



CARAMORE

COMMUNITY

at The Jack Simonds Center
550 Smith Level Road
Carrboro, NC 27510

Phone 919-967-3402
Fax 919-942-9732
www.Caramore.org

APPLICATION FOR ADMISSION

Below are listed several matters considered notable indicators of eligibility for, and successful participation in, our various programs. Because our available programs differ widely in their application and responsibilities, and because each applicant is considered based on individual merit, this list should not be considered restrictive.

Please check all boxes below that apply:

- Has a primary diagnosis of mental illness and is currently free of acute symptoms.
- Communicates a desire to attain competitive gainful employment.
- Demonstrates a desire to participate in one of the Caramore programs on a voluntary, cooperative basis.
- Demonstrates a willingness to comply with mental health treatment and take medications, as prescribed.
- Has the ability to self-administer medication within a supervised structured setting, if applicable.
- Has a minimum of six months sobriety if there is a significant history of substance abuse.
- Is free of significant acts of violence or a repeated history of violence.
- Is free of legal charges and had no convictions relating to substances or violence in the past 3 years.
- Is able to participate in work adjustment activities for 30 hours a week.
- Demonstrates current potential and motivation for competitive community employment.
- Demonstrates the ability for self-care and activities of daily living.
- Demonstrates the ability to recognize the needs of others and function in a group living environment.
- Demonstrates current potential and motivation for community independent living.
- Is able to conceptualize plans and goals, including vocational goals.
- Is able to process written and verbal instructions.
- Is able to perform basic household chores with minimal supervision.
- Is able to ride a municipal bus without supervision.
- Is able to tell time and count money.
- Is willing and able to develop and follow a budget and a schedule.

Each of our available programs has different requirements and expectations. Every applicant will be considered in terms of their individual functional level as appropriate to their chosen program.

So that we might properly assess and appropriately provide professional, comprehensive vocational and community living services, we feel that it is necessary to gather extensive information on each prospective client. Thank you for making this significant time investment to begin the Caramore admission process. **Please complete this application as thoroughly and candidly as possible, attach additional page(s) if needed.**

Caramore Community, Inc. does not discriminate on the basis of race, color, age, ethnicity, religious or political affiliation, national origin, sexual orientation, gender identity, sex, or status as a U.S. veteran to determine admission.

I. Applicant Personal and Demographic Information

Applicant Name: _____ Nickname: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____
(MM / DD / YYYY)

Street Address: _____ Email: _____

City, State, Zip: _____ County: _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

(OPTIONAL)

Sex: Male/Female/Transgender/Other/NA

Single/Committed/Married/Divorced/Widowed/NA

Race: _____

VA status: Yes No (CIRCLE ONE)

II. Family Information

If you reside with your parents, then you need not include their address(es) below. Simply write "same as above".

Parent's Name: _____ (Mother Father Guardian Step-parent)

Street Address: _____ Email: _____

City, State, Zip: _____ County: _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

Parent's Name: _____ (Mother Father Guardian Step-parent)

Street Address: _____ Email: _____

City, State, Zip: _____ County: _____

Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____

III. Referral Information

How did you hear about Caramore? _____

Referral Person: _____ Referral Person Phone #: _____

Referral Source Agency Name (If applicable): _____

(PLEASE CHECK THE APPROPRIATE BOX)

- State Facility
- Private Practice Psychiatrist/Therapist
- General Hospital
- Self / Website
- Vocational Rehabilitation
- Family / Friends

To which program are you applying (if known)? _____

Do you have a Vocational Rehabilitation (VR) counselor?

