



VA GRANT & PER DIEM PROGRAM  
APPLICATION/REQUIREMENTS for ADMISSION

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**PURPOSE:** Our primary goal is to facilitate a stable environment that gives Veterans an opportunity to break the cycle of homelessness and addiction as they rebuild their lives and re-enter society as an active contributing member by achieving residential stability, increasing their skill level, and obtaining greater understanding of their strengths and purpose.

**PROGRAM:** Harvest House provides an opportunity for a new life conforming to right moral standards in a home-like, faith-based environment.

**COST:** Per Diem funds cover cost of housing, treatment, basic food items, and access to public transportation.

**ACCOUNTABILITY:** Residents develop a character of respect, integrity, and humility as they honor the program structure of Harvest House; i.e. *Progressive Four Phase Program, Daily Schedule, House Rules, Cause for Disciplinary Discharge, etc.* as well as staff directives.

**GUIDELINES:**

- A. Commit to nine months of residency with the goals of independent & sober living.
- B. Honor House Rules and staff directives with diligence and respect.
- C. Break from dysfunctional people, places, and things that brought you to Harvest House.
- D. Agree to a search of your person and possessions upon arrival, or at anytime thereafter, while a resident of Harvest House. Agree to random urinalysis and upon request.
- E. Resident will set up escrow account with the purpose of saving towards independent living.
- F. Harvest House reserves the right to discharge any resident at anytime for not complying with the Code of Conduct or Program Description. If discharged, agree to leave without disruption to staff or other residents.

If you share the perspective offered by Harvest House, you are welcome to make official application for admission by signing below. Your signature denotes that you have voluntarily and free of coercion, read and agree to submit to the authority of Harvest House as referenced in this document. Upon the review of your completed application and the available bed space you will be notified as to acceptance. To contact HHTC call (941) 953-3154.

Please remember to enclose the proper release form from your contact person (lawyer, case worker, probation officer, Chaplain, counselor, family member, friend, other).

Applicant's Name (PRINT): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anticipated Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**IDENTIFICATION INFORMATION**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Currently Homeless: Y N If No, Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Living with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Address: \_\_\_\_\_

No. of Children: \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

Level of Education: \_\_\_\_\_

Do you have a FL I.D./D.L.: Y N Birth Certificate: Y N SS Card: Y N

What languages do you speak?: \_\_\_\_\_

Give a one word description of your life now: \_\_\_\_\_

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**FINANCIAL ASSISTANCE**

Please circle the following financial assistance you are currently receiving and the amount per month:

SSI \$\_\_\_\_\_.\_\_\_\_ Other? \_\_\_\_\_ \$\_\_\_\_\_.\_\_\_\_

SSDI \$\_\_\_\_\_.\_\_\_\_

Food Stamps \$\_\_\_\_\_.\_\_\_\_

WIC \$\_\_\_\_\_.\_\_\_\_

HUD \$\_\_\_\_\_.\_\_\_\_

Cash Assistance \$\_\_\_\_\_.\_\_\_\_

If you are unable to pay your program fee who will be your guarantor to insure that it is paid? \_\_\_\_\_

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**PREVIOUS COUNSELING HISTORY**

Have you ever gone for counseling?: \_\_\_\_\_ When?: \_\_\_\_\_

Where?: \_\_\_\_\_

For what?: \_\_\_\_\_

Are you currently receiving help from another professional?: \_\_\_\_\_ Who?: \_\_\_\_\_

Have you ever attempted suicide?: \_\_\_\_\_ Has anyone in your family?: \_\_\_\_\_

Has anyone in your family ever been diagnosed mentally ill?: \_\_\_\_\_

**CRIMINAL JUSTICE SYSTEM**

Charges Pending: \_\_\_\_\_

City: \_\_\_\_\_ Judge: \_\_\_\_\_ Next hearing date: \_\_\_\_\_

Are you n Probation or Parole? (circle one) \_\_\_\_\_ Date of Sentencing: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone No. of PO: \_\_\_\_\_

Address of PO: \_\_\_\_\_

Terms of Probation/Parole: \_\_\_\_\_

Ever violated?: \_\_\_\_\_ When?: \_\_\_\_\_

Prior Criminal History:

Date	City	Charge	Disposition

Attorney/Public Defender's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Appointed or Retained (circle one) \_\_\_\_\_

**Have you ever been required to register as a sex offender?** \_\_\_\_\_

**If yes, when was it and what were the charges? (use space provided below)**

**SUBSTANCE ABUSE HISTORY**

Check all that you have abused and when:

