



F5 PROJECT APPLICATION

Name: _____ Date of application: _____

We need to know a little about you, your current situation, challenges/barriers that you identify for yourself, and how you would like to address your forward path. We are non-judgmental and non-discriminatory, but we do need to begin from the shared understanding of honest communication as the foundation of your success and the success of the F5 Project. We know that every situation is unique and we want to hear your story in your words. That allows us to assist in the best fit and/or make the best referrals customized to you and your path as this takes teamwork and a network.

Thank you in advance for your honesty in sharing. We appreciate the effort it takes to disclose such personal information.

PART I: TELL US ABOUT YOURSELF (DEMOGRAPHICS)

Name (Please Print): _____ Alias: _____
(First, Middle, Last)

Current address: _____ Cell phone: _____

City, State, Zip: _____ Which location are you interested in (circle below)

Email address: _____ Fargo Grand Forks Bismarck

Emergency Contact: _____ Phone Number: _____ Relationship: _____

Identification: Do you have the following identification? (circle all that apply)

Birth Certificate Social Security Card State-issued Picture ID Tribal ID Military ID Other: _____

Date of Birth: _____ Age (at time of application): _____ State born in: _____ SSN: _____

Gender:(circle)

MaleFemale

Date of last Substance use: _____

Substance used _____

Marital Status: What is your marital status? (circle) Single Married Divorced Separated Dating Other Information: _____

Children: Do you have children? Yes No How many and ages/gender: _____

Are you working with Child Protection? Yes No Do you have visitation? Yes No If yes, type and parameters? _____

Veteran: Have you served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard)? Yes No

Branch of Service: _____ Did you serve in the Reserves or National Guard? Yes No

How many months did you serve? _____ Did you serve on active duty? Yes No When was your discharge? _____

Type of Discharge: (circle) Honorable Other than Honorable Dishonorable Do you have a copy of your DD214? Yes No



Applicant Name: _____

PART II: TELL US ABOUT YOUR CURRENT SITUATION

COMMUNICATION:

The F5 Project begins with the premise of open, honest, and high-quality communication. We require open collaboration with those support services and legal entities you are working with. That means that we will need to have the name, contact, and release of information for your parole/probation agent as we want to assist you in maintaining a positive, forward relationship.

How did you hear of F5? _____

Do you have any active warrants? Yes No If yes, unfortunately, was are unable to consider you for The F5 Project. We ask that you take care of those BEFORE continuing the application.

What is your Legal History/Background? (Please disclose the charges, location, year, other information, etc. Just a reminder – we do understand. Use the back if you need more space. We will also do a background check, so this is your ability to share more than what we will see.)

Have you ever been questioned, accused, charged, arrested, or convicted of any violent or sexual crimes: Yes No

Please describe situation: _____

Who is your probation/parole agent? _____ Contact info: _____

County/State you are on probation in? _____ Time remaining: _____

Conditions of probation: _____

HOUSING:

The F5 Project recognizes the need for you to have a place to call home in order to begin to feel confident and strong in the rest of your transition journey. F5 houses are meant to be your home, like any other house but complete with supportive roommates. All F5 participants work together like a family. You can count on them to share their strengths and they will count on you to share yours.

What is your current housing situation? _____

How long since you had a permanent place to live? (Permanent = 90+ days; is a house/apt/room you were renting, is not a shelter, jail, prison, or time-limited facility such as treatment)

CHECK WHICH ONE IS MOST APPROPRIATE								
0-Prevention	Less than 1 month	1-3 months	3-6 months	6-12 months	1-2 years	3-5 years	6-8 years	9+ years

Where was the permanent place located? State: _____ City: _____ Zip Code: _____

When was the last time that you had a lease in YOUR name? _____ Where was this located? _____



Applicant Name: _____

Have you ever been evicted? Yes No If yes, what was the reason for the eviction? _____

What is your desired move-in date? _____ If accepted what is your estimated length of stay? _____

Where do you plan to live after F5? _____

EMPLOYMENT / EDUCATION AND INCOME:

The F5 Project recognizes the strength of self-sufficiency and that begins with employment / education. All F5 participants are to be working 32 hours to 40 hours a week (or attend school at a full-time status). The F5 Project will accommodate and customize this for persons with a documented disability that may limit the ability to work. The hours of 8am – 5pm are time in which participants should be out of the F5 house working on elements of self-sufficiency specific to his or her success path.