VR Counselor (if applicable): _____ VR Counselor's Phone #: _____

IV. Educational History

Do you have a high school diploma or equivalent? Yes No (CIRCLE ONE)

Do you have a college degree? Yes No If "Yes", what was your major? _____

V. Legal History

Have you ever been arrested for any crime? Yes No (CIRCLE ONE)

If yes, please explain and give dates: _____

Have you ever served time for a crime? Yes No (CIRCLE ONE)

If yes, please explain: _____

Have you ever been or are you currently on probation for a crime? Yes No (CIRCLE ONE)

If yes, please explain: _____

VI. Drug History

Have you ever been treated for alcohol or drug problems? Yes No (CIRCLE ONE)

If yes, please describe treatment including date, name, and town of facility providing services: _____

Have you ever been arrested for DWI/DUI? Yes No (CIRCLE ONE)

If yes, please explain: _____

Have you ever committed a crime while intoxicated/high? Yes No (CIRCLE ONE)

If yes, please explain including date of incident: _____

VII. Personal History Please complete as fully as you can. Caramore Community, Inc. does not discriminate on the basis of race, color, age, ethnicity, religious or political affiliation, national origin, sexual orientation, gender identity, sex, or status as a U.S. veteran to determine admission

Please list (Y/N) whether you have experienced any of the following physical illness, disease, or injury:

Seizures or Convulsions ___ Lungs and breathing ___ Asthma ___ Stomach ___ Vision ___ Speech ___
Hearing ___ Back Pain ___ Diabetes ___ Obesity ___ High Blood Pressure ___ High Cholesterol ___
Thyroid Disorder ___ Heart Disease ___ STD ___ Arthritis ___ Kidney Disease ___ Glaucoma ___
Dizziness ___ Sprains or Breaks ___ Allergies ___ GERD or Acid Reflux ___ Anemia ___ Epilepsy ___
Tuberculosis ___ COPD or Emphysema ___ Migraine Headache ___ IBS ___
Other: 1- _____ 2- _____ 3- _____

Please describe your experiences below. Include challenges or limitations that make it difficult to work a job. Provide dates and severity:

Please list the name and town of hospitals you have attended in the past 12 months. How long was your stay?

Please list approximate dates for visits to the Emergency Department or Crisis Unit in the past 12 months:

Current Psychiatrist Name: _____ Telephone: _____
Agency or Practice Name: _____ How long have you known them? _____

Please list all prescribed and over-the-counter medications you take regularly. *Please include the dosage and the time of day you take them for all prescriptions, supplements, herbal products, or vitamins.*

How are the above medications paid for? _____

Do you follow any type of special diet (vegetarian, low carb, no pork, low salt, etc.)? Yes No
Please explain:

Are you allergic to anything, including food or medications? Yes No (CIRCLE ONE)
Please explain:

Do you have an ethnic or cultural heritage that is important to you? Do you have an active spiritual practice?

Rate your current overall stress level: 1 10
VERY RELAXED VERY STRESSED

What is the primary cause of stress in your life recently? _____

Have you ever had thoughts of ending your life? _____ Have you ever attempted to do so? _____

Have you ever had thoughts of ending someone else's life? _____

Please explain and give dates: _____

VIII. Emergency Information (Person to be notified in the event of a medical emergency)

Name:		Relationship:	
Address:		Phone #:	

IX. Insurance and Benefit Information

Do you have private health insurance? Yes No (CIRCLE ONE)

Company Name: _____ Policy Number: _____

Do you have? Medicare Medicaid Have Applied for Medicare / Medicaid
(Please circle all that apply)

NOTE: Please attach a copy of insurance cards and or policy statement.

Do you receive? Pension SSI SSDI Other Disability Income Have Applied for SSI/SSDI
(Please circle all that apply)

Please indicate the monthly amount received: _____

X. Vocational Goals

Briefly discuss your vocational interests and goals. _____

XI. Personal Goals

Please tell us why you wish to participate in the Caramore program:
If this section is not completed directly by the applicant, please QUOTE THE APPLICANT DIRECTLY.

I hereby affirm that all information contained in my application for employment or program employment services with Caramore is true and complete to the best of my knowledge. I understand that any misrepresentation or false statement made by me in connection with the application or any related document which is deemed material by Caramore shall release Caramore from any and all liability for any claim or damage resulting therefrom.

