

'inhimiyu'nm (My Relatives) Home
NEZ PERCE TRIBE SOCIAL SERVICES
 305 N. Main Street; P.O. Box 365 Lapwai, ID 83540
 208-843-7302; Fax: 208-843-9401



Application

Date: _____

Demographics

Name		DOB	Enrollment
Mailing Address		Telephone Number	Email
Program Involvement: MINOC		InHSP	Other: _____
Children:			
Name		DOB	Enrollment
Name		DOB	Enrollment

Employment Status

Employed:	Unemployed
Other financial support:	

Housing Status

Homeless	Inpatient	Living with family	Other: _____	Living with friends
Housing history:				

Treatment Status

Inpatient:	Outpatient:	Pending
Do you participate in Self-Help or other sober support groups? YES NO		What kind?

Legal Status

Do you have any pending charges in any courts? YES NO	If yes, please explain:
Are you currently on probation/parole? YES NO	If yes, please explain:
Have you ever been convicted crime against another person? YES NO	Have you ever been convicted of sex crime? YES NO

Medical Conditions

Do you have any medical conditions such as diabetes, high blood pressure, RA, etc.? Please list:		
Please provide a list of current medications:		
Medication name _____	Dose _____	Frequency _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contacts

- 1. _____ Telephone _____
- 2. _____ Telephone _____
- 3. _____ Telephone _____

_____ I have provided information to the best of my ability and knowledge

_____ I understand the ‘inhimiyu’nm Coordinator will verify my responses, to include a criminal history background check.

_____ I agree to sign all requested and necessary release of information forms.

Signature

Date

For office use only	
Date received:	Referred by:
ROI's: _____ _____ _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied – reason for denial: _____	
‘inhimiyu’nm Coordinator signature	
Date:	