

**Blakes House Recovery Residence**

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**APPLICATION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency that works with you:  
\_\_\_\_\_

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status \_\_\_\_\_

Driver License # \_\_\_\_\_

Social Security # \_\_\_\_\_

Race: \_\_\_\_\_

Vet:

**Income**

Working:

DOC Housing Voucher

HARP Funding

SSI:

SSDI:

Other: \_\_\_\_\_

**Healthcare**

Medicaid:

MA:

MnSure:

Other: \_\_\_\_\_

Please list prescribed medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Chemical Dependency past or present  
& do you receive services? Where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing History**

Times you lost housing & why?

\_\_\_\_\_  
\_\_\_\_\_

Debt or

LFOs: \_\_\_\_\_

(Legal & financial obligations)

Children and

Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Incarceration or Arrest History**

Any charges pending:

Charge \_\_\_\_\_

County \_\_\_\_\_

Status \_\_\_\_\_

Charge \_\_\_\_\_

County \_\_\_\_\_

Status \_\_\_\_\_

DOC Number \_\_\_\_\_

Are you work with any other organizations or case managers who are helping with resources? \_\_\_\_\_



EBT Card:

**Work History**

Are you working? \_\_\_\_\_

Looking for work? \_\_\_\_\_

Type? \_\_\_\_\_

\_\_\_\_\_

Do you plan on attending school or training?

\_\_\_\_\_

\_\_\_\_\_

Do you own a car? \_\_\_\_\_

**Emergency Contact/Family or Friends**

1.Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

What should we know about you to assist you? Please feel free to write in the comments.

**Comments**

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What are your goals & plans?

Comments

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In the event that you have a relapse, where would you prefer we bring you?

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*(We will try to honor your preference if possible)*

Resident

Signature \_\_\_\_\_

Date \_\_\_\_\_

Housing Provider

Signature \_\_\_\_\_

Date \_\_\_\_\_