

APPLICATION FORM

IDENTIFYING INFORMATION

1. Applicant Last Name: _____ First Name: _____ MI: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____ Zip of Last Address: _____
4. Phone where applicant can be reached: (ex. xxx-xxx-xxxx) _____
5. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
(ex. NNN-NN-NNNN) (mm/dd/yyyy)
6. Gender: _____ a. Male _____ b. Female _____ c. Transgender
7. Race: _____
8. What is the applicant's primary language? _____ Secondary language, if applicable? _____
9. Relationship Status: _____ a. Single _____ b. Married _____ c. Widowed/Widower
_____ d. Married & Separated _____ e. Divorced _____ f. Significant Other
_____ g. Domestic Partner _____ h. Other (Specify)
10. Are there any identified, past or current, domestic violence issues? () Yes () No () Currently
a. Please describe, with dates of incidents: _____

SUPPORTIVE HOUSING REFERRAL

11. Date of Referral: _____ 12. Referring Person's Name: _____
13. Referring Person's Agency & Telephone Number: _____
- _____ 14. Application Date: _____

HOUSING HISTORY

15. Is this person at risk of homelessness? () Yes () No
a. Please describe circumstances: _____
16. Length of homelessness this episode:
_____ a. Not homeless at present
_____ b. At least 1 month but less than 1 year
_____ c. 1 year or more

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17. Number of episodes in past five years: _____

18. Within the last five (5) years, how many nights, months, or years, if any, have you spent in a shelter(s)?

a. Could you provide the names and dates of your shelter stay?: _____

19. Where have you slept for the last thirty (30) days? **Check all that apply.**

a. Non-housing (Street, park, car)	
b. Emergency Shelter, please name.	
c. Transitional Housing	
d. Psychiatric Facility	
e. Substance Abuse Treatment Facility	
f. Hospital	
g. Prison/Jail	
h. Domestic Violence Shelter	
i. Living with friends/family	
j. Rental Housing	
k. Own apartment or house	
l. Motel/hotel	
m. Foster Care	
n. Other (specify):	

20. Is the applicant receiving a housing subsidy? () Yes () No

a. What type of housing subsidy is the applicant receiving? _____

21. Does/did the applicant pay own rent? () Yes () No

22. Has the applicant ever been evicted? () Yes () No

23. Reason for leaving last housing situation:

___ a. Eviction for reason other than unpaid rent

___ b. Conflict with friends or family

___ c. Overcrowding

___ d. Domestic violence

___ e. Incarceration

___ f. Hospitalization, including long term treatment

___ g. Housing condemned

___ h. Fire

___ i. Other, please explain

PERSONAL HEALTH INFORMATION

24. Does the applicant have a disability of a long duration? () Yes () No () Don't Know () Refused

25. Is the applicant currently or have they ever been diagnosed with any of the following?

- a. Mental illness..... () Yes () No () Currently
- b. Alcohol abuse..... () Yes () No () Currently
- c. Drug abuse..... () Yes () No () Currently
- d. HIV/AIDS and related diseases () Yes () No () Currently
- e. Developmental disability..... () Yes () No () Currently
- f. Physical disability..... () Yes () No () Currently

26. Does the applicant have a history of any psychiatric conditions? () Yes () No

Check all that apply.

	Currently Experiences:	History of:
Homicidal ideas/attempts		
Assaultive behavior		
Delusions		
Severe depression		
Severe thought disorder		
Cognitive impairment		
Suicidal ideas		
Suicidal attempts		
Hallucinations		
Arson/fire setting		
Victim of Sexual abuse/assault		
Victim of Trauma		
Other (specify)		

a. If applicable, please list hospitalizations for these conditions. _____

27. Does the applicant receive psychiatric care? () Yes () No

a. If yes, please list the name, address and phone number of all psychiatric care providers.

28. Does the applicant have a history of any substance abuse disorders? () Yes () No

a. If yes, please list drug(s) of choice, frequency of use, approximate date of last use.

29. Does the applicant have any current or past history of substance abuse treatment? () Yes () No

a. If yes, please list the name, address and phone number of all substance abuse providers.

