**New Hope Resident Program Application**

Please fill out this application completely. Incomplete applications are not acceptable. Be sure to answer every question to the best of your ability and memory. If you are accepted into the SMHS New Hope Program and it is later discovered that you provided false information, disciplinary action will result, up to and including termination from the SMHS New Hope Program.

**Personal Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_

AKA or Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: ( \_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Do you have your Social Security Card in your possession? Yes No

Driver’s License or State ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration date: \_\_\_\_\_\_\_\_

If you have a Driver’s License what is its status: Valid Expired Suspended Revoked

Do you have your Driver’s License or State ID in your possession? Yes No

Do you have a Passport? Yes No If yes, is your Passport in your possession? Yes No

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration date: \_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

City/County of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your Birth Certificate in your possession? Yes No

Are you a citizen of the US? Yes No

If you answered no, please explain how you are in the US legally:

Race:

* American Indian/Alaskan Native/Native Hawaiian
* Asian or Pacific Islander
* White
* Black
* Hispanic or Latino

Distinguishing body marks/tattoos/piercings: Yes No

If yes, please give details:

What is the primary language you speak and write? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak or write any other languages? Yes No

If yes, please list the other languages you speak or write:

**Marital Status**

Are you currently single? Yes No

Have you ever been married? Yes No If yes, how many times?

Marriage #1

Status: Married Divorced Legally Separated Widowed

If you are divorced or legally separated, what was the date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are divorced or legally separated, in what state was it filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage #2

Status: Married Divorced Legally Separated Widowed

If you are divorced or legally separated, what was the date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are divorced or legally separated, in what state was it filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage #3

Status: Married Divorced Legally Separated Widowed

If you are divorced or legally separated, what was the date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are divorced or legally separated, in what state was it filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marriage #4

Status: Married Divorced Legally Separated Widowed

If you are divorced or legally separated, what was the date:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are divorced or legally separated, in what state was it filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children**

Do you have any minor children? Yes No

If yes, what is the sex, age and birthdate of each minor child?

Child 1: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind on your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Child 2: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind in your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Child 3: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind in your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Child 4: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind in your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Child 5: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind in your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Child 6: Male Female Age: \_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you pay Child Support for this child? Yes No

If yes, which State: \_\_\_\_\_\_\_\_\_\_\_\_\_ County/Parish/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are behind in your child support, how much are you behind? $\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any adult children? Yes No

**Legal Information**

Are you a sex offender? Yes No

Have you ever committed a violent crime? Yes No

Have you ever been arrested? Yes No

If yes, please give the following information:

Arrest #1

Charge: Date: Misdemeanor Felony

Where did this happen?

Were you convicted or did you plead no contest? Yes No

Disposition:

Were you sentenced to Jail Prison Time Served: Where?

Discharge Information:

Arrest #2

Charge: Date: Misdemeanor Felony

Where did this happen?

Were you convicted or did you plead no contest? Yes No

Disposition:

Were you sentenced to Jail Prison Time Served: Where?

Discharge Information:

Arrest #3

Charge: Date: Misdemeanor Felony

Where did this happen?

Were you convicted or did you plead no contest? Yes No

Disposition:

Were you sentenced to Jail Prison Time Served: Where?

Discharge Information:

Arrest #4

Charge: Date: Misdemeanor Felony

Where did this happen?

Were you convicted or did you plead no contest? Yes No

Disposition:

Were you sentenced to Jail Prison Time Served: Where?

Discharge Information:

Arrest #5

Charge: Date: Misdemeanor Felony

Where did this happen?

Were you convicted or did you plead no contest? Yes No

Disposition:

Were you sentenced to Jail Prison Time Served: Where?

