

# Mary's Place of Central Wisconsin Program Eligibility

Mary's Place of Central Wisconsin has locations in Marshfield and Wisconsin Rapids. You only need to complete one form and designate your interested location. Please complete all information to the best of your ability. Incomplete applications will delay the review process and delay your entry into the program.

It is necessary to provide prompt and consistent care for participants entering into Mary's Place. **Mary's Place is not an emergency shelter.** Certain steps need to be taken to ensure the participant is an appropriate fit to ensure success to the program and safety of other participants. After an application is completed, Mary's Place staff will contact you to schedule a phone or in-person interview. Plan ahead! Please allow a minimum of 5 business days to process your application.

**Admission Criteria:** The potential participant must:

- Voluntarily apply to participate in the program
- Be 18 years of age or older, unless with a participating parent and/or guardian and requiring housing assistance.
- Be committed to their recovery and sobriety while participating in a sober living community.
- Be medically stable. Any individual with ongoing medical issues may be accepted if they are addressing these issues with professional help.
- Have adequate control over their behavior and assessed not to be imminently dangerous to oneself or others
- Express a desire to remain in recovery from addiction to drugs or alcohol ( as applicable)
- Be assessed as medically appropriate and free of any illness that requires isolation from others.
- Have the capacity for active participation in all phases of the program.
- Be ambulatory and meet personal needs without assistance; including administration of own medications.
- Have adequate resources to pay for the program.
- Agree to program rules and policies including completing a background check.
- Complete a drug screen analysis

**Exclusion Criteria:** The potential participant cannot:

- Have severe permanent deficits in recent memory, attention, concentration, who cannot attend effectively to activities of daily living and whose cognitive impairment prevents them from understanding and participating in the program.
- Have ongoing medical ailments which require a more intensive level of monitoring and care than can be provided by Mary's place.
- Have criminal history that includes violent behavior and/or acts.
- Have been convicted of a sex-related crime and/or be required to register with the Wisconsin Sex Offender Registry. Mary's Place locations are not able to provide housing to sex offenders due to proximity to schools and our ability to host families.

**Other Considerations:**

- Known history involving other current program participants may be considered for admittance.
- Circumstances surrounding past dismissal from the program is taken into consideration, but does not automatically disqualify a candidate from re-applying to the program.
- Individuals with a history of residency in Wood County, Wisconsin will have priority over applicants from other counties.



## Housing Information

### Current Physical Address

Street \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

<b>Living Situation at time of completing the application (please check one)</b>			
<input type="checkbox"/>	Jail / Prison	Location: _____	Expected Discharge Date _____
<input type="checkbox"/>	Residential Treatment Center	Location: _____	Expected Completion Date _____
<input type="checkbox"/>	Hotel or motel paid for with emergency shelter voucher or other program assistance	<input type="checkbox"/>	Living in a place not meant for habitation including vehicles, tents, outdoors, etc.
<input type="checkbox"/>	Hotel or motel paid for without assistance	<input type="checkbox"/>	Renting and facing eviction
<input type="checkbox"/>	Staying with or living in a <b>family members</b> room, apartment, or house	<input type="checkbox"/>	Staying or living in a <b>friend's room</b> , apartment, or house
<input type="checkbox"/>	Living in a different housing program: (Please list the name of the program below)		

### Additional Housing Information

How long have you lived in Wood County?		Have you ever lived in a unit shared by other people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think you will have problems with shared housing?			

## Recovery and Substance Use

*Mary's Place is a sober living facility, we are here to support those who seek to remain sober and drug-free. If you are not in recovery and/or do not have a history of substance use, please skip this section. A drug test analysis is required to participate in the program. A positive result does not necessarily mean you are not able to participate.*

Primary addiction(s) and date(s) of last use:			
Are you committed and willing to remain in sobriety and/or attend treatment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you attend NA or AA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently attending treatment, counseling, or maintenance programs with licensed professionals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a sponsor or recovery coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the name of your coach or organization.	

## Legal

Are you currently fleeing a domestic violence, sexual assault, and/or human trafficking situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an active restraining order against you or against someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation officers Name: _____ Phone number: _____	
Are you participating in the Wood County Adult Drug Treatment Court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a sex related crime and/or are you required to register on the sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment / Income

<b>Are you currently employed?</b> If yes, please complete information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<b>Job 1</b>			
Company Name:		Phone:	
Address:		Your role / title:	
The position is:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual / As needed <input type="checkbox"/> Seasonal	Hourly Wage:	

<b>Job 2</b>			
Company Name:		Phone:	
Address:		Your role / title:	
The position is:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual / As needed <input type="checkbox"/> Seasonal	Hourly Wage:	

<b>If you do not have a job, are you willing and able to get one?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving any other source of income or welfare such as SSI, SSDI, Child Support, VA Benefits, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Program Fees & Payment

Mary's Place has a monthly program fee of \$320 or \$80/week for individuals and \$500 or \$125/week for families. Participants are responsible to pay the first week or first month payment before moving in.

Participants without a source of income must first start in the Genesis program until they have a source of income; this does not apply to families. The Genesis program can be utilized for up to 6 weeks and provides bunk beds.

Are you able to pay the first week or first month program fee prior to or at the time of entry to the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Mary's Place will work with third party payors such as Northcentral Community Action Program (NCCAP), FoodShare Employment and Training (FSET), Probation and Parole, Workforce Development and more. Other family members or friends can also make payments on your behalf.

If a third-party payor will be making payments on your behalf please list the organization name here:	
If another person will be making payments on your behalf, please enter their name and phone number here	

## Additional Information

Any information you feel staff should know that is relevant to your application.

## Disclaimer and Signature

By completing this application, I agree to the following:

- I am medically stable. Any individual with ongoing medical issues may be accepted if they are addressing these issues with professional help.
- I have adequate control over my behavior and assessed not to be imminently dangerous to oneself or others
- I have a desire to remain in recovery from addiction to drugs or alcohol (as applicable)
- I am able and willing to participate in the Mary's Place program.
- I am able to meet personal needs without assistance; including administration of own medications.
- I agree to program rules and policies including completing a background check.
- I agree Mary's Place program can contact and verify information with those listed on this application including; probation and parole, Wood County Adult Drug Treatment Court, recovery coaches, and employers.
- I agree to complete a drug test analysis upon entry into the program. \*A positive result does not necessarily mean I am not be able to participate.
- I can attend effectively to activities of daily living and have no cognitive impairments that will prevent me from understanding and participating in the program.
- I do not have ongoing medical ailments which require a more intensive level of monitoring and care then can be provided by Mary's place.
- I do not have criminal history that includes violent behavior and/or acts.
- I have not been convicted of a sex-related crime and/or I am not required to register with the Wisconsin Sex Offender Registry.

I agree to the rules and policies of the Mary's Place of Central Wisconsin program and agree to a background check including CCAP. Non-authorization will deny my entry into the program.

I understand this is a program-based organization with rules and program fees. I agreed to abide by them.

I have provided this information to the best of my ability and understand that I may be asked to provide verification of the information described within this application. I authorize the verification of the information provided on this form.

I certify that my answers are true and complete to the best of my knowledge.

If this application results in acceptance into the program, I understand that false or misleading information in my application or interview may result in my discharge at any time.

I understand that completing an application does not guarantee my acceptance into the Mary's Place program.

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