



**Santa Barbara Hospitality House**  
**423 Chapala Street**  
**Santa Barbara CA 93101**  
**(805) 962-6281**  
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### **Transition & Recovery Program Information for Applicants**

The Santa Barbara Hospitality House provides two different programs out of one location that assist adults that are 18 years of age and over.

**The Transitional Shelter** is designed to assist single, homeless adults. The program's overall objective is for residents to become self-sufficient by obtaining and maintaining secure income and transitioning into safe housing. This is accomplished through onsite resources as well as through collaboration with other agencies. The maximum length of stay for residents upon Admission (Phase 1) is 180-days (six-months). All residents are expected to transition into permanent housing as soon as it becomes available. Eligible residents may also transition from Phase 1 into Bridge housing (Phase 2) as an alternate option. The maximum stay in Bridge housing is 180-days.

The program is structured, emphasizing support and accountability. The rules that are in place encourage a safe and healthy environment for all residents, volunteers, and employees. The most prominent of these rules is the requirement for residents to maintain abstinence from drugs and alcohol.

If an individual is interested in accessing shelter services, he/she will need to have a face to face meeting with our staff for information and a Needs Assessment. This face to face meeting ensures that the program is a proper fit and additionally allows staff to identify if the applicant qualifies for County, Veteran Affairs, and other subsidies that pay a percentage of their program fees. Residents that do not receive program subsidies are required to pay program fees based on their income. Though individuals can be admitted without an income, all participants are expected to obtain legitimate sustainable income. Meeting times are Monday – Friday between 1:00 PM and 2:00 PM (except on holidays and when posted). If the program is determined to be a good fit, an intake date is scheduled. Referrals are provided when there is a wait to enter the program or if the program is not a proper fit for an individual.

**(Needs Assessment on back of page)**

## Needs Assessment Form

Name (First Last): \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ State ID #: \_\_\_\_\_

**Please circle your answer to the following questions;**

YES NO Have you ever received services from any Salvation Army? If so, please explain where and when.

YES NO Are you currently homeless? If so, what was the County/City of your last permanent housing?

YES NO Did you ever serve in the USA military? If so, please explain years served and type of discharge:

YES NO Have you ever been charged and/or convicted of arson and/or sexual offense/assault?

YES NO Do you have any warrants for arrest? If so, what County? \_\_\_\_\_

YES NO Are you on Probation/Parole and/or Court Ordered to participate in any programs/courses?

YES NO Do you have medical care/insurance (CenCal/Medi-Cal, Veteran Affairs, Private Insurance)?

YES NO Are you currently taking any medications (prescribed and/or over-the counter)?

YES NO Have you ever tested positive for tuberculosis (TB)? Last date of TB test: \_\_\_\_\_

YES NO Have you been hospitalized or placed on psychiatric hold in the last 90-days?

YES NO Have you ever been diagnosed and/or received treatment for mental health or substance abuse?

YES NO Have you used tobacco, marijuana, alcohol, drugs, "prescription drugs taken recreationally" within the last 30-days?

YES NO Are you currently receiving consistent lawful/taxable income (e.g. employment, pension, Supplemental Security Income, Social Security Disability Insurance, Veteran Affairs, General Relief, CalFresh, etc.)? If so, please indicate source and monthly amount received?

YES NO Do you currently have any pending income (e.g. unemployment, Supplemental Security Income, Social Security Disability Insurance, etc.)? If so, please indicate source and date applied:

YES NO If not currently employed and able to work, are you willing to seek lawful/taxable employment?

**Once you have completed form, you must meet face to face with admission staff to discuss above information and details about the program. If the program is determined to be a good fit, an intake date will be scheduled. Referrals are provided when there is a wait to enter the program or if the program is not a proper fit for an individual.**