



Blue Monarch Resident Application

Blue Monarch is a Christ-centered, Christian program.

We accept pregnant women, women with children, and women hoping to reestablish relationships with their non-custodial children. We are unable to accept children over the age of 9 or women who have no children.

Blue Monarch is a NON-SMOKING facility.

Instructions: The applicant must personally complete the entire application, by herself, with no help from others. All questions must be answered accurately and thoroughly, or it will not be processed.

Name _____ Date _____

Maiden Name or Aliases _____ SSN _____

How did you hear about Blue Monarch? _____

Have you ever applied to Blue Monarch before? Yes / No _____ If yes, when? _____

Phone _____ Date of Birth _____ Age _____ Race _____

Current Address _____ Length of Residency _____

Please check the box below that most accurately describes your current living situation:

- | | |
|--|---|
| <input type="checkbox"/> Non-Housing (Street, car, etc.) | <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Mother transient, children with relatives/friends | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Domestic Violence situation | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Mother & children with relatives/friends | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Own Home |
| <input type="checkbox"/> Transitional Housing for homeless persons | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatric Facility | |

If you are currently residing in a facility including jail or prison, please provide the following information.

Name of Facility _____

Representative's Name and Contact Information _____

Date of Admission _____ Anticipated Release Date _____

Previous Address _____ Length of Residency _____

Please list the name and contact information for 2 individuals we may contact if we are unable to reach you.

Name _____ Phone _____

Name _____ Phone _____

IDENTIFICATION -- Circle "Yes" or "No" to indicate if you have a copy of the following:

Birth Certificate: Yes / No Driver's License or State ID: Yes / No Social Security Card: Yes / No

Name: _____

RELIGION -- Blue Monarch is a Christ centered, faith-based organization and participation in religious activities (devotionals, bible study, church attendance, etc.) is expected.

Please list all religious and/or spiritual organizations you have been affiliated with, both past and present.

Where do you see yourself spiritually? _____

Have you ever been exposed to or participated in witchcraft or wicken activities? Yes / No

If yes, please describe. _____

MEDICAL HISTORY

Please provide the information below for all medications you are currently taking or prescribed.

Medication	Reason for taking	Dosage	Times per day	Date prescribed

Please provide the information below for all medications you have taken during the past 6 months.

Medication	Reason for taking	Dosage	Times per day	Date prescribed

Please check "Yes" or "No" to indicate if you have ever been diagnosed with or experienced the following:

	Yes	No		Yes	No
Hepatitis A			Tuberculosis (TB)		
Hepatitis B			HIV/AIDS		
Hepatitis C			Physical disability		

Please list all allergies: _____

Are you currently pregnant? Yes / No If yes, how many weeks? _____ Due Date: _____

Have you ever had an abortion? Yes / No

Please check "Yes" or "No" to indicate if you are able to perform the following actions.

Housework	Yes	No	Yard Work	Yes	No	Farm Work	Yes	No
Cooking			Hedge Trimming			Herding Goats		
Dusting			Planting			Lifting 50# Bags		
Laundry			Raking			Raking Stalls		
Mopping			Weeding					
Vacuuming								

If you are unable to perform any of the items above, please indicate the reason why: _____

Name: _____

MENTAL HEALTH HISTORY

Please check "Yes" or "No" to indicate if you have ever been diagnosed with the mental illness listed below.

	Yes	No		Yes	No		Yes	No
Anxiety			Antisocial Personality Disorder			OCD		
Bipolar			Borderline Personality Disorder			PTSD		
Depression			Multiple Personality Disorder			Schizophrenia		

List any other mental health diagnoses not listed above _____

Please check "Yes" or "No" to indicate the mental health services you have received in the past.

	Yes	No		Yes	No		Yes	No
Case Management			Medication Management			Inpatient Treatment		
Counseling			Mental Health Court			Outpatient Treatment		
Hospitalization			Mobile Crisis					

If yes, please list the facility name, contact information, and dates of treatment. _____

Have you ever had thoughts of hurting yourself and/or others? Yes / No

If yes, when was the last time you experienced these thoughts? _____

Does anyone in your family have a history of mental health illness? Yes / No

If yes, please indicate the mental health illness and the family member diagnosed _____

INSURANCE INFORMATION

Behavioral Health Insurance: _____ Policy Number _____

Dental Insurance: _____ Policy Number _____

Health Insurance: _____ Policy Number _____

SUBSTANCE ABUSE

Tobacco Use

Do you currently smoke tobacco or nicotine products? Yes / No If yes, for how long? _____

Have you ever tried to quit? Yes / No If yes, how long were you successful? _____

If you currently smoke, please describe how you feel about quitting. _____

Alcohol Use

Have you ever used alcohol? Yes / No If yes, how long? _____ Age of first drink: _____

Do you feel that you are addicted to alcohol? Yes / No

Have you ever been in treatment for alcohol abuse? Yes / No If yes, how many times? _____

Please provide the name of your most recent treatment facility: _____

Did you complete the treatment? Yes / No If no, why not? _____

Does anyone in your family have a history of alcohol abuse? Yes / No

Name: _____

Drug Use

Have you ever abused drugs? Yes / No

Do you feel like you are addicted to drugs? Yes / No

Please provide the information below for all drugs you have used.

Drug	Method of Administration	Age of first use	Frequency of use	Quantity used	Date of last use	Longest period clean

Have you ever been in a drug treatment or recovery program? Yes / No If yes, how many times? _____

Please provide the name of your most recent treatment facility: _____

Did you complete the treatment? Yes / No If no, why not? _____

Does anyone in your family have a history of drug abuse? Yes / No

VIOLENCE / ABUSE HISTORY

Please circle "Yes" or "No" to indicate if you have experienced the situations below as a child or adult.