30. Is the applicant involved in any 12-step or other self-help recovery programs? () Yes () No

a. If yes, which program(s)? _____

31. If the applicant is substance free, for how long has s/he been substance free? _____

32. If the applicant is currently using substances, is s/he interested in substance abuse treatment?

() Yes () No

a. If not, what type of treatment is the applicant interested in?

33. Does the applicant have a history of any medical conditions? () Yes () No

a. If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

34. Is the applicant allergic to any medications? () Yes () No

a. If yes, please list medication allergies.

35. PLEASE LIST CURRENT MEDICATIONS THE APPLICANT IS ON:

36. Where does the applicant receive medical care? Please list the name, address and phone number of all health care providers.

SOCIALIZATION

37. Describe applicant's participation in faith/spiritual activities, if any?

38. Describe the applicant's participation in any social networks, or recreational activities? Please list the name(s) of the social/recreational network:

VOCATIONAL & EDUCATION HISTORY

39. Does the applicant have a source of income? () Yes () No

a. What is the source of income? _____

40. Does the applicant have any entitlements pending? () Yes () No

a. What entitlement(s) is/are pending? _____

Source of Income	Amount Receiving \$
a. Social Security Income (SSI)	
b. Social Security Disability Income (SSDI)	
c. General Assistance (SAGA)	
d. Temporary Aid to Needy Families (TANF)	
e. Child Support	
f. Veteran Benefits	
g. Employment Income	
h. Unemployment	
i. Medicare	
j. Medicaid	
k. Food Stamps	
l. Other (please specify)	
m. Alimony	
n. No financial resources	

41. Is the applicant currently employed, either part-time or full-time? () Yes () No

a. If yes, where is the applicant employed? _____

b. If not, does the applicant wish to be employed, either now or in the future? () Yes () No

b2. If yes, in what area of employment does the applicant wish to work? _____

42. Does the applicant need training or vocational support to achieve employment in desired occupation? () Yes () No

43. Is the applicant currently participating in vocational or employment training programs?

() Yes () No

a. If yes, please identify the training program: _____

b. If not, does the applicant wish to enroll in a vocational or employment training program?

() Yes () No

44. Is the applicant currently enrolled in an educational program, either part-time or full-time?

() Yes () No

a. If yes, where is the applicant enrolled: _____

b. If not, does the applicant wish to be enrolled, either now or in the future? () Yes () No

LEGAL INFORMATION/HISTORY

45. Does the applicant have any current legal issues? () Yes () No

a. If yes, please list description of charges and any pending court dates.

b. Does the applicant have legal representation? () Yes () No

b2. If yes, please list name and address and phone number of attorney or legal advocate.

46. Is the applicant currently on probation? () Yes () No

47. Is the applicant currently on parole? () Yes () No

a. If yes to either #47 or #48, please list name and contact information of probation/parole

officers(s) _____

48. Does the applicant have any prior arrests, convictions or incarceration? () Yes () No

a. If yes, please list: _____

ADL's

49. Are you physically independent? () Yes () No

50. Do you have a vehicle for transportation? () Yes () No

51. Pet / Service Animal? () Yes () No

52. Does the applicant have difficulty with any of the following areas of daily living? In addition, please list any strengths the applicant may have. **Check all that apply.**

a. Paying rent/utilities	
b. Lease compliance	
c. Housekeeping	
d. Money management	
e. Driving/using public transportation	

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f. Arranging apartment repairs	
g. Use of mental health services	
h. Use of health services	
i. Securing/Maintaining Benefits	
j. Meal preparation	
k. Shopping for food and other necessities	
l. Taking medication as prescribed or instructed	
m. Filling prescriptions	
n. Socialization	
o. Hygiene	
p. Other (specify):	

EMERGENCY CONTACT

53. Emergency Contact: _____ Telephone # _____

Address: _____

Email: _____ Relationship to Applicant: _____

The information provided is true and I agree to be contacted about the required services selected in this form.

X _____

APPLICANT FULL NAME

___ / ___ / ___

DATE

X _____

APPLICANT SIGNATURE

___ / ___ / ___

DATE