I am/have (circle): Employed Unemployed Seeking Employment A documented disability A Full-time

If employed: How many hours a week? _____ Employer? _____

Schedule: _____

What are previous jobs you have had? _____

My skills / strengths are: _____

My education level is: _____

INCOME INFORMATION:

Approximately how much income have you had in the last month? _____

Do you have any of the following income sources? (Amounts are monthly)

- | | |
|--|---|
| Y / N Amount: _____ Earned Income/wages from a job | Y / N Amount: _____ Unemployment Insurance |
| Y / N Amount: _____ Worker's Compensation | Y / N Amount: _____ VA Services – Compensation or Pension |
| Y / N Amount: _____ SSI (supplemental security income) | Y / N Amount: _____ SSDI (social security disability) |
| Y / N Amount: _____ General Assistance | Y / N Amount: _____ Child support |
| Y / N Amount: _____ Tribal funds | Y / N Amount: _____ Alimony or Spousal Support |
| Y / N Amount: _____ Student grant/scholarship | Y / N Amount: _____ Contributions from other people |
| Y / N Amount: _____ Other, specify: _____ | |

Do you receive any of the following non-cash benefits?

- | | | | |
|----------------------------|-------|------------------------------|-------|
| SNAP (Food Stamps) | Y / N | TANF Transportation Services | Y / N |
| Other TANF-funded services | Y / N | Other: _____ | Y / N |

Other income and benefit related information: _____



Applicant Name: _____

TRANSPORTATION:

The F5 Project recognizes the need for mobility and transportation to help with self-sufficiency, work with parole/probation, wellness /recovery and other means of healthy socialization. F5 participants and staff try to help as much as possible with accommodating.

Do you have a valid driver's license: Yes No If yes, what state? _____

Do you have a vehicle? Yes No (WE WILL NEED A COPY OF YOUR REGISTRATION AND INSURANCE)

Make / Model / Color: _____ State / Plate #: _____

Do you have vehicle insurance? Yes No Insurance Company: _____

Alternative plans for transportation if you are without a vehicle: _____

HEALTHY SOCIALIZATION:

The F5 Project understands that healthy socialization is the key to building a broader network of support and strength. This can mean very different things depending on the person. F5 participants and staff try to help encourage and support fostering a family atmosphere as a foundation to build upon.

Family contacts we should be aware of outside of your emergency contact: _____

Friend contacts we should be aware of outside of your emergency contact: _____

Are you working with a case manager, ARMHS worker, or other provider for general support? Yes No

If yes:

Name of Case manager, etc. Agency Contact information

Name of other support worker, etc. Agency Contact information

What do you identify as healthy networks or means of healthy socialization for you? _____

PART III: TELL US ABOUT YOUR CHALLENGES / YOUR FOCUS WITH THE F5 PROJECT

The F5 Project is a "family" and a community. It is filled with compassion, empathy, and positivity. It is also filled with a keen understanding that not everything feels like it is forward moving at times; therefore, we believe in identifying the challenges ahead so that we can all foster strategies and supports for resilience in those day to day and week to week challenges.

PHYSICAL HEALTH / WELLNESS:

My primary doctor is (and facility/network): _____

Do you now, or have you ever had (or been diagnosed with) any physical health concerns? Yes No

If yes, do you require any physical accommodations? Yes No Describe: _____

Have you currently or in the past been diagnosed by a medical provider with any of the following?

- | | | | |
|---------------------|-------------------------|-------------------------------|-----------------------------------|
| Y / N Heart disease | Y / N Stroke | Y / N Cancer | Y / N HIV/AIDs |
| Y / N Hepatitis C | Y / N Liver Disease | Y / N Kidney Disease/Dialysis | Y / N Arthritis-related condition |
| Y / N Emphysema | Y / N Severe asthma | Y / N Chronic bronchitis | Y / N Traumatic brain injury |
| Y / N Dementia | Y / N Vision impairment | Y / N Hearing Impairment | Y / N Other, specify: |



Applicant Name: _____

Do you take any medications: Yes No

If yes, please list their names and dosage: _____

Do you now, or have you ever had (or been diagnosed with) a long-term disability? Yes No

If yes, please explain: _____

Do you have any health concerns that you have not been seen for? Yes No

If yes, please describe: _____

Do you have any specific physical health related goals to share: _____

MENTAL AND DEVELOPMENTAL HEALTH / WELLNESS:

My current counselor/therapist/psychologist/psychiatrist is (and facility/network): _____

Do you now, or have you ever had (or been diagnosed with) any mental health concerns? Yes No

(Anxiety, depression, schizoaffective disorder...) If yes, please explain: _____

Have you ever had thoughts of self-harm or suicide? Yes No If yes, how long ago was the last time? _____

Do you now, or have you ever had, (or been diagnosed with) any developmental disabilities? Yes No