Discharge Information:

Do you have any warrants? Yes No

If you have warrants, please list warrant type, location and date:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation? Yes No

If you answered yes, please explain:

Are you currently on parole? Yes No

If you answered yes, please explain:

Do you have any upcoming court dates? Yes No

If yes, please explain:

Do you have any fines / fees / restitutions that are owed to any government entity? Yes No

If yes, please explain- giving amounts, to whom owed and when owed:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

Do you have any source of income? Yes No

If yes, what type and how much monthly:

SSI $\_\_\_\_\_\_\_\_\_\_\_\_

SSD $\_\_\_\_\_\_\_\_\_\_\_\_

Pension $\_\_\_\_\_\_\_\_\_\_\_\_

Annuity / Endowment $\_\_\_\_\_\_\_\_\_\_\_\_

Retirement $\_\_\_\_\_\_\_\_\_\_\_\_

Insurance $\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Disability $\_\_\_\_\_\_\_\_\_\_\_\_

Loan $\_\_\_\_\_\_\_\_\_\_\_\_

Welfare Payment $\_\_\_\_\_\_\_\_\_\_\_\_

Trust Fund $\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_

If other, please explain:

Do you have a bank account? Yes No

If yes, which type? Checking Account Savings Account

How much is your account(s) total? $\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a vehicle? Yes No

If yes, please list the following information:

Make: Model: Year:

Color: Plate Number:

Is your vehicle currently insured? Yes No

 If yes, which insurance company?

Do you own any real estate? Yes No

If yes, please give details:

Do you have a caseworker / social worker? Yes No

If yes, please give the following information:

Caseworker / social worker name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency your caseworker / social worker works for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caseworker / social worker phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

High School: Yes No Graded Completed: Date Completed:

Name of School: City/State:

GED Earned: Yes No Date: Testing Organization:

City/State:

College: Yes No Date Completed: Degree Earned:

Name of College: City/State:

Graduate: Yes No Date Completed: Degree Earned:

Name of School: City/State:

Trade School: Yes No Date Completed: Degree Earned:

Name of School: City/State:

Other schooling you have attended and or certifications you hold:

**Medical Insurance Information**

Are you a registered patient at Charitable Christian Medical Clinic (CCMC)? Yes No

If you answered yes, is your registration at CCMC current? Yes No

If your registration at CCMC is current, who is your doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on Medicaid? Yes No

If you answered yes, which state is providing your Medicaid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you have to recertify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on Medicare? Yes No

VA Medical Yes No

Do you have private medical insurance? Yes No

If yes, who is your insurance carrier and how is your insurance paid for?

Is someone else paying for your medical expenses? Yes No

If yes, who is paying for your medical expenses?

Name:

Address:

Telephone Number:

Relationship to You:

**Medical Information**

Do you have a psychiatric or mental health diagnosis? Yes No

If yes, please list the diagnosis(es):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in a psychiatric or mental facility? Yes No

If yes, please explain the reason for your admittance and the dates:

Are you currently under the care of a Psychiatrist / Psychologist / Counselor, etc.? Yes No

If yes, please explain:

Are you taking any prescription medication (prescribed by a doctor to you)? Yes No

If you answered yes, please list all of the medications you are currently prescribed, what condition they treat, and explain how you plan on paying for your medications in the future:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking over the counter medications? Yes No

 If yes, please list the medications:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have need of regular medical treatment? Yes No

If yes, please explain:

Do you have?

* Open wound or sutures
* Burns
* Numbness or tingling
* Chest pain
* Back pain
* Unspecified pain
* Headaches or migraines
* Fever, chills or sweats
* Difficulty swallowing
* Nausea or vomiting
* Dizziness
* Bowel or bladder issues
* Shortness of breath
* STD
* Under treatment for STD
* Other
* Diabetes
* High blood pressure
* HIV/AIDS
* Hepatitis A
* Hepatitis B
* Hepatitis C
* Tuberculosis
* Parasites
* Heart disease or heart condition
* Allergies-Food
* Allergies-Environment
* Staph infection (MRSA or other)
* Asthma
* COPD
* Seizures or epilepsy
* Brain injury
* A communicable disease

If you marked any of the above,:

If you choose any of the above, please explain:

Do you have any current injuries? Yes No

If yes, please explain:

Do you have any current disabilities? Yes No

If yes, please explain:

Do you have physical/medical limitations such as lifting, standing, sitting, working, etc.? Yes No

If yes, list limitations:

Do you have dental needs? Yes No

If yes, please explain:

Do you wear glasses or contacts? Yes No

Do you have vision needs? Yes No

If yes, please explain:

Do you have dietary restrictions? Yes No

If yes, please explain:

Do you have any special areas of medical needs? Yes No

If yes, please explain:

Do you have any learning disabilities?

