



### Crisis Respite Application

This trauma-informed program is designed for an individual who may be experiencing an emotional crisis. The program is a 6-night, 7-day stay. The intention of this program is to allow the guest to rest, take a breath, regroup and recharge their batteries so that they are able to get back to the essentials of work, family, life, etc. While staying on-site, guests are able to participate in free peer support groups, community activities and more. All respite requests will be put on our wait list. Once we have a spot in the program available, we will reach out to offer respite based on the direct needs of individuals on the list. Once you have been placed on the wait list, we ask that you stay connected with us every 2 days to keep us updated on your current situation. If we are unable to get in touch with you when you reach the top of the list, and you do not respond to our message and/or email within two hours of that contact, we will move on to the next individual, and you will be removed from the waiting list. If you wish to join the waiting list after being removed, you will have to fill out a new application.

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| Individual Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | DOB:                    | Age: |
| Home Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                         |      |
| <input type="checkbox"/> Check here if homeless. Please list last known address above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                         |      |
| Cell #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Landline #: | Email Address (if any): |      |
| Best or preferred method of contact: <input type="checkbox"/> Cell <input type="checkbox"/> Landline <input type="checkbox"/> Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                         |      |
| Has this individual ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is this person required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the individual able to cook, clean, bathe, dress, and move about without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Is the individual able to administer their own medications without oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Does the individual identify with having a serious mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Has the individual identified their current crisis as being related to mental health? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Does the individual have a willingness to establish and work on personal recovery goals? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Does the individual agree to abide by house and program rules? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |                         |      |
| Why are you seeking crisis respite?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                         |      |