

# MEN'S HOUSING APPLICATION – LEXINGTON RESCUE MISSION

Name: \_\_\_\_\_  
                                    First                                    Middle Initial                                    Last

Date Eligible to Enter Housing: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Are you currently homeless?     Yes     No

Are you currently incarcerated?     Yes     No    If yes, where? \_\_\_\_\_

PID Number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

## **SOBRIETY**

Sobriety Date: \_\_\_\_\_

Has alcohol ever been an issue?     Yes     No

Have drugs ever been an issue?     Yes     No

If yes, please list the drugs you have used: \_\_\_\_\_

Explain your current support system to maintain sobriety and prevent relapse:

\_\_\_\_\_

Are you currently taking Suboxone or other maintenance drugs?     Yes     No

## **EMPLOYMENT**

Are you currently employed?     Yes     No    If yes, where? \_\_\_\_\_

What are your past work experiences? \_\_\_\_\_

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**CRIMINAL HISTORY**

Have you ever served time in jail/prison?       Yes       No

Incident	Date	Location	Charges	Time of Sentence

Do you have any charges pending?       Yes       No

Are you a registered sex offender?       Yes       No      If yes, charge date? \_\_\_\_\_

**HEALTH**

Are you able to walk up the stairs?       Yes       No

Do you have special health accommodation needs?       Yes       No

Have you been diagnosed with any medical health conditions? For example, high blood pressure, hepatitis, sleep apnea, epilepsy, or diabetes? LIST:

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Do you have a mental health diagnosis?       Yes       No      If yes, please explain:

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Current Medications	Reason for Medication

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Have you read our guidelines and expectations, and do you agree to follow them?       Yes       No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_