* Dyslexia
* Reading Difficulty
* Poor Hearing
* Poor Vision
* Language
* Other

If you choose other, please explain:

**Emergency Contact**

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

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

**Next of Kin**

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

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employment**

Previous Job #1

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Responsibilities:

Date Started Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Job Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving:

Previous Job #2

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Job Responsibilities:

Date Started Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Job Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving:

**References**

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

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Phone #: ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Rank at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

Have you ever participated in a Program before? Yes No

If yes, where and when and what was the outcome (graduated, dropped out, asked to leave…)?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which statement best describes you: Hungry for change Hurting enough to change

Do you currently have, or in the past had issues with people in authority over you? Yes No

If yes, please explain why you currently have or have had issues with authority, and how you plan to cope with having people in authority over you, if you’re accepted into the New Hope Program:

I would like to be considered for admission to the New Hope Program because:

The New Hope Program is a Christ-centered and faith-based program that teaches the Bible. Why would you want to enroll in a Christian discipleship program?

What I hope to get out of the New Hope Program?

What have you seen or heard that made you want to join the New Hope Program?

Were you referred to the New Hope Program by someone? Yes No

If you answered yes, please give the following information for the person that referred you:

Name:

Address:

Telephone Number:

Relationship to You:

**Your Goals**

Examples “Get my G.E.D.”, “Re-establish my identity”, “Renew my relationship with my children” etc.

My short term goal is within the next month I want to:

I will do this by accomplishing the following steps.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My medium range goals are to within the next 6 months I want to:

I will do this by accomplishing the following steps.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My long-term goals are to within the next 1-2 years I want to:

I will do this by accomplishing the following steps.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Abuse Issues**

Do you currently have a substance related issue or addiction? Yes No

If yes, for how long?

Did you had a substance related issue or addiction in the past? Yes No

If yes, how long have you been clean?

Do you currently smoke tobacco? Yes No

Do you currently use smokeless tobacco? Yes No

Have you ever abused prescription medications? Yes No

Have you ever abused over-the-counter medications? Yes No

Have you ever abused illegal drugs? Yes No

Have you ever abused alcohol? Yes No

Are you currently de-toxed? Yes No

If no, what symptoms are you currently experiencing?

**Life Choices**

Do you have a non-substance related addiction, i.e. pornography, Internet, food, etc.? Yes No

If yes, please explain:

Have you surrendered your life to Jesus Christ? Yes No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend church? Yes No

If yes, which church and denomination:

Are you currently, or have you ever been involved in or been the victim of the following?

⁭Anger Issues / Moderate or Violent Temper: Yes No

If yes, please explain:

Cult Involvement: Yes No

If yes, please explain:

Habitual Lying: Yes No

If yes, please explain:

Homosexuality / Bi-Sexuality / Gender Issues: Yes No

If yes, please explain:

Mental Illness: Yes No

If yes, please explain:

Relationship Addiction / Stalking: Yes No

If yes, please explain:

Self-Mutilation: Yes No

If yes, please explain:

Sexual Abuse of Yourself by Another: Yes No

If yes, please explain:

Sexual Addiction / Masturbation / Pornography: Yes No

If yes, please explain:

Sexual Crimes and Behavior: Yes No

If yes, please explain:

⁭

Stealing: Yes No

If yes, please explain:

⁭

Suicide Attempt: Yes No

If yes, please explain:

⁭Victim of Identity Theft: Yes No

If yes, please explain:

Violent Crimes and Behavior: Yes No

If yes, please explain:

Witchcraft, Voodoo, Black Magic, Satanism, etc.: Yes No

If yes, please explain:

**Disclaimer and Signature**

* By signing my name below, I certify that my answers are true, accurate and complete to the best of my knowledge.
* **WE DO NOT DISCLOSE THAT YOU ARE STAYING AT SMHS OR THAT YOU ARE A NEW HOPE PROGRAM RESIDENT, TO ANYONE OTHER THAN OFFICIAL AGENCIES SUCH AS LAW ENFORCEMENT AND HEALTH CARE PROVIDERS. You are responsible to notify anyone that you want to know that you are staying at SMHS or that have been admitted into the New Hope Program as a Resident.**
* If the information you have provided leads to your acceptance into the SMHS New Hope Program, then understand that any false or misleading information may result in your immediate dismissal from the SMHS New Hope Program.

Please Print Your Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SMHS Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REV 7/9/2013