

# San Antonio Urban Ministries Fairweather Lodge Program Application

We are here to help you. Please feel free to contact us.

Fairweather Lodge Staff  
P.O. Box 27039  
San Antonio, TX 78227  
Phone: (210) 208-5700  
Fax: (210) 645-7319  
Email: [fwlcasemgr@saum.org](mailto:fwlcasemgr@saum.org)  
or  
[fwlprogrammgr@saum.org](mailto:fwlprogrammgr@saum.org)

Fairweather Lodge is an equal opportunity-affirmative action employer, and service providers. We 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, and veteran or public assistance status. Fairweather Lodge is committed to full accessibility of its programs. Notify the secretary if you need an interpreter, reader, have mobility requirements, or need any other accommodation at any time throughout the application process.

**San Antonio Urban Ministries  
Fairweather Lodge Program Application**

**Please Print Clearly:** Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

*Basic Information*

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>
<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>		
/    /		-    -		
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b>	<b>Alternate Phone Number</b>		<b>Marital Status</b>	
-    -	-    -		S    M    D	
<b>Length of Time at Current Address</b>		<b>Last Level of School Completed</b>		

*Mental Health Information*

What is your Mental Health Diagnosis?	
Have you ever been hospitalized due to your mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list dates and locations:	
<b>Year</b>	<b>Hospital (Name and Location)</b>

*Psychiatric Medications*

<b>Name of Medications Prescribed</b>	<b>Dose and Frequency</b>



**San Antonio Urban Ministries  
Fairweather Lodge Program Application**

**Financial Information**

<b>Source of Income</b>	<b>Amount</b>
Social Security SS	
Supplemental Security Insurance (SSI)	
Social Security Disability Insurance (SSDI)	
Medicaid	
Food Stamps	
Other (please specify):	

**Medical Insurance**

**Card/Policy Number**

Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blue Cross/Blue Shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Humana	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carelink	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Please Specify):		

**What Would You Like Fairweather Lodge to do for You? (Check All that Apply)**

<input type="checkbox"/> Friends	<input type="checkbox"/> Safe Housing	<input type="checkbox"/> Comfortable Room	<input type="checkbox"/> Training
<input type="checkbox"/> Employment	<input type="checkbox"/> Security	<input type="checkbox"/> Respect	<input type="checkbox"/> Fresh Start
<input type="checkbox"/> Steady Employment	<input type="checkbox"/> Career Opportunities	<input type="checkbox"/> Meet New People	
<input type="checkbox"/> Independent Living Skills	<input type="checkbox"/> Other (please specify): _____		

**Vocational Questionnaire**

Would you prefer to (please check one):

- Work       Attend School       Attend a Day Program       Volunteer

If you prefer to work please fill out the remainder of the questionnaire.

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
Have you ever been employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where: _____
How many hours would you like to work?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Would you prefer to work during the	<input type="checkbox"/> Day <input type="checkbox"/> Night	
Do you have a job in mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What: _____
Are you interested in lawn care work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to work for FPS Landscaping or Janitorial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like assistance with a job search in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Please attach a copy of proof of income. This can be an award letter from Social Security, a copy of a Social Security check, or a bank statement.
- Please attach a copy of your Driver's License or Texas Identification Card, **and** Social Security Card.
- Please obtain and attach a recent psychiatric evaluation and progress notes from Psychiatrist as well as most recent discharge summary from the hospital.

*"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 Fairweather Lodge program, falsified information on this application shall be grounds for my discharge from the program."*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date