

HMRP Application



★ Indicates Required Field

General Information

First Name ★

Date of Birth ★

Social Security Number ★

Height ★

Street Address ★

State ★

Cell/Mobile ★

Email Address ★

Last Name ★

Age ★

DL/ID Number ★

Weight ★

City ★

Zip Code ★

Home Phone

Living Situation? ★

Ethnicity ★

How were you referred to HMRP? ★

Emergency Contact Information

Emergency Contact First Name ★

Emergency Contact Last Name ★

Relationship ★

Emergency Contact Street Address ★

City ★

State ★

Zip Code ★

Cell/Mobile ★

Home Phone ★

Social History

Marital Status ★

 Married Single

Sexual Orientation ★

 Heterosexual Homosexual Bisexual

Are you currently in a relationship? ★

 Yes No

Do you have children? ★

 Yes No

Educational History

Highest Level of Education ★

If no diploma, are you interested in a GED if offered? ★

 Yes No

Medical History

Are you currently taking prescription medication? ★

 Yes No

Name of Medication(s)

Daily Doses

Reason for Prescription

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Have you ever been diagnosed by a mental health provider with having a mental health disorder? ★

Yes No

What was the diagnosis?

Have you received mental health treatment in the past? ★

Yes No

What clinic?

Dates you were treated

Do you have any current special psychiatric needs? ★

Yes No

Are you currently taking psychotropic (psychiatric) medications? ★

Yes No

Are you currently using drugs? ★

Yes No

Are you currently using alcohol? ★

Yes No

Are you currently using tobacco? ★

Yes No

∨ Criminal History

Are you currently incarcerated? ★

Yes No

If yes, please provide a name and number of someone we can contact in reference to your application

Are any of the following pending against you?

- Arrest warrant
- Court appearance
- Criminal charges
- Sentencing



If selected, please explain

Are you now, or will you be under legal supervision? ★

Yes No

If yes, and on probation or parole, please provide the officer's name, phone number, and email address.

Are you eligible to have your probation/parole transferred to this county/state? ★

Yes No

Are you legally mandated to participate in a recovery program? ★

Yes No

Is HMRP part of your home plan? ★

Are you a registered sex offender? ★

Yes No

Yes No

∨ Spiritual History

Do you have a spiritual background? ★

Yes No

If yes, please explain your spiritual beliefs

∨ Signature

Signature ★

(use mouse to write)

Clear

Date ★

mm/dd/yyyy 

Submit