M.A.D.E institute

Made Institute serves and empowers disadvantaged individuals and communities.

Program Application

Date: / /

Name: ____

Alias(es): ____

Address: ____

Phone Number: ____

Email Address: ____

Date of Birth: / /

Number of children:

Current Marital Status: *Single* *Married* *Divorced* *Separated* *Widowed*

Race: *Black* *White* *Hispanic/Latino* *Asian* *Middle Eastern/Arab* *Other:* ______________

Current Employment status: Full time/Part time/Self-employed/Unemployed

Have you ever been convicted of a felony and/or misdemeanor: Yes/No?

Offense(s): ____

Have you ever been sentence to jail or prison: Yes/No?

Sentence: Date sentenced: / /

How much time did you serve: Discharged date: / /

Are you currently on Parole or probation? Yes/No

If YES, please provide name of your parole or probation officer

MEDICAL INFORMATION

List any medical conditions or disabilities you currently have:

Arthritis	Seizures	Ulcers
Glaucoma	Breathing difficulty	Emphysema
Liver Disease	impairment	Disease
Asthma	Cancer	Visual Impairment
High Blood Pressure	Problems	Other:
Osteoporosis	Thyroid Problem	___________________________
Bleeding problems	Diabetes	_____________________
High Cholesterol	Joint Replacement	

Please list any past or current medications taken for any of the above medical conditions: _________________

____

____

Have you ever been hospitalized for a medical emergency/condition? Yes No

If yes, please list reason(s) for admission(s) and year(s) admitted: _____________________________________

____

____

MENTAL HEALTH

Have you ever been diagnosed with any of the following mental health disorders?

☐ Anxiety disorder (such as acute stress, panic, agoraphobia, obsessive-compulsive, PTSD, general anxiety)

☐ Eating disorder (such as anorexia, bulimia)

☐ Mood disorder (such as depression, bipolar)

☐ Personality disorder (such as paranoid, schizoid, antisocial, borderline personality)

☐ Schizophrenia or another psychotic disorder (such as delusional disorder, schizoaffective disorder)

☐ Other: ____

Please list any past or current medications taken for any of the above mental health disorders. *Please list reason(s) for medication(s), dosage(s), duration and prescribing physician:*

____

____

Have you ever been admitted to a psychiatric hospital/residence?

Yes/No. *If yes, please list reason(s) for admission(s) and year(s) admitted:*

____

____

Have you ever attempted suicide or had suicidal thoughts?

Yes/No *If yes, please list reason(s) and year(s):*

____

____

Please list any past/present experiences with physical, emotional or sexual abuse:

____

____

Did you ever attend or receive certification for participating in substance abuse or anger management classes?
Yes No *If yes, please list agency and year(s):*

____

____

How important is it for you to receive counseling services for mental health or substance abuse needs?
Not at all *Slightly* *Moderately* *Considerably* *Extremely*

SUBSTANCE USE

Of the following drugs, which one do you have the <u>most serious</u> problem with? If any, *Check one.*

	Yes	No
None		
Alcohol		
Marijuana/Hashish		
Hallucinogens/LSD/PCP/Psychedelics/Mushrooms		
Inhalants		
Crack/Freebase		
Heroin and Cocaine (mixed together as speedball)		
Cocaine (by itself)		
Heroin (by itself)		
Street Methadone (non-prescription)		
Other Opiates/Opium/Morphine/Demerol		
Methamphetamines		
Amphetamines		
Tranquilizers/Barbiturates/Sedatives (downers)		

Do <u>you</u> think you have a drug problem?
Not at all *Slightly* *Moderately* *Considerably* *Extremely*

How often do or did you use each type of drug

	No use at all	Only a few times	Monthly	Weekly	Daily
Alcohol					
Marijuana/Hashish					
Hallucinogens/LSD/PCP/Psychedelics/ Mushrooms					
Inhalants					
Crack/Freebase					
Heroin and Cocaine (mixed together as speedball)					
Cocaine (by itself)					
Heroin (by itself)					
Street Methadone (non-prescription)					
Other Opiates/Opium/Morphine/Demerol					
Methamphetamines					
	No use at all	Only a few times	Monthly	Weekly	Daily
Amphetamines					
Tranquilizers/Barbiturates/Sedatives (downers)					
Other (*specify*):					

Have you ever been in a drug treatment program?

Never *1 time* *2 times* *3 times* *4 or more times*

How important is it for you to get drug treatment <u>now</u>?

Not at all *Slightly* *Moderately* *Considerably* *Extremely*

EDUCATION

Please check your highest level of education completed:

- ☐ No schooling completed
- ☐ Completed elementary school (Grades K through 8)
- ☐ Completed some high school, but did not obtain my GED
- ☐ Completed some high school and obtained my GED
- ☐ High school graduate (diploma)

☐ Correspondence/Online high school degree
☐ Completed some college/vocational schooling, but did not receive a diploma or certificate.
☐ Diploma or certificate from a junior college/community college/trade school/vocational school
☐ Correspondence bachelor's degree
☐ Bachelor's degree from a four-year college
☐ Completed some graduate or professional schooling
☐ Graduate or Professional degree

Are you thinking about going back to school or attending a trade/vocational school?
Yes/No. *If yes, please explain what areas interest you:*

EMPLOYMENT
(Attach Resume)
Have you ever held a job for longer than one year? Yes/No. *If yes, what did you do?*

What was your most recent job? ____

Is there any reason why you may be unable to work? Yes/No. *If yes, why?*
____

Please list your employment/trade skills and experiences:
____

____

____

PERSONAL ASPIRATIONS
Share your top three personal goals you would like to accomplish:
1. ____

2. ____

3. ____

Name something(s) that would motivate you to accomplish your goals?
____

____

Do you have a support network? If so, who?

____

____

Describe three strengths you possess:

1. ____

2. ____

3. ____

List and describe three areas in which you could improve:

1. ____

2. ____

3. ____

Please describe life circumstances that may have contributed to you applying to be in the Made program:

CONTACT INFORMATION

Please list significant persons in your life who you trust and provide their addresses and phone numbers. (This

information is needed in case of emergency.)

1. ____

2. ____

Which of the following areas could Made help you in, please check all needs that apply to you:

☐ Educational/Vocational support
☐ Employment services
☐ Housing services
☐ Life skills (professional development, financial literacy, etc.)
☐ Individual counseling
☐ Anger management
☐ Substance abuse treatment

In order of importance, please list your top three service needs *(number one being the <u>most</u> important, four being less important):*

1.

2.

3.

Please add any information you feel will be beneficial as we review your application:

____

____

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