Signed: _____
Applicant Date

Signed: _____
Person completing application Date

NOTE: The following documents are necessary in order to complete the application process for certain of Caramore’s programs. Please provide copies if available.

- Copy of Photo ID (Driver’s License, ID Card, Passport, or U.S. Government Issued ID)**
- Copy of Social Security Card**
- Copy of SSI or SSDI Benefits Letter (if applicable)**
- Copy of Medicaid/Medicare Card or Private Insurance Policy (if applicable)**
- Copies of relevant Medical Records**



Caramore Community, Inc. does not discriminate on the basis of race, color, age, ethnicity, religious or political affiliation, national origin, sexual orientation, gender identity, sex, or status as a U.S. veteran to determine admission.

Caramore Community, Inc.

NOTIFICATION AND RELEASE

The information contained in my application for employment or program employment services with Caramore is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by Caramore shall result in Caramore not employing or admitting me or, if employed or admitted, terminating or discharging my employment or admission. I understand and agree that all information furnished in my application and all attachments may be verified by Caramore or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Caramore all information relative to such verification and hereby release such individuals, organizations, and Caramore from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by Caramore that Caramore may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist Caramore in making certain employment or admissions decisions. I further acknowledge notification by Caramore that reports may be provided to Caramore by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Caramore, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Caramore, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. Caramore agrees to inform you if an employment or admissions decision has been influenced by information contained in a consumer report made at our request by CastleBranch. Authorization to request a consumer report shall expire 90 days from the dated signature on the following page. You may obtain a free copy of the report within 60 days by calling Castlebranch collect at (910) 772-4263 or toll free @ 1-888-723-4263. Caramore will make available to you "A Summary of Your Rights under the Fair Credit Reporting Act."

Results of the criminal background check will be received and reviewed at visitation or admission.

The relationship between Caramore and my probation and or mental health court participation have been explained. While Caramore agrees to assist its participant in resolving legal difficulties, successful completion of the Caramore program does not guarantee full resolution of any previous legal difficulties.

Appointments, restitution and other obligations regarding probation and or mental health court have been reviewed. Probation Officer and or Mental Health Court appointments should appear on Caramore weekly appointment sheets. Caramore Transition Counselor should be made aware of any restitution payments and other known legal fees.

Staff	Client
Date	Date

Authorizing Signature on next page

Caramore Community, Inc. - NOTIFICATION AND RELEASE

List all names that you have used during the last seven-(7) years (including married, maiden, and aliases):

Please Print

Name (First, Middle, Last): _____

Date of Birth: (Mon./Day/Yr.) _____/_____/_____

Social Security # _____

Driver's License # _____ State _____

PROVIDE CURRENT ADDRESS AND PREVIOUS ADDRESS

Street	From:
City, State, Zip, County	To:
Street	From:
City, State, Zip, County	To:
Applicant Signature :	
Date:	
<i>Authorization to request a consumer report shall expire 90 days from the dated signature. See Notification and Release Statement on previous page.</i>	

For Caramore Administrative Staff Use Only: Please mark (x) the searches to be conducted.

<input type="checkbox"/> Statewide Criminal (State: _____) <input type="checkbox"/> County /Criminal – All counties past 7 years <input type="checkbox"/> County Criminal – County of Residence <input type="checkbox"/> Civil Records (Single County) <input type="checkbox"/> Federal Criminal – Statewide (State: _____) <input type="checkbox"/> Federal Criminal – Nationwide <input type="checkbox"/> Sexual Offenders Index (State: _____) <input type="checkbox"/> Motor Vehicle Records (State: _____)	<input type="checkbox"/> Social Security Verification <input type="checkbox"/> Employment verification (previous employers) <input type="checkbox"/> Reference verification (____ References) <input type="checkbox"/> Education verification (highest completed) <input type="checkbox"/> Professional License Verification <input type="checkbox"/> Credit Report – Employment <input type="checkbox"/> Credit Report – Tenant <input type="checkbox"/> Residential History Report
--	---

Consent for Background Check Form - Revised 08/01/2014