



THE NEXT DOOR

For TND Staff Use Only:	
Application Rec'd:	_____
Entered pipeline:	_____
Interview ?s sent:	_____

THE NEXT DOOR, INC. APPLICATION FOR RESIDENCY

Name: _____ Date: _____

Contact Phone # (If applicable) _____ Current Location: _____

The mission of The Next Door Inc. is to meet the physical, emotional, and spiritual needs of women in crisis, equipping them to develop a life of wholeness and hope.

The Next Door Inc. has two residential transition centers that provide recovery support services through a 6-month program. Our target population is women coming from incarceration (jail/prison) or women who are under supervision of the court (on Probation or Parole.) The Nashville site may also accept applicants referred by treatment centers, homeless shelters or mental health facilities. Please rank your preferred location (1st, 2nd or 3rd):

- _____ **Chattanooga**
- _____ **Knoxville**
- _____ **Nashville**

The Next Door, Inc. Staff will determine most appropriate placement for applicant.

Applicant Qualifications for the Residential Transition Centers: (Please Check All That Apply)

- is a woman 18 years of age or older
- has an addiction to a substance
- is able to work at least 30 hours per week or has the ability to pay weekly program fees
- must be able to pass a drug screen upon admission

Is this your first time to apply to a residential program of The Next Door? Yes No

PERSONAL INFORMATION

Name _____ Social Security # _____

TDOC / Inmate # _____ (if incarcerated) Date of Birth _____ Age _____

Present Address _____ How long? _____

City _____ State _____ Zip _____ Phone _____

Do you consider yourself homeless? Yes No

I am currently: (please check the most appropriate response)

- living on the street or in a short term emergency shelter
- in a transitional house for homeless persons
- being evicted from a private dwelling
- being discharged or released from a short term stay (less than 31 days) from an institution/facility and I previously lived on the street or in an emergency shelter
- being discharged or released from a longer stay (more than 31 days) in an institution/facility
- fleeing a domestic violence situation

MEDICAL HISTORY

The Next Door, Inc. does not discriminate based on medical history or diagnosis. Information provided below will be protected and will not be shared with individuals without written consent by the applicant. The information below will help The Next Door, Inc. to ensure that you receive the most appropriate and timely services.

Medication	Reason for taking	Dosage	Times per day	Date prescribed

Have you ever been tested for:

- | | | | |
|-------------|--|-------------------------|--------------|
| Hepatitis A | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last test _____ | Result _____ |
| Hepatitis B | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last test _____ | Result _____ |
| Hepatitis C | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last test _____ | Result _____ |
| TB | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last test _____ | Result _____ |
| HIV | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last test _____ | Result _____ |

Have you been told you have any of the above? If yes, which one (s)? _____

Have you ever had treatment for HIV or AIDS? Yes No

IF YES, PLEASE EXPLAIN: _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental illness? Yes No

If yes, what diagnoses have you been given in the past? _____

What symptoms led someone to give you this diagnosis? _____

Have you ever received outpatient mental health treatment? (i.e. case management, medication management, counseling) Yes No

If yes, Where _____ When _____ Who _____

Do you have any history of inpatient psychiatric admissions? Yes No

If yes, Where _____ When _____ Duration _____

Have you ever tried to commit suicide or kill someone else? Yes No

If yes, please describe: _____

SUBSTANCE USE/ABUSE HISTORY

Alcohol Use

What age did you start drinking? _____ How long have you been drinking? _____

Give the reason you first started drinking _____

When was your last drink? _____

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

Have you tried to stop using alcohol in the past? Yes No

What happened? _____

Have you ever been in treatment? Yes No

If yes, when and where? _____

What were the consequences of your use? _____

Drug Use

What was/is your drug(s) of choice? _____

What age did you start using drugs? _____ How long did/have you used? _____

How often would you use? _____ When did you last use? _____

Do you feel that you are addicted to drugs? Yes No

Have you tried to stop before? Yes No

If yes, what happened? _____

Have you ever been in treatment or recovery programs? Yes No

If yes, when and where? _____

What were the consequences of your use? _____

VIOLENCE/ABUSE HISTORY

Have you ever been involved as a victim in domestic violence? Yes No

Have you ever been a perpetrator in domestic violence? Yes No

Have you ever witnessed domestic violence? Yes No

Have you ever been a victim of sexual assault, rape, harassment, or incest? Yes No

Have you ever been a perpetrator of sexual assault, rape, harassment, or incest? Yes No

EDUCATION

Highest grade completed _____ Do you have your GED? Yes No

Vocational Training/Certificates: (Please List) _____

LEGAL ISSUES

Are you or will you be on Parole or Probation upon release? Yes No

If yes, for how long? _____ POs Name _____

Were there any financial judgments against you when you went into prison? Yes No

If yes, in what amount? _____

Do you have any evictions from housing? Yes No

Do you have any outstanding debts? Yes No
 (Examples include but are not limited to -- tickets, child support, credit cards, loans, electric, phone company) – If yes, please explain and give amounts: _____

Incarceration History

How many times have you been in county jail for 1 or more nights? _____
 How many times have you been in prison for 1 or more nights? _____
 Do you have any felonies? Yes No _____

 How old are they? _____

List the 5 most recent convictions/charges:

Date	Charge	Sentence	Time Served

Have you been served a warrant for violating parole or probation? Yes No
 If yes, please explain: _____
 Present Location _____ Unit _____ How Long? _____
 Current Program (ie: TC, New Avenues, Exodus, Pre-Release) _____
 Parole Hearing Date _____ Final Release Date _____
 County of Offense _____
 Attorney Name _____ Phone Number _____
 Counselor Name _____ Phone Number _____

EMPLOYMENT BACKGROUND

Job Skills / Work Experience _____
 Current or Last Place of Employment _____
 Address _____ Phone _____
 Job Title/Description _____
 Duties _____ Rate of Pay _____
 Date Job Started _____ Date Job Left _____ Reason For Leaving _____

IDENTIFICATION

Do you have a copy of your Birth Certificate? Yes No
 Do you have a copy of your Drivers License or State ID? Yes No
 Do you have a copy of your Social Security Card? Yes No

RELATIONSHIP BACKGROUND

Marital Status: (Circle One) Married / Divorced / Separated / Widow / Single / Live together / Partner
 Significant Other's Name _____
 Length of Relationship? _____

Information about Children:

Name	Age	Sex	Father	Status of Custody

EMERGENCY CONTACT INFORMATION

If I am accepted for residency and go to The Next Door, Inc., I give The Next Door, Inc. permission to contact the following individual in the event of an emergency:

Name _____ Relationship _____
 Telephone Number (Including Area Code) _____
 Address _____

I agree to allow information gathered herein to be used as deemed necessary and appropriate by The Next Door, Inc. for their ongoing ministry whether I am approved or not. The information provided herein shall become property of TND. While efforts will be made to keep information confidential there is no guarantee this will be achieved and you agree to hold harmless The Next Door, Inc.

 Signed Date

The Next Door, Inc. does not discriminate based on race, color, national origin, religion, age, disability or veteran status.

Please do not hesitate to contact the office if you have any questions. Thank you for your interest in The Next Door, Inc. We look forward to the opportunity to serve you.

Please return completed application to:

The Next Door, Inc.
 Admissions Team
 PO Box 23336
 Nashville, TN 37202
 Kristy Pomeroy, Admissions Director
 Direct Line 615-780-9718
 Fax: 615-251-8868 Phone: 615-251-8805 ext. 202