSE, INC.

P.O. Box 2762
Bryan, TX 77805

Authorization for Release / Exchange of Confidential Information

Legal Name of Client_____**Age**_____**DOB**_____
Home Address_____
City/Zip _____
Parent/Guardian _____
Home Phone_____**Work** _____**Cell**_____
Email _____

I hereby authorize Oma's House members to provide/receive the following information with regard to my clinical records: **(Initial by each giving permission)**

_____Psychological & Psychiatric Assessments & Evaluations
_____Medical Information (including HIV status)
_____Placement Discharge Summary & Recommendations
_____Juvenile Probation Referrals & Reports
_____Behavioral & Academic Reports in school
_____Diagnosis (es)
_____Medications
_____Substance Abuse Information
_____Mental Health Crisis Reports
_____Other_____

_____*I understand that such disclosure will be made for the following purpose:*

Assist in assessment, diagnosis, treatment
Coordinate services and evaluate treatment
Determine eligibility for public/private programs
Facilitate vocational evaluation and training
Satisfy probation/parole requirements
Ensure continuity of care

_____*I am signing as a parent/guardian of legally disabled person. I further understand the records released may contain references to myself and my family. I further waive and release the Oma's House staff/board from any liability resulting in the release of the above information.*

This authorization to disclose may be revoked at any time, but the revocation will not affect any action that has already been taken in accordance with the consent. To revoke the authorization, you must deliver a written statement, signed by you, to the organization or facility where you gave your authorization, which provides the date and purpose of the authorization and your intent to revoke it. You have the right to refuse to sign this authorization. Unless revoked sooner, authorization will expire upon discharge or one year from the date of the signature whichever comes first.

I hereby release those individuals, companies and institutions, and all persons connected therewith, from any all liability arising as a result of furnishing any information to the company in connection with such investigation.

_____

Signature of Client/Parent/Guardian **Date**

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BACKGROUND CHECK AUTHORIZATION

I hereby authorize Oma's House, Inc. to conduct any investigation it deems appropriate, including credit and/or criminal history background check, to obtain information which may be relevant to my application for employment by, and continued employment with, the company. I understand that I will be informed if an adverse decision is made based on such information, and will have three (3) days to challenge said information.

I hereby release those individuals, companies and institutions, and all persons connected therewith, from any all liability arising as a result of furnishing any information to the company in connection with such investigation.

_____ _____

Signature Date