



# Brenda's House of Hope

## Transitional Housing Application

### Section A

#### Client Information

**Today's Date:**

**How did you hear about transitional housing?**

**First Name:**

**Middle Name:**

**Last Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Cell Phone:**

**Message Phone:**

**E-mail Address:**

**DOB:**

**Do you have your original Birth Certificate?**

☐

Yes

☐

No

**SSN:**

**Do you have your original Social Security Card?**

☐

Yes

☐

No

**Identification Number:**

**Is your Driver's License Valid?**

☐

Yes

☐

No

**I am or have been in:**

☐

Foster Care

☐

Probation

☐

Legal guardianship

**Name of last social worker or probation officer?**

### Section B

#### Demographic Information

**Gender:**

**LGBTQ:**

**Marital Status:**

**Hispanic or Latino Ethnicity?**

☐

Yes

☐

No

**Race (select all that apply):**

☐

American Indian

☐

Asian

☐

Black or African American

☐

Pacific Islander or Native Hawaiian

☐

White

☐

Other Race (not listed)

**Primary Language:**

**Special Needs:** ☐ Developmental Disability ☐ HIV/AIDS ☐ Mental Illness ☐ Physical Disability

☐ Domestic Violence

☐ Other: \_\_\_\_\_

**If domestic violence is selected**

**Other:**

Restraining order in place? ☐ Yes ☐ No



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## Section C Family Information

**How many children have you given birth to?**

**How many of these children are living with you?**

**Do you have a child custody order:**

☐ Yes ☐ No

**Are you pregnant?**

☐ Yes ☐ No

Due Date:

## Section D Financial Information

### Income Sources:

- |  |  |
|--|--|
| <input type="checkbox"/> Child Support                                 | <input type="checkbox"/> Social Security                           |
| <input type="checkbox"/> Employment Income                             | <input type="checkbox"/> Social Security Disability Insurance      |
| <input type="checkbox"/> Food Stamps                                   | <input type="checkbox"/> Supplemental Social Security Income (SSI) |
| <input type="checkbox"/> General Public Assistance                     | <input type="checkbox"/> Unemployment Benefits                     |
| <input type="checkbox"/> Medicaid/Medi-Cal                             | <input type="checkbox"/> Veterans Benefits                         |
| <input type="checkbox"/> Section 8 Housing                             | <input type="checkbox"/> Veterans Healthcare                       |
| <input type="checkbox"/> State Children's Health Insurance Program     | <input type="checkbox"/> No Financial Resources                    |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Other: _____                              |

## Section E Employment Information

**Employment Status:** ☐ Currently Working ☐ Currently not Working ☐ I was Fired  
☐ I was Laid-off ☐ I Quit my Job ☐ I have never held a job ☐ I am currently looking for work

### Current or Last Employer:

Company:

Start Date:

Job Title:

End Date:

Hourly Pay:

### Experience

**Brief description of paid employment:**

**Brief description of all community  
service/volunteer work performed:**



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## Section F Education Information

**School Status:** ☐ Attending ☐ Not Attending

**If Attending:** ☐ High School  
☐ Vocational School  
☐ Junior College  
☐ 4 yr College/University  
☐ Other: \_\_\_\_\_

**Education:**

**Do you have your diploma?**

**Last Grade Completed:**

**Do you have your GED?**

**Do you have a copy of your diploma/GED?**

## Section G Living Situation

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless Shelter                  | <input type="checkbox"/> Other Adult's Home          |
| <input type="checkbox"/> Domestic Violence Shelter         | <input type="checkbox"/> Foster Home                 |
| <input type="checkbox"/> Transition Age Youth Shelter      | <input type="checkbox"/> Group Home                  |
| <input type="checkbox"/> Other Temporary Shelter:          | <input type="checkbox"/> Job Corps                   |
| <input type="checkbox"/> Rental Housing                    | <input type="checkbox"/> Drug Treatment Center       |
| <input type="checkbox"/> On the Street                     | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Other Transitional Living Program | <input type="checkbox"/> Educational Institution     |
| <input type="checkbox"/> Parent/Legal Guardian's Home      | <input type="checkbox"/> Mental Hospital             |
| <input type="checkbox"/> Friend's Home                     | <input type="checkbox"/> Correction/Detention Center |
|  | <input type="checkbox"/> Other: _____                |

**Have you been homeless?** ☐ Yes ☐ No

**If yes, please explain:**



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## Section H Criminal Arrest Status

☐ I have never been arrested:

☐ I have been arrested:

☐ I have been in Juvenile Hall

☐ I have been in Jail

☐ I have been in Prison

☐ I have been detained

☐ I owe Restitution (Amount owed: \$\_\_\_\_\_)

**Please list arrest history:**

Date	Age	Charge	What Happened?	Probation Officer	Commitment Length

**I am currently on:** ☐ Probation ☐ Parole ☐ Not Applicable

## Section I Health Information

**Do you have Medicaid?** ☐ Yes ☐ No

**Do you have your Medicaid Card?** ☐ Yes ☐ No

**Do you have any significant physical or mental health problems that affect your employability?** ☐ Yes ☐ No

**If yes, please explain:**

**Can you pass a drug test?** ☐ Yes ☐ No

**Are you willing to take a drug test to enter or remain in a housing program?** ☐ Yes ☐ No

**Are you aware that you may be tested at any time during your participation in the housing program to remain eligible for transitional housing?** ☐ Yes ☐ No



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## Section J Drug History

**Medical History we need to know of:**

**History of Surgical Procedures:**

**Do you have any allergies?**

**Have you had any adverse reactions to food, drug, medication, etc.?**

**1) When did you start using substances?**

**2) What are your drugs of choice?**

**3) When did you last use?**

**4) Have you been clean anytime in the past?**

**If yes, how long?**



# Brenda's House of Hope

## Transitional Housing Application

### Section K Character References

**Please list three adult references** (teachers, former caregivers, counselors, employers, etc.)

Name	Address	Phone	Relationship

**Comments:**

### Section L Medication

**Please list all medications (prescriptions and over-the-counter)**

Medication	Reason/Dosage	Prescribed by

**Date of last menstrual cycle:**



# Brenda's House of Hope Transitional Housing Application

## Section M Essay Questions

**What do you know about the housing programs and what interests you about them?**

**What steps have you taken to prepare yourself to participate in a transitional housing program?**

**In the coming year, how will you prepare yourself for life after placement?**

**What are your personal goals in the next 12 months?**

Goal 1)

Goal 2)

Goal 3)

**How do you plan to achieve these goals?**

Goal 1)

Goal 2)

Goal 3)



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## Continue Section M Essay Questions

**How do you deal with anger? Describe what happens when you get mad.**

**How do you deal with stress? Describe what type of behaviors you have when you are stressed.**

**How do you deal with authority figures?** (Examples include teachers, law enforcement, bosses, staff, etc.)

**How do you deal with peer pressure?**

**How well do you get along with others?**





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## Continue Section M Essay Questions

**Write a 100 word essay below describing yourself:**

**I certify that the above information included on this application is true and correct.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Office Use Only

**Referred by:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_