	As a Child	As an Adult
Have you ever been a victim of domestic violence?	Yes / No	Yes / No
Have you ever been perpetrator of domestic violence?	Yes / No	Yes / No
Have you ever been a victim of sexual assault, rape, or incest?	Yes / No	Yes / No
Have you ever been perpetrator of sexual assault, rape, or incest?	Yes / No	Yes / No

Does anyone in your family have a history of domestic violence? Yes / No

LEGAL HISTORY

Are you currently on probation or parole? Yes / No If yes, for what charges? _____

Please list the information below for all correction, probation, and parole officers.

Officer's Name	Probation Office	Phone Number

Have you been convicted of a felony? Yes / No Do you have any pending charges? Yes / No

List the 5 most recent convictions/charges:

Date	County	Charge	Outcome / Sentencing

EDUCATION HISTORY

Do you have a GED? Yes / No If no, are you interested in obtaining your GED? Yes / No
 What is the highest grade completed? _____ What are your educational goals and interests? _____

EMPLOYMENT BACKGROUND / INCOME

Complete the information below for your last 3 employers. Please list the most current first.

Employment Dates	Employer Name Address & Phone	Job Title	Primary Responsibilities	Wage / Salary	Reason for Leaving
From:					
To:					
From:					
To:					
From:					
To:					

Please check "Yes" or "No" to indicate if you receive the following benefits. If yes, please also list the amount.

Program	Yes	No
WIC		
SNAP Benefits		
Families First		
Supplemental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Child Support		
Other		

Amount per Month

 Total: _____

Checking Account: Yes / No Debit Card: Yes / No Savings Account: Yes / No

RELATIONSHIP BACKGROUND - please circle one

Marital Status: Single / Dating / Married / Separated / Divorced / Widowed

How do you feel about giving up romantic relationships for the duration of your recovery program?

Name: _____

CHILDREN'S INFORMATION

Do you have children? Yes / No If yes, how many? _____

How many children will be coming with you? _____

Name	Date of Birth & Age	Sex	Status of Custody	DCS Involvement Past Or Present	List All Developmental or Physical Disabilities	List All Mental Health Diagnoses	List Mental Health Treatment Provider	Has your child ever thought of hurting himself or others?

Name: _____

PERSONAL NARRATIVES

My personal goal and dream for myself: _____

My personal goal and dream for my child(ren): _____

How do you feel about a 1-2-year commitment? _____

How do you feel about living in a community setting? _____

How do you see our program enabling you to become self-sufficient? _____

How do you feel about the necessary rules and restrictions as a resident? _____

How do you feel about not having a cell phone and personal calls being limited to four calls per week?

What are your expectations of Blue Monarch? _____

What are your concerns about moving to Blue Monarch? _____

Why would you like to be considered for residency in our program? _____

How do you feel you would benefit from being involved in our program? _____

Name: _____

Authorization for Release of Information

Name: _____

DOB: _____

Address: _____

SSN: _____ - _____ - _____

I hereby authorize the release of the following information:

Yes	No	
_____	_____	1. Medical history, examination, laboratory test, and treatment reports
_____	_____	2. Psychological test reports
_____	_____	3. Psychiatric evaluation reports
_____	_____	4. Social history data, including family, education, employment, and other relevant material
_____	_____	5. Summary of previous mental health treatment
_____	_____	6. Periodic reports of treatment progress, including attendance and participation
_____	_____	7. Other, please specify: _____

Persons / facilities authorized to make disclosure:

1. _____
2. _____
3. _____
4. _____

Persons / facility authorized to receive the disclosure:

Blue Monarch, Inc.
P.O. Box 1207
Monteagle, TN 37356

I understand no information may be disclosed by an agency to another agency or individual without my written consent. This authorization may be revoked at any time by my written statement, and it is automatically revoked at the end of treatment unless otherwise specified.

This consent for the release of information is given freely, voluntarily, and without coercion.

Signature of Client

Date

Signature of Witness

Date

Name: _____

Applicant's Certification and Agreement

I, _____, personally completed this application without assistance or input from others. I confirm all information to be true and accurate. I authorize Blue Monarch to use the information I provided to make a decision regarding my acceptance into this program.

Applicant's Signature

Date of Completion

I, _____, understand job opportunities are offered but not guaranteed. If I am accepted, I agree to follow all program guidelines. Upon admission, I agree to sign the resident handbook containing behavioral agreements, policies, and procedures as well as an updated release of information.

Signature

Date

I, _____, understand that alcohol, drug, and nicotine testing will be conducted prior to admission and consistently during residency. I agree to complete these screenings upon request and understand that testing positive for alcohol, drugs, or nicotine could result in discharge from the program.

Signature

Date

APPLICATION & ADMISSION PROCESS

Once your application is received, you will be contacted via phone by our Case Manager. During this conversation, our Case Manager will verify whether or not you meet our program requirements and if Blue Monarch is a good fit for your needs. If approved, you will be added to our waiting list of pending applicants. When openings become available, pending applicants will be contacted based on the date their application was received. A face to face interview will be conducted in order for Blue Monarch to obtain additional information necessary to determine the applicant's acceptance or denial to our program. Applicant must be able to pass an alcohol and drug screen prior to admission. Please, if you have further questions, don't hesitate to contact Blue Monarch. Thank you for your interest in our program and we look forward to working with you!

**Return application to:
Case Manager
P.O. Box 1207, Monteagle, TN 37356
(931) 924-8900 phone / (931) 467-3515 fax
Email: info@bluemonarch.org**

Name: _____