



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. **Complete this application as thoroughly and candidly as possible, attach additional page(s) if needed.**

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 SELF-IDENTIFICATION)

Gender: Male/Female/Transgender/Other/NA

Single/Committed/Married/Divorced/Widowed/NA

Race: _____

VA status: Yes No (CIRCLE ONE)

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.

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
- Previous Participant
- Self / Website
- Vocational Rehabilitation
- Family / Friends

To which program are you applying (if known)? Work Housing Work & Housing Other: _____

Do you have a Vocational Rehabilitation (VR) counselor?

VR Counselor Name: _____ County: _____ Phone #: _____

IV. Educational History

What is the highest grade you completed? 9 10 11 12(HS diploma) GED Other _____ (CIRCLE ONE)

Have you attended college or university? Yes No 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)

Do you have any pending charges? Yes No (CIRCLE ONE)

If yes, please explain the arrest(s) and give dates: _____

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. What was helpful or beneficial? _____

Have you ever been arrested for DWI/DUI or 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 mark each (Y/N) whether you have experienced any of the following physical illness, disease, or injury:

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

Please describe your experiences below. Please provide dates and severity of symptoms. Make particular note of challenges or limitations that make it difficult to work a job. Use a separate page if necessary:

Please list the name and town of hospitals you have attended in the past 24 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:

(OPTIONAL SELF-IDENTIFICATION)

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:

I hereby affirm that all information contained in my application for program 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 may cause me to be expelled from the program and/or shall release Caramore from any and all liability for any claim or damage resulting therefrom.

Signed: _____
Applicant Date

Signed: _____
Person completing application Date
(We strongly prefer that the applicant complete the entire application for themselves, or as much as possible)

NOTE: The following documents are necessary in order to complete the application process for certain of Caramore’s programs. Please provide copies now if available. It is not required to submit these with the application; they can be gathered later in the process.

- 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**
- Application for Funding (Admissions Director will assist you with this)**
- Signature from your current physician indicating that you are cleared to work.**



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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, social media, 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 or contained in any other search. 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. Upon request Caramore will make available to you "A Summary of Your Rights under the Fair Credit Reporting Act."

Authorization to request a consumer report shall expire 90 days from the dated signature on the following page.

Results of all background checks 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 be communicated to appear on Caramore weekly appointment sheets. Caramore Program Director should be made aware of any fine, restitution payments, and other known legal fees.

Staff	Client
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Date	Date
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Authorizing Signature on next page

