



Application Form

(Please note before continuing the application - Magdalene House OKC is unable to accept Residents who have been convicted of a sex crime, violent crime, or are a Registered Sex Offender)

Basic Information

Last Name: _____ First Name: _____ M.I: _____

Date of application: ___/___/___

Best method to contact: _____

DOB: ___/___/___

Referring Agency: _____

Probation/parole officer information (include name and phone #):

Estimated release date? ___/___/___

Do you have any children? Yes: ___ No: ___

Do you have any children under 18 years of age? _____

Do you have any adult children over 18 years of age? _____

Are any in the custody of DHS? _____

If not in DHS custody, who has primary custody? _____

Substance Abuse History

Check type of drug and/or alcohol preference:

Alcohol ___ Prescription Drugs ___ Hallucinogens ___

Marijuana ___ Opiates ___ Heroin ___

Crack/Cocaine ___ Barbiturates ___ Meth ___

Benzodiazepines ___ Other: _____

Age you began using drugs/alcohol: _____

Last time you used drugs/alcohol: _____

What is the longest period of sobriety you have had: _____

Mental & Physical Health

Do you have any physical disabilities or limitations? Yes: ___ No: ___

If yes, please describe:

Do you currently take any medications? Yes: ___ No: ___

If so, please describe: _____

Have you ever received a mental health evaluation? Yes: ___ No: ___

If yes, what were the results? _____

Have you ever received any of the following services?

Inpatient or Residential Treatment Programs? (If you have not, please say "NA")

If yes, please describe: _____

Education & Employment History

Can you tell us about your employment history? _____

What is your highest level of education? _____

Criminal History

Do you have any of these prior convictions?

Assault: ____ Battery: ____ Sexual Offenses: ____ Weapons: ____

Other violent charges: _____

If yes, are you required to register on the Violent Offenders Registry?

Do you have any felonies? If so, please explain: _____

Do you have any pending charges? If so, please explain: _____

Do you have any charges, pending cases, or convictions in other states? If so, please explain:

Additional Questions

What goals would you like to achieve while in the program? _____

What other programs have you explored or completed? _____

What worked well for you in those programs? _____

What was not helpful for you, or what did not work well? _____

If applicable, what has caused you to relapse or reoffend, in the past? _____

What do safe boundaries look like to you? _____

Magdalene House OKC is a community, what does living in a community look like for you?

How do you handle conflict with others? _____

What does your outside support network look like? Are there positive people in your life who you can rely on to provide a constructive environment that promotes healing?

What questions do you have for us? _____

Last Name, First Name, MI
(Print)

Last Name, First Name, MI
(Sign)

Date: ___/___/___

**Please submit a letter of recommendation, if available.*