

If you are prescribed medications for mental health problems, please list the names and dosages:

<i>Name of Medication</i>	<i>Dose and Frequency</i>

Do you have a physical (**non-mental health**) problem? _____ Yes _____ No

If "yes", please explain: _____

Who is working with you?

<i>Relationship</i>	<i>Name and Organization</i>	<i>Phone/Fax Numbers</i>
Psychiatrist:		
County Case Manager:		
RS Vocational Counselor:		
Day Treatment:		
Residence Staff:		
Apartment Support:		
Nurse:		
Counselor/Therapist:		
Chemical Health Sponsor:		
Representative Payee:		
Financial Worker:		
Medical Doctor:		
Probation Officer:		
Other:		

Have you ever been arrested, charged or convicted of a criminal offense? _____ Yes _____ No

If "yes", please explain circumstances: _____

Have you *ever used* any of the following?

<i>Drug</i>	<i>Yes</i>	<i>No</i>	<i>Last used</i>
<i>Tobacco</i>			
<i>Alcohol</i>			
<i>Marijuana</i>			
<i>Other Street Drugs</i>			<i>Specify Type:</i>
<i>Over-the-counter medication</i>			<i>Specify Type:</i>

List any treatment for chemical use problems:

<i>Year</i>	<i>Name and Location</i>

Source of Income

<i>Source of Incomen</i>	<i>Amount</i>
<i>General Assistance (GA)</i>	\$
<i>Minnesota Supplemental Assistance (MSA)</i>	\$
<i>Supplemental Security Insurance (SSI)</i>	\$
<i>Social Security Disability Insurance (SSD or RSDI)</i>	\$
<i>Food Stamps</i>	\$
<i>Other (veteran's benefits, alimony, trust fund, workers compensation, job...)</i>	\$

Do you have Medical Assistance? _____ Yes _____ No If "yes", Card Number: _____

Do you have other insurance? (Company Name and policy number) _____

"I certify that the facts contained on this application are true and complete to the best of my knowledge. I further understand that if admitted to any Tasks Unlimited program, falsified information on this application shall be grounds for my discharge from the program."

Signature of applicant

Tasks Unlimited, Inc. and its subsidiaries are equal opportunity-affirmative action employers, service providers, and contractors, and do not discriminate in the admission of clients or the hiring of personnel on the basis of race, color, creed, religion, disability, sex, sexual orientation, marital status, ancestry, national origin, age, veteran or public assistance status. Tasks Unlimited is committed to full accessibility of its programs. Notify the Intake Coordinator if you need an interpreter, reader, have mobility requirements, or need any other accommodation at any time throughout the application process.



Program Application

Tasks Unlimited

2419 Nicollet Avenue South
Minneapolis, Minnesota 55404

- Main Office: (612)871-3320
- Admissions Office: **(612)767-2060**
- Fax: (612)871-0432
- Email: jheilig@tasksunlimited.org