

Blake House, LLC
Application for Residency

This application is not considered complete until it, and all requested information, are submitted in its entirety to: Pathway To Hope, Inc. 520 S. Harrison #206, Olathe, KS 66061, phone (913) 397-8552, fax (913) 397-8559, intake@pathwaytohope.org

Applicant Information:

Printed Name Social Security No

Current Address (Street, City, State, Zip)

Primary Phone Email Address

DOB Place of Birth

Name of Guardian or Primary Supportive Relationship

Address Phone number

Reason for applying:

Source(s) of Income & Amount(s):

Highest Level of Education: _____ Graduation or GED Date: _____

School Name: _____ City/State: _____

Physical and Mental Health Status:

Mental Health, Emotional and Psychological needs of Applicant (include diagnosis, if known):

Where are mental health services received? _____

Physician: _____ Phone: _____

Case Manager: _____ Phone: _____

Physical Conditions/Handicaps (if any): _____

Know Food or Drug Allergies: _____

Corrective Lenses: _____ Yes _____ No Dentures or Implants: _____ Yes _____ No

Current Medications

Prescription Name	Dosage	Prescribing Physician	Phone #

Non-Prescription Medications: _____

Does applicant drink alcoholic beverages? _____ No _____ Yes – What type, how often, how much? _____

Primary Health Insurance: _____ Group # _____

Phone number: _____

Secondary Health Insurance: _____ Group # _____

Phone number: _____

Legal/Criminal Status:

Past or present criminal charges or legal proceedings against applicant: _____ Yes _____ No

If yes, please list Court of jurisdiction, case number and outcome:

Is applicant currently on probation? _____ No _____ Yes – List Probation Officer & Phone #

The following attachments are required and the application is not complete without them:

- ___ Copy of Treatment Plan
- ___ Social history, including family information and placement information
- ___ Psychological evaluation (if available)
- ___ Written medication profile for past six month period
- ___ Copy of all medical insurance cards, front and back
- ___ Written medical history of applicant, including any history of mental illness
- ___ Copy of most recent dental exam
- ___ Copy of most recent physical exam, including TB test results
- ___ Immunization record
- ___ Copy of Social Security Card
- ___ Release of Information

Signature of Applicant

Date

Printed Name

**BLAKE HOUSE, LLC
PATHWAY TO HOPE, INC.
520 S. HARRISON, STE. 206 OLATHE, KANSAS 66061
PHONE: 913-397-8552 FAX: 913-397-8559
E-MAIL: intake@pathwaytohope.org**

Authorization for Release of Information To Blake House, LLC

I _____ hereby authorize the Blake House LLC to request any and all information contained in, but not limited to, medical records, mental health, psychiatric or psychological records, police records, school records, and give my permission for any person, agency, organization, or institution holding such records to release such information as requested by Blake House LLC.

Signature

Printed Name

Date