



## **Doors Open Wide**

***D♥W House***

Application for Residency

### **To complete the application process:**

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**Hard copy** → Print this application, complete the information in blue or black ink, mail to our P.O. Box, or scan or take photos of the document, and send the file(s) to our email.

**Digitally** → Download this form, click on all required fields and type your responses. When complete, save the new file by selecting “Print” or Ctrl+P and choosing either “Save as PDF” or “Print to PDF” in the printer options. Send this new file to our email.

**D♥W House**  
*Application for Residency*

**PERSONAL INFORMATION**

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Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_  
          first                          last                          middle initial

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Current Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Please Note: Upon acceptance of this application and moving into the D♥W House, your cell phone will be held by the D♥W House for security purposes and will be returned to you upon moving out of the D♥W House.*

▶ Race:      \_\_\_\_\_ Caucasian      \_\_\_\_\_ Native American / Alaska Native      \_\_\_\_\_ Asian  
                  \_\_\_\_\_ Black / African American      \_\_\_\_\_ Native Hawaiian / Pacific Islander      \_\_\_\_\_ Other

▶ Ethnicity:      \_\_\_\_\_ Hispanic or Latino      \_\_\_\_\_ Not Hispanic or Latino

▶ Can you speak and understand spoken English?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
    If no, what language? \_\_\_\_\_

▶ Can you read and understand written English?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
    If no, what language? \_\_\_\_\_

▶ Do you have any children?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
    If yes, please list their details in the table below:

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	M / F	_____ / _____ / _____
_____	M / F	_____ / _____ / _____
_____	M / F	_____ / _____ / _____
_____	M / F	_____ / _____ / _____

▶ Do your children have any health issues?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
    If yes, please explain: \_\_\_\_\_

▶ Were you using drugs while pregnant?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
    If yes, please explain: \_\_\_\_\_

**BIRTH FATHER INFORMATION**

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Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

▶ Does he plan to be / is he on the birth certificate?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

▶ Does he have a criminal record?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

▶ How would you describe the relationship between you and the child's (children's) father? Reasons why?

▶ Please provide a description or attach an image of the birth father:

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## EMERGENCY CONTACT INFORMATION

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
          first                          last                          middle initial

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## MOST RECENT PLACE(S) OF HOUSING

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*Please list all addresses at which you have lived in the past 18 months.*

Housing Program       Shelter       Private Residency       Other: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

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

Reason you are no longer there: \_\_\_\_\_

Housing Program       Shelter       Private Residency       Other: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

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

Reason you are no longer there: \_\_\_\_\_

Housing Program       Shelter       Private Residency       Other: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

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

Reason you are no longer there: \_\_\_\_\_

## REFERENCES

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*Please list 3 personal, character references below. [Limit to one family member.]*

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ For how long have they known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ For how long have they known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ For how long have they known you? \_\_\_\_\_

## HEALTH HISTORY

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▶ Are you pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when is your due date? \_\_\_\_\_

Have you been to a physician? \_\_\_\_\_ Yes \_\_\_\_\_ No

▶ Do you have any physical ailments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

▶ Physician's Name and Hospital: \_\_\_\_\_

**Please Note: The D♥W House works with Monroe Clinic. If you do not currently go to Monroe Clinic, we will be moving your medical information and transferring you to Monroe Clinic.**

▶ Date of last physical examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

▶ Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

*List medications and reasons for usage below.*

Medication	Reason for usage
_____	_____
_____	_____
_____	_____
_____	_____

▶ Are you taking any vitamins or dietary supplements? \_\_\_\_\_ Yes \_\_\_\_\_ No

*List any supplements and reasons for usage below.*

Supplement	Reason for usage
_____	_____
_____	_____
_____	_____
_____	_____

▶ Do you now have, or have history of...

- 1) Heart problems, chest pain, or stroke? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) Increased blood pressure? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) Any chronic illness or condition? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4) Dizziness, loss of balance or consciousness? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5) Difficulty with physical exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6) Advice from a physician to not exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7) A recent surgery (within the last 12 months)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8) A pregnancy (now or within the last 3 months)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9) Breathing or lung problems? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 10) Swollen, stiff, or painful joints? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 11) Foot problems? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 12) Back problems? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 13) Significant vision or hearing problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

## HEALTH HISTORY CONTINUED

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- |   |           |          |
|---|-----------|----------|
| 14) Diabetes or a thyroid condition?      | _____ Yes | _____ No |
| 15) A smoking or vaping habit?            | _____ Yes | _____ No |
| 16) A habit drinking alcoholic beverages? | _____ Yes | _____ No |
| 17) Increased cholesterol?                | _____ Yes | _____ No |
| 18) Hernias?                              | _____ Yes | _____ No |
| 19) Asthma?                               | _____ Yes | _____ No |
| 20) Miscarriages or abortions?            | _____ Yes | _____ No |
| 21) Preeclampsia?                         | _____ Yes | _____ No |
| 22) Gestational diabetes?                 | _____ Yes | _____ No |
| 23) Cesarean (C-Section)?                 | _____ Yes | _____ No |

► Please explain below any “Yes” answers from above:

► Do you have any other medical conditions or problems not previously mentioned? If so, please explain:

► Have any of your BLOOD relatives had:

- |  |           |          |
|--|-----------|----------|
| 1) History of heart problems?              | _____ Yes | _____ No |
| 2) Heart attack under the age of 50?       | _____ Yes | _____ No |
| 3) Stroke under the age of 50?             | _____ Yes | _____ No |
| 4) Leukemia or cancer under the age of 60? | _____ Yes | _____ No |
| 5) High blood pressure?                    | _____ Yes | _____ No |
| 6) Elevated cholesterol?                   | _____ Yes | _____ No |
| 7) Diabetes?                               | _____ Yes | _____ No |
| 8) Asthma or hay fever?                    | _____ Yes | _____ No |
| 9) Heart surgery/surgeries?                | _____ Yes | _____ No |
| 10) Obesity?                               | _____ Yes | _____ No |

## INCOME

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- ▶ Do you currently have a job?  Yes  No  
If yes, name and location of employer: \_\_\_\_\_
- ▶ Do you have any other source(s) of income?  
 Food Stamps  LINK  Child Support  Alimony  
 Tanf  Other, please explain: \_\_\_\_\_
- ▶ Why are you applying for residency at the D♥W House?  
 Homeless (Shelter)  About to be displaced  
 Homeless (Street)  Abusive Situation  
 Residing in Health Facility  Couch Surfing  
 Other, please explain: \_\_\_\_\_

***There is absolutely no charge for residents to stay at the Doors Open Wide House.***

## CRIMINAL BACKGROUND

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- ▶ Have you ever been arrested?  Yes  No  
If yes, based on what charges / accusations? \_\_\_\_\_
- ▶ Have you ever been convicted of a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_
- ▶ Have you ever been or are you currently on probation?  Yes  No  
If yes, please explain: \_\_\_\_\_
- ▶ Do you have any open court cases?  Yes  No  
If yes, please explain: \_\_\_\_\_
- ▶ Are you a registered sex offender?  Yes  No
- ▶ Have you ever been evicted from a federal or public housing program?  Yes  No  
If yes, please explain: \_\_\_\_\_

## Required Documents

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*Below are listed the documents required to stay at the D♥W House. Mark, "Yes," if you have the listed documents in your possession or have access to them; otherwise, mark, "No."*

- ▶ Do you have a Medical Card?  Yes  No
- ▶ Do you have your Birth Certificate?  Yes  No
- ▶ Do you have an Illinois Driver's License or I.D. Card?  Yes  No
- ▶ Do you have your Social Security Card?  Yes  No