**What do you want Tasks Unlimited to do for you? (circle all that apply)**

**friends**

**nice house in good neighborhood**

**private room**

**good pay and benefits**

**security**

**career opportunities**

**opportunities to meet new people**

**steady employment**

**respect**

**transportation**

**fresh start**

**Other**

Name

/ / Date of application

/ / Date of birth

Age

/ / Social Security number

Phone number

County of financial responsibility

Marital status

Your address

City

State

Zip code

How long have you lived at your current address? Are you planning to move within the next 6 months? Where?

What is the last grade of school you completed? Were you involved in special education classes?

Have you ever been hospitalized for mental health problems? Yes No If yes, please list dates and locations:

|  |  |
| --- | --- |
| ***Year*** | ***Hospital (Name and Location)*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| ***Name of Medication*** | ***Dose and Frequency*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Do you have a physical **(non-mental health)** problem? Yes No

If "yes", please explain:

Who is working with you?

|  |  |
| --- | --- |
| ***Relationship Name and Organization*** | ***Phone/Fax Numbers*** |
| Psychiatrist: |  |
| County Case Manager: |  |
| RS Vocational Counselor: |  |
| Day Treatment: |  |
| Residence Staff: |  |
| Apartment Support: |  |
| Nurse: |  |
| Counselor/Therapist: |  |
| Chemical Health Sponsor: |  |
| Representative Payee: |  |
| Financial Worker: |  |
| Medical Doctor: |  |
| Probation Officer: |  |
| Other: |  |

Have you ever been arrested, charged or convicted of a criminal offense? Yes No

If "yes", please explain circumstances:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Drug*** | ***Yes*** | ***No*** | ***Last used*** |
| *Tobacco* |  |  |  |
| *Alcohol* |  |  |  |
| *Marijuana* |  |  |  |
| *Other Street Drugs* |  |  | *Specify Type:* |
| *Over-the-counter medication* |  |  | *Specify Type:* |

List any treatment for chemical use problems:

|  |  |
| --- | --- |
| ***Year*** | ***Name and Location*** |
|  |  |
|  |  |
|  |  |

***Source of Income***

|  |  |
| --- | --- |
| ***Source of Incomen*** | ***Amount*** |
| *General Assistance (GA)* | *$* |
| *Minnesota Supplemental Assistance (MSA)* | *$* |
| *Supplemental Security Insurance (SSI)* | *$* |
| *Social Security Disability Insurance (SSD or RSDI)* | *$* |
| *Food Stamps* | *$* |
| *Other (veteran's benefits, alimony, trust fund, workers compensation, job...)* | *$* |

Do you have Medical Assistance? Yes No If "yes", Card Number: Do you have other insurance? (Company Name and policy number)

*"I certify that the facts contained on this application are true and complete to the best of my knowledge. I further understand that if admitted to any Tasks Unlimited program, falsified information on this application shall be grounds for my discharge from the program."*

Signature of applicant

*Tasks Unlimited, Inc. and its subsidiaries are equal opportunity-affirmative action employers, service providers, and contractors, and do not discriminate in the admission of clients or the hiring of personnel on the basis of race, color, creed, religion, disability, sex, sexual orientation, marital status, ancestry, national origin, age, veteran or public*

*assistance status. Tasks Unlimited is committed to full accessibility of its programs. Notify the Intake Coordinator if you need an interpreter, reader, have mobility requirements, or need any other accommodation at any time throughout the application proce ss.*

**

**Program Application**

# Tasks Unlimited

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Minneapolis, Minnesota 55404

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    - Email: jheilig@tasksunlimited.org