

# The Byrd's Nest

## Application and Assessment

*(Operating under All the Way Around Transition, LLC)*

**Application Date:** \_\_\_\_\_

### Applicant Information

- **Applicant's Name:** \_\_\_\_\_
- **DOB:** \_\_\_\_\_
- **Age:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Nickname:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **How did you hear about The Byrd's Nest?**  
\_\_\_\_\_

### Living Arrangements

- **Current Address:**  
\_\_\_\_\_
- **Prior Address:**  
\_\_\_\_\_
- **Where did you sleep last night?**  
\_\_\_\_\_
- **When was the last time you lived independently?**  
\_\_\_\_\_
- **What happened?**  
\_\_\_\_\_
- **Are you or have you ever been homeless?**  
\_\_\_\_\_

## Financial Information

- **Monthly Income:** \_\_\_\_\_
- **Source:** \_\_\_\_\_
- **Food Stamp Allotment:** \_\_\_\_\_
- **Amount of Outstanding Debt:** \_\_\_\_\_
- **Monthly Bills/Expenses:** \_\_\_\_\_
- **Do you need assistance in establishing credit or consolidating debt?**  
\_\_\_\_\_

## Educational Information

- **Highest Grade Completed:** \_\_\_\_\_
- **GED or Diploma?** \_\_\_\_\_
- **Current School Enrollment?** \_\_\_\_\_
- **Vocational or Job Training?** \_\_\_\_\_
  - **Dates:** \_\_\_\_\_
  - **Type & Completion:**  
\_\_\_\_\_
- **Other accomplishments, certifications, college credits/degrees:**

## Family Information

- **Marital/Relationship Status:**  
\_\_\_\_\_
- **Do you have any children?** If yes, list number, ages, gender, and relationship status:

- Other Family Relationships (positive, negative, neutral):

---

---

## Employment Information

- Current Employer: \_\_\_\_\_
- Position: \_\_\_\_\_
- Annual Income: \_\_\_\_\_
- Hours per Week: \_\_\_\_\_
- Past Jobs:

---

- Employment Skills:

---

- If not employed, why?

---

- Are you willing to work? \_\_\_\_\_
- Preferred type of work: \_\_\_\_\_
- Do you have a current résumé? \_\_\_\_\_

## Driving Information

- Do you have a valid Driver's License? \_\_\_\_\_
- If not, why? \_\_\_\_\_
- Are you eligible to apply for a valid DL? \_\_\_\_\_
- How long have you been driving? \_\_\_\_\_

## Military History

- Branch: \_\_\_\_\_
- Dates Enlisted: \_\_\_\_\_

- Discharge Type: \_\_\_\_\_
- Combat Veteran? \_\_\_\_\_
- Connected to VA Services? \_\_\_\_\_
- If not, are you willing to apply? \_\_\_\_\_

## Medical / Mental Health Information

- Chronic Illnesses or Disabilities requiring accommodation?

\_\_\_\_\_

- If yes, explain:

\_\_\_\_\_

- Diagnosed Mental Health Conditions? \_\_\_\_\_

- Explain:

\_\_\_\_\_

\_\_\_\_\_

- Outpatient Treatment (dates):

\_\_\_\_\_

- Inpatient Treatment (dates):

\_\_\_\_\_

- Psychotropic Medications? \_\_\_\_\_

- List & instructions:

\_\_\_\_\_

- History of suicidal ideations/attempts? \_\_\_\_\_

- If symptoms arise, are you willing to seek treatment?

\_\_\_\_\_

## Substance Use Information

- Are you currently using any substances? \_\_\_\_\_

- Type & length of use:

\_\_\_\_\_

- Willing to seek substance abuse treatment?

\_\_\_\_\_

- What role did substance use play in your current situation or incarceration?  
\_\_\_\_\_
- Can you pass a drug/alcohol test? \_\_\_\_\_
- Use tobacco/vapes? \_\_\_\_\_
  - Amount per day: \_\_\_\_\_
- Willing to quit? \_\_\_\_\_

## Domestic Violence

- Are you a victim of domestic violence? \_\_\_\_\_
- Duration: \_\_\_\_\_
- Are you currently in danger? \_\_\_\_\_
  - Explain:  
\_\_\_\_\_  
\_\_\_\_\_

## Legal Information

- Do you owe child support? Amount: \_\_\_\_\_
- Are you currently paying? Amount: \_\_\_\_\_
- Ever been arrested? \_\_\_\_\_
  - Type of crime(s):  
\_\_\_\_\_
- Felony convictions? \_\_\_\_\_
  - List crime, date, sentence, place of incarceration:  
\_\_\_\_\_
- If incarcerated, EOS date: \_\_\_\_\_
- On probation/parole? \_\_\_\_\_
  - Officer name, requirements, termination date:  
\_\_\_\_\_

## Behavioral Information

- Ever removed, banned, or dismissed from any program?

---

- Explain:

---

---

- How would you describe yourself?

---

- Ever had a restraining order filed against you?

---

## Personal Interests

- Hobbies/activities/interests:

---

- Improvements you want to make in your life:

---

- What would you like to eliminate from your life?

---

- How can we help you?

---

## Future Plans

- Two short-term goals:

---

- Two long-term goals:

---

- Where would you like to be in 1 year?

---

- Where would you like to be in 5 years?

---

## Spiritual Information

- Do you have a spiritual support system?

\_\_\_\_\_

- Interested in attending religious studies or services?

\_\_\_\_\_

- If yes, specify:

\_\_\_\_\_

## Applicant Certification

- Applicant's Signature: \_\_\_\_\_
- Printed Name: \_\_\_\_\_
- Date: \_\_\_\_\_