

# APPLICATION FORM

## ESTHER RESIDENCE

P.O. Box 296. Saco, ME 04072  
207-283-0323 Fax is the same number  
Submit to: joanne\_roy@aol.com

Name \_\_\_\_\_ Date \_\_\_\_\_

### 1. Personal Data

DOB \_\_\_\_\_ Age presently \_\_\_\_\_ SS# (last 4 digits only) \_\_\_\_\_

Present address \_\_\_\_\_ Tel. \_\_\_\_\_

Place of residence before incarceration (if applicable) \_\_\_\_\_

### 2. Education

Highest grade completed \_\_\_\_\_ GED \_\_\_\_\_

Please list any training/education after HS \_\_\_\_\_

### 3. Employment/Financial

Are you currently employed? \_\_\_\_\_

If yes, where? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Please list all jobs held, length and years:

<u>Place of employment</u>	<u>Length of time</u>	<u>First &amp; last year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Esther Residence – Application Form

Do you have any debts? \_\_\_\_\_

If yes, please list debts and amounts due:

Debts owed

Amount


### 4. Legal History

Legal proceeding pending? What? When? \_\_\_\_\_

\_\_\_\_\_

Do you have probation to serve? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Are you presently incarcerated? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What is the charge? \_\_\_\_\_

\_\_\_\_\_

When is your actual release date? \_\_\_\_\_

Are you applying for SCCP? \_\_\_\_\_ If yes, when can you go out on SCCP? \_\_\_\_\_

Please list all past legal convictions:

Charge	Dates	Consequence

# Esther Residence – Application Form

## 5. Drug and Alcohol History

Please check anyone that has had a history of alcohol or drug use:

self  brother  sister  mother  father  husband/partner  child(ren)  
 boyfriend  friends

Please list drugs that you have used:

<u>Name of drug</u>	<u>Amount Used</u>	<u>How old were you first used &amp; last used?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had substance abuse treatment?  If yes, please list places (counselor) and dates:

<u>Agency/Counselor</u>	<u>Reason Went</u>	<u>City</u>	<u>First to last date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 6. Health

Present Insurance \_\_\_\_\_

Any particular health needs?

\_\_\_\_\_  
\_\_\_\_\_

## Esther Residence – Application Form

<u>Please list Present Medications</u>	<u>Amount</u>	<u>How long taken</u>	<u>Reason</u>

Are you a smoker? \_\_\_\_\_ How much a day? \_\_\_\_\_

If incarcerated, planning on continuing smoke-free? \_\_\_\_\_ Why/why not? \_\_\_\_\_

### 7. Mental Health

Have you attempted suicide? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_ How old were you? \_\_\_\_\_

Date of last attempt \_\_\_\_\_ Please describe \_\_\_\_\_

Have you engaged in self-harm? \_\_\_\_\_ cutting, \_\_\_\_\_ burning, \_\_\_\_\_ hitting self

Last time engaged in any of these \_\_\_\_\_

Have you been a victim of: \_\_\_\_\_ domestic violence, \_\_\_\_\_ physical abuse,  
 \_\_\_\_\_ sexual assault, \_\_\_\_\_ sexual abuse

Have you been charged with: \_\_\_\_\_ domestic violence, \_\_\_\_\_ physical abuse,  
 \_\_\_\_\_ sexual assault, \_\_\_\_\_ sexual abuse

Have you received any mental health diagnosis in your life? \_\_\_\_\_ If yes, please list:

<u>Diagnosis</u>	<u>By whom</u>	<u>Age first diagnosed</u>

## Esther Residence – Application Form

### 8. Spirituality

Were you raised in any particular faith? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Any spiritual practices presently? \_\_\_\_\_ Please describe \_\_\_\_\_

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### 9. Supports

Any support persons in your life? \_\_\_\_\_ Please list them, and state how they have been supportive:

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### 10. Please list 2 goals you have for yourself presently

Goal 1: \_\_\_\_\_

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Goal 2: \_\_\_\_\_

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### 11. Please take the time to let us know why you are applying to Esther Residence. Please write CLEARLY (and continue on next page)

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