

FAULDING HOTEL

CONSENT FOR RELEASE OF INFORMATION OR RECORDS

Applicant's Name: _____ DOB: _____

This release authorizes The Faulding Hotel Staff to release personal information in my file and receive information from the following agencies:

Client's Initial	Date	
_____	_____	Santa Barbara County Alcohol, Drug and Mental Health Services
_____	_____	Santa Barbara County Health Care Services
_____	_____	Santa Barbara County Department of Social Services/ General Relief
_____	_____	SBCHC, including tenant file
_____	_____	Project Recovery
_____	_____	Phoenix / Mainstream Services
_____	_____	New Beginnings Counseling Center
_____	_____	Veterans Administration
_____	_____	Santa Barbara City Housing Authority
_____	_____	Santa Barbara County Housing Authority
_____	_____	Social Security Administration
_____	_____	Other _____
_____	_____	Other _____

This information will be used for program admissions process, treatment and implementation, care coordination with other agencies, and discharge planning. This consent allows discussion and / or copies of ongoing treatment between the agencies initialed above, both during the application process to the Faulding Hotel, and for the duration of a client's residency at the Hotel. This release remains valid until termination of treatment, or revocation or expiration of consent. The resident may revoke this release at any time by written request. This release expires on _____.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

FAULDING HOTEL - APPLICATION FORM

1. Last Name _____ First Name _____ Middle Initial _____

2. Soc. Sec. # _____ Date of Birth: _____ Picture I.D. # _____

3. Present Address: _____
(Has to be the most current physical address you have lived at, NO P.O. Box addresses)

4. Contact Phone #: _____ Secondary Phone #: _____

Rooms are currently \$590- \$660 per month (subject to change without notice)

5. Source of Income: Employment _____ Monthly \$ _____
 Soc. Security _____ Monthly \$ _____
 General Relief _____ Monthly \$ _____
 Other _____ Monthly \$ _____
 Section 8 _____ (Y or N)

6. Employer's Name: _____ Supervisor's Name: _____

Address: _____ Phone Number: _____

Job Title: _____ Time Employed: _____

7. Landlord Reference: _____ Phone Number: _____

Agency Reference: _____ Phone Number: _____

Case worker Reference: _____ Phone Number: _____

(Please see page 2 to fill out personal reference information, references may not be related to you.)

8. a. Do you have any medical or physical condition, which could affect your ability to quickly evacuate

the hotel in case of an emergency? (Y/N) If so explain: _____

b. You understand that no troubled drinking or illegal drug activity will be tolerated in the hotel for any reason? (Y/N): _____

I/We certify under penalty of perjury under the laws of California that the above information including disclosure of all income is correct.

Signature: _____ Date: _____

To: Faulding Hotel Applicants,

If you do not update your application, contact information or stop checking in for more than one year you will be removed from the waiting list. We recommend you check on your application on a regular basis.

☆ **THE APPLICATION MUST BE TURNED IN AT THE SBCHC OFFICE LOCATED AT 11 E. HALEY ST. YOU MUST TURN IT IN TO FRONT DESK STAFF, IF YOU TURN IT IN TO ANYONE ELSE THE APPLICATION MAY BE LOST. WE WILL NOT BE RESPONSIBLE FOR ANY LOST APPLICATIONS IF TURNED IN TO ANYONE ELSE.**



Faulding Application Checklist/ Instructions

Please use this as a guide/reference when applying. Note we will not accept any applications that have any missing information. When filling out the application for the following fields:

(Fields 1-8 are found on page one and two of the application)

1. We need your basic information, last and first name and your middle initial.
2. In the second field we need your social security number, date of birth, and your I.D. number. You can either use a driver's license or a regular identification card.
3. Field number three requires your present or most current physical home address. Do not fill this area in with a p.o. box.
4. Make sure we have at least one working number we can contact you at. We will only communicate with you by phone.
5. Fill out any and all sources of income that apply to you. Make sure you also fill out the monthly amount you receive. Please attach proof of employment (most recent check stub), social security (award letter), and section 8 (voucher), other (any proof of what you get monthly). Copy of I.D. and Social Security Card, and bank statements; checking account last 6 months and savings account most recent statement
6. If you are employed fill out all the information in this section. If you are not employed mark the fields with an N/A.
7. We need a landlord reference (present/most current), agency reference, case worker reference (if you are currently working with a case worker please attach a reference letter with the application), and finally three personal references. The area in which to fill out the personal reference information will be on page 2 of the application. The references can not be relatives and you must have known them for at least three years.
8. Please answer with a yes or a no.

Make sure you also fill out the **consent for release of information or records (page 3)**.

Before turning in the application look over all of the information to verify it is correct. There will be a total of 3 pages (not including proof of income and or case worker reference letters) that you will have to have filled out before turning the application in.

You will have to turn in the application at the SBCHC office located at 11 E. Haley St. Santa Barbara, CA 93101 to the front desk staff. We will not be responsible if you turn in an application to someone else and it gets misplaced or lost.

Check in on a regular basis to see the status of your application. If any information changes please call or come in to make the changes. If we try to contact you and your number is disconnected and or you do not check in on your application for over a year you will be removed from the waiting list.