



127 Seventh St., Two Harbors, MN 55616 Phone: 218-834-5924 Fax: 218-834-5911  
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### *New Beginnings Program Application*

“New Beginnings” is a program that is open to anyone who has experienced domestic or sexual violence. The program may also include subsidized housing for a limited number of qualified participants. These apartments are located in a secure and monitored apartment complex. North Shore Horizons, the organization that oversees the New Beginnings program, is located in downtown Two Harbors at 127 7<sup>th</sup> Street.

The “New Beginnings” program requires support services as part of its housing. These services include case management, a Life Skills course, weekly meetings with the New Beginnings Program Lead, and a support group entitled “Stronger Together.”

**If you need assistance in filling out this form, please contact us.**

**Client First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Client Last Name:** \_\_\_\_\_

**Client Preferred Name:** \_\_\_\_\_

**Client Preferred Pronoun:** ( ) Him/He ( ) She/Hers ( ) They/Them Other: \_\_\_\_\_

**Client Phone #** \_\_\_\_\_ **Client Email:** \_\_\_\_\_

**Where are you staying now:**  Friends/Family  Street/Sidewalk  Private Property (barn, fish house, storage unit)  Vehicle/Camper  Abandoned building  Park  Woods/Cave/Open Space  Bridge/Overpass/Railroad  Up all night in restaurant/laundromat  Transitional Housing Program  Emergency Shelter

**Address where we can get a hold of you:** \_\_\_\_\_

**Preferred method of contact:** ( ) Phone ( ) Email ( ) Mail

**Are there any special instructions for leaving messages?** \_\_\_\_\_

**Is it safe to leave a message?**  Yes  No

**If no, when would be the best day and time to call?** \_\_\_\_\_

**What is your preferred language?** \_\_\_\_\_

**Please describe any services or support you would like to receive information about:** (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, legal advocacy, utility assistance, healthcare, Social Security, etc)

\_\_\_\_\_  
\_\_\_\_\_

**Domestic Violence/Sexual Assault History:**

**In the last three years, have you or someone in your household experienced:**

- Physical Violence  Sexual Violence  Verbal Abuse  Sexual Exploitation  Stalking
- Forced Isolation  Child Sexual Abuse  Caregiver Abuse  Threats  Sexual Harassment  Financial

Other: \_\_\_\_\_

**Would you like assistance with creating a safety plan while your application is being reviewed?**

- Yes  No

Answering the following question will not influence or jeopardize your eligibility. This is simply to learn more about how we can help you. If you are not accepted into our housing program, we can still provide information and referrals to a variety of community resources and services.

**HOUSEHOLD**

**All Members Living in Household:** (includes friends and other adults)

NAME	RELATIONSHIP	DOB	RACE	SEX	Diagnosis of DISABILITY	% CUSTODY

Are you pregnant?  Yes  No Has anyone served in the Armed Forces?  Yes  No

- North Shore Horizons screens **all adult household members** for drug related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs.

Do you currently have subsidized housing/rental voucher?  Yes  No

Have you been continuously on the street or in shelter for a year or more?  Yes  No

Have you been homeless 4 or more times in the last 3 years? (couch hopping/ staying with friends, family included)  Yes  No

Are you fleeing domestic or sexual violence?  Yes  No

**Additional comments:**

Your information provided will be treated as private and confidential and not shared outside of North Shore Horizons unless you have given written permission to do so.

**I certify the information in this is true and correct.**

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