(ADHD, intellectual disabilities, autism spectrum disorders, cerebral palsy, fetal alcohol syndrome, etc.) If yes, please explain: _____

Have you experienced domestic violence as a child or adult? Yes No

If yes, did this occur *more than* 1 year ago? Y / N *If less than than 1 year ago*, approximately how many months ago? _____

Are you currently fleeing domestic violence? Y / N

CHEMICAL DEPENDENCY:

Do you now, or have you ever had (or been diagnosed with) anything associated with chemical dependency: Yes No

CIRCLE ONE: Alcohol dependence Substance/Drug dependence Both Neither

Please explain: _____

How do you describe your association with alcohol and/or substance/drugs? _____

Describe your history of use (age of first use, times of heavy use, ect.): _____

Have you abused prescription medications or OTC medications in the past? Yes No What was it? _____

Last date of use: _____ Drug(s) of Choice: _____ IV use: Yes No

What happens (what is your reaction) when you use your drug of choice? _____



Applicant Name: _____

Treatment: Have you been to treatment? Yes No If yes, treatment completed and where: _____

Recovery/Sobriety: What is your longest period of sobriety: _____

What were you doing to remain chemical free? _____

What do you feel was missing from your recovery? _____

Do you currently attend recovery meetings? Yes No If yes, which one? AA NA SMART Church Other

How often? _____ Do you also attend fellowship? Yes No

Sponsor: _____ Weekly Contact: Yes No If no, how often: _____

Who is in your support system? _____

FTR/COMMUNITY CONNECT:

Care Coordinator and Peer Supports name and contact information: _____

LIFESKILLS:

Please describe some of the lifeskills that you find challenging in your life: (budgeting, money management, credit score work, cooking, connecting/reconnecting to family and friends, etc): _____

OTHER CHALLENGES TO SHARE:

Please describe anything else that you find challenging in your life: _____



Applicant Name: _____

INSURANCE / ADMITTANCE:

Health Insurance: Do you have health insurance? Yes No Dental insurance? Yes No Vision insurance? Yes No

If yes, who is the provider:

- Medicaid Employer-Provided Insurance Veteran's Administration Medical Services
- Medicare State Health Insurance for Adults COBRA
- Private Pay _____ Other _____

Have you been hospitalized/in-patient treatment for physical, mental, or substance use issues in the last 3 years? Yes No

If yes, what facility? _____ Reason for admittance: _____

Additional insurance information to share: _____

PART IV: TELL US ABOUT HOW YOU WOULD LIKE TO ADDRESS THESE CHALLENGES:

The F5 Project is a place to take the step forward, but you are the one taking the step and we are the ones that walk alongside you. It is so important that you are the one thinking through and deciding your path and journey as you are the one walking the path after to move on from The F5 Project. Although we are with you during your stay and support after you transition from the program, you are the one wearing the shoes, so we ask that you give us some of your thoughts on how you would like to walk in them.

FEEL FREE TO USE THE BACK OF THE PAGE TO TELL US MORE.

PHYSICAL HEALTH / WELLNESS:

My goals are: _____

MENTAL AND DEVELOPMENTAL HEALTH / WELLNESS:

My goals are: _____

CHEMICAL DEPENDENCY:

My goals are: _____

FAITH / SPIRITUALITY:

My goals are: _____

LIFESKILLS:

My goals are: _____

OTHER CHALLENGES TO SHARE:

My goals are: _____



Applicant Name: _____

I certify that the facts contained on this form are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this form or elsewhere (written or verbal), is sufficient cause for immediate termination of the application process and/or termination of services with The F5 Project.

When you have transitioned from The F5 Project to your own home, you need to take ALL of your belongings with you. We unfortunately cannot store anything. If you simply don't show up and we have to remove your belongings or if you leave things behind, you need to contact us within 48 hours to make arrangements to pick up your items. Otherwise we will dispose of them/donate them to another charity due to lack of space. This may seem harsh, but it is a reality of staying in our houses.

I acknowledge/understand that my belongings will be disposed of if arrangements are not made: _____(Initial)

The F5 Project is NOT responsible for losses of personal property including money, jewelry, clothing, etc. Stealing will result in immediate termination and possible legal action.

I acknowledge/understand that I am responsible for my property. I also will not interfere with another participant's property: _____(Initial)

The F5 Project is responsible for checking the operations and activities on the properties. It is for this reason that we have to inspect all parts of the houses and outside grounds.

I acknowledge/understand that The F5 Project reserves the right to inspect all areas of the property and vehicles on the property: _____(Initial)

Applicant Signature

Date

Staff Signature

Date