DRUG	USED		HOW OFTEN	HOW LONG
	<u>Past</u>	<u>Present</u>	<u>Frequency</u>	<u>Duration</u>
<u>Alcohol</u>	_____	_____	_____	_____
<u>Marijuana</u>	_____	_____	_____	_____
<u>Hallucinogenic</u>	_____	_____	_____	_____
<u>Barbiturates</u>	_____	_____	_____	_____
<u>Amphetamine</u>	_____	_____	_____	_____
<u>Methamphetamine</u>	_____	_____	_____	_____
<u>Heroin</u>	_____	_____	_____	_____
<u>Methadone</u>	_____	_____	_____	_____
<u>Cocaine</u>	_____	_____	_____	_____
<u>Opiates</u>	_____	_____	_____	_____
<u>K2/Spice</u>	_____	_____	_____	_____
<u>Other?</u> _____	_____	_____	_____	_____

Have you used alcohol in the last 7 days?: \_\_\_\_\_ When?: \_\_\_\_\_

Is alcohol your drug of choice?: \_\_\_\_\_

Have you used a drug in the last 7 days?: \_\_\_\_\_ What?: \_\_\_\_\_ When?: \_\_\_\_\_

What is your drug of choice (excluding alcohol)?: \_\_\_\_\_

**QUESTIONS:**

Do you feel alcohol/drugs are a problem for you? Y N

Have you ever been arrested under the influence/high? Y N

Have you ever needed more alcohol/drugs to get the same affect? Y N

Has anyone ever complained about your behavior? Y N

How old were you when you first noticed your problem? \_\_\_\_\_

Have you ever tried to cut down or stop using alcohol/drugs? Y N

When?: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? \_\_\_\_\_ If yes, where?: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Name/Number of Supervisor: \_\_\_\_\_

LIST YOUR 3 MOST RECENT JOBS:

Employer	Position	Time Frame (dates)	Reason for leaving	Attitude toward job

What kind of work are trained to do?: \_\_\_\_\_

What kind of work are you interested in?: \_\_\_\_\_

**YOUR HEALTH AND MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Medical Insurance:    Yes    or    No    Policy #: \_\_\_\_\_

When did you last see a Doctor? \_\_\_\_\_ For What? \_\_\_\_\_

Have you ever used needles? \_\_\_\_\_

Have you ever participated in homosexual activity? \_\_\_\_\_ When? \_\_\_\_\_

Have you had an HIV test? \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Result?: \_\_\_\_\_

Have you had any other S.T.D. tests? \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Result?: \_\_\_\_\_

Treatment history? \_\_\_\_\_

Is it possible that you are pregnant?: \_\_\_\_\_

Have you taken any medication in the last year? \_\_\_\_\_

What: \_\_\_\_\_ When: \_\_\_\_\_

\*\* Please list all medication you are currently taking:

\_\_\_\_\_

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Are you on a special diet? \_\_\_\_\_ If so, what? \_\_\_\_\_

Please list any current allergies or physical complaints/problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check symptoms you **currently** have:

- |                                               |                                             |                                          |
|-----------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Upset stomach   |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Insomnia           | <input type="checkbox"/> Bleeding        |
| <input type="checkbox"/> Mental Illness       | <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Excess fatigue  |
| <input type="checkbox"/> Chronic cough        | <input type="checkbox"/> DT's               | <input type="checkbox"/> Depression      |
| <input type="checkbox"/> Dermatitis           | <input type="checkbox"/> Rapid weight loss  | <input type="checkbox"/> Epilepsy        |
| <input type="checkbox"/> Dental problems      | <input type="checkbox"/> VD or Herpes       | <input type="checkbox"/> Back problems   |
| <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> HIV (AIDS)         | <input type="checkbox"/> Hearing loss    |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Liver problems     | <input type="checkbox"/> Hepatitis       |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Tuberculosis       | <input type="checkbox"/> Heart disease   |
| <input type="checkbox"/> Open sores           | <input type="checkbox"/> Bone or joint pain | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Constipation         | <input type="checkbox"/> Chest pain         | <input type="checkbox"/> other           |

Explain above symptoms:

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Have you ever been diagnosed with a mental illness?  What? \_\_\_\_\_

When? \_\_\_\_\_ What medication was prescribed? \_\_\_\_\_

How did you hear of Harvest House Transitional Centers? \_\_\_\_\_

List 3 goals you hope to achieve by participating in this program:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Additional Notes:

*All questions and sections must be completed for this application to be processed. Please return your application Admissions at 209 N Lime Ave Sarasota, FL 34237, via fax (941) 954-2349, scan & email to [info@harvesthousecenters.com](mailto:info@harvesthousecenters.com), or in person.*

*Thank you for your interest in our program. Your application will be processed within 48 hours from the time we receive it. If you do not here from our Admissions department regarding your application please feel free to contact us.*

*"Your Freedom Starts Now"*