



## NEW OPPORTUNITIES SUPPORTIVE HOUSING PROGRAM

### Client Application

**New Opportunities** staff will review this application and if the applicant meets program criteria, they will be contacted for a program placement interview. All applications are contingent on program openings.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### **Criminal History:**

Conviction(s): \_\_\_\_\_ Date: \_\_\_\_\_

Conviction(s): \_\_\_\_\_ Date: \_\_\_\_\_

Conviction(s): \_\_\_\_\_ Date: \_\_\_\_\_

Current County of commit: \_\_\_\_\_ Are you on Intensive Supervised Release? Y N

Do you have any current or pending charges? \_\_\_\_\_

Conditions of release \_\_\_\_\_

Supervised Release date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Case Worker's name \_\_\_\_\_ Phone: \_\_\_\_\_

Probation Officer's name \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History**

Doctor(s) name:

\_\_\_\_\_

Name(s) of prescription(s) you are currently taking:

Have you ever been treated for mental health issues? Y N

If yes, please list all dates, locations and the conditions you were treated:

**Chemical Dependency:**

Have you ever struggled with addiction to any drugs or alcohol? Y N

Please list your drugs of choice

\_\_\_\_\_

Date of last drug use: \_\_\_\_\_ Date of last drink: \_\_\_\_\_

Have you participated in any alcohol or drug treatment programs? Y N

If so, did you successfully complete? Y N

What are your strategies to remain free of substances use while living with New Opportunities?

List any support groups currently attending and/or mentors with whom you are meeting with:

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

Person/Group \_\_\_\_\_ Relationship \_\_\_\_\_

**Employment**

List current employer:

---

If unemployed, list the last place you worked:

---

What are your employment goals?

**Family / Acquaintances:**

Are you in a relationship: Y    N

If yes, please list name and address of partner:

---

---

Do you have Children: Y    N

If yes, list their names, ages and place of residency:

Do you have friends / acquaintances that you may anticipate visits? Y    N

If yes, list their names for visitation approval:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Personal Information:**

Valid MN Drivers Licenses Y N

Do you own a car? Y N

Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**References:**

List three references that **New Opportunities** staff can contact who will speak to your character. References may include mentors, employment supervisor, case worker, pastor, probation/parole officer, community leader.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ authorize the **New Opportunities Housing Program** staff the right to speak to individuals, referrals and/or agencies regarding my application to the **New Opportunities Housing Program**.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Opportunities staff: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the form and email to [info@newopportunitiesprogram.com](mailto:info@newopportunitiesprogram.com).  
Visit [NewOpportunitiesProgram.com](http://NewOpportunitiesProgram.com) for more information