

Created4Greatness LLC

Independent Shared Living Housing Services

Application Form

Applicant Information

Full Name: _____

Date of Birth: _____

Gender: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Emergency Contact: _____

Staff Section

Referral Information

Referred By: _____

Referral Contact Info: _____

Date of Referral: _____

Housing History

Current Housing Status:

Homeless

Temporary Shelter

Staying with Family/Friends

Own Apartment/House

Other: _____

Applying for:

Shared room _____ Private Room _____

Employment and Income

Current Employment Status:

Employed Full-Time

Employed Part-Time

Unemployed

Student

Other: _____

Employer Name: _____

Monthly Income: _____

Other Sources of Income: _____

Health and Wellness

Do you have any chronic physical health conditions?

Yes No

If yes, please check all that apply:

AIDS

Diabetes

High Blood Pressure (Hypertension)

Asthma or Respiratory Issues

Heart Disease

Arthritis or Joint Pain

Chronic Pain

Seizure Disorder

Vision or Hearing Impairment

Mobility Challenges or Physical Disability

Other (please specify): _____

Are you currently taking any prescribed medications?

Yes No

If yes, please list medications:

Do you have any allergies (medications, food, environmental)?

Yes No

If yes, please specify:

Have you experienced any recent hospitalizations or surgeries?

Yes No

If yes, please provide details and dates:

Do you have any diagnosed mental health conditions?

Yes No

If yes, please check all that apply:

Depression

Anxiety

Post-Traumatic Stress Disorder (PTSD)

Bipolar Disorder

Schizophrenia or Psychotic Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

Other (please specify): _____

Are you currently receiving mental health treatment or counseling?

Yes No

If yes, please provide provider name and type of treatment:

Have you ever been hospitalized for mental health reasons?

Yes No

If yes, please provide details and dates:

Do you have a history of substance use or addiction?

Yes No

If yes, please specify substances and treatment history:

Are you currently participating in any substance abuse treatment or recovery programs?

Yes No

If yes, please provide details:

Do you have any other health concerns or conditions we should be aware of?

Legal History

Are you currently on probation or parole?

Yes No

If yes, please provide details:

Do you have any pending legal cases?

Yes No

If yes, please provide details:

Support Needs and Goals

What are your primary goals while in the program

What types of support do you feel you need? (Check all that apply)

- Housing Assistance
- Employment Support
- Education/Training
- Life Skills Development
- Mental Health Counseling
- Substance Abuse Treatment
- Financial Management
- Other: _____

Emergency Medical Authorization

I hereby authorize the Director of Created4Greatness LLC, or their authorized representative, to make any necessary medical decisions on my behalf in the event of an emergency when I am unresponsive or unable to make decisions at the time of treatment. This authorization remains in effect until my next of kin or designated emergency contact can be notified and arrive to said location.

Preferred Hospital for Emergency Treatment:

Extra Space for Additional Required Information:

Client Consent

I hereby consent to participate in the Created4Greatness LLC Independent Shared Living Housing Services program and agree to provide accurate information to the best of my knowledge. I understand that this information will be used to develop a personalized service plan to support my goals.

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

CREATED4GREATNESS, LLC

205-913-6007