



Application for Transitional Housing

This application is to be completed by the transitional housing applicant in consultation with the assigned Senior Social Worker (SSW) or Probation Officer (PO), as applicable. The SSW/PO will review the document with the prospective applicant prior to completion and submission of this *Application for Transitional Housing*.

PROGRAM TYPE

(Indicate type of transitional housing for which you are applying) (check only one)

- | | |
|--|--|
| <input type="checkbox"/> Transitional Housing Placement Program (THPP)
(For formerly incarcerated individuals, wishing to reside and work for STI Fabrics) | <input type="checkbox"/> ADA Transitional Housing Placement Program (ATHPP)
(For formerly incarcerated individuals receiving Social Security Assistance) |
| <input type="checkbox"/> Transitional Housing Sponsorship (THPS)
(For formerly incarcerated individuals sponsored to reside by an agency or organization) | <input type="checkbox"/> Transitional Housing Individual Placement (THIP)
(For formerly incarcerated individuals with personal or private funding) |

APPLICANT IDENTIFICATION

Applicant Name (Last, First Middle)

Female ☐ Male ☐

Date of Birth **Social Security Number** **Do you have a valid Driver License or ID Card:**
(if yes, provide state in which issued and number)

Yes ☐ No ☐

State:

Number:

Address (Street, City, State, Zip code):

Type of Placement: ☐ THPP ☐ THPS ☐ ATHPP ☐ THIP

Cell Phone (Include Area Code):

Email Address:

PERSONAL INFORMATION

(You are not required to answer questions related to pregnancy/reproductive health, as indicated with an asterisk *)

Have you ever been in Transitional Housing before? Yes ☐ No ☐ **If yes, which program?**

Are you receiving any public assistance? Yes ☐ No ☐ **If yes, indicate type of assistance** (check all that apply)

Food Stamps ☐ MediCal ☐ SSI/SSP ☐ Other: _____

Do you have a checking account and/or savings account? Yes ☐ No ☐

Do you have health coverage? Yes ☐ No ☐

Checking (Balance \$ _____) Savings (Balance \$ _____)

Are you currently employed? Yes ☐ No ☐

(If yes, provide name of employer and length of time employed)

CASE INFORMATION	
Senior Social Worker Name <i>(if applicable)</i>	Senior Social Worker Phone Number
Probation Officer Name <i>(if applicable)</i>	Probation Officer Phone Number
PERSONAL HISTORY <i>(The information you provide is confidential and will be used to assess how the Transitional Housing Program can best meet your needs)</i>	
List medical conditions, past or present	Prescribed medication(s):
List mental health conditions, past or present	Prescribed medication(s):
Have you ever been hospitalized for treatment for mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If applicable, are you still receiving mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?	
Do you have a history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Are you currently using drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often:	
Do you smoke cigarettes?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LEGAL HISTORY/GANG AFFILIATION	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain nature of arrest and conviction history:	
Are you now or have you ever been affiliated with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any legal factors that would impact your ability to stay in Transitional Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
REFERENCES <i>(References provided may be contacted)</i>	
Name	Relationship <i>(friend, current placement, employer, etc.)</i>
Address <i>(Street, City, State, Zip Code)</i>	
Email address	Phone number <i>(include area code)</i> Home: _____ Cell: _____
Name	Relationship <i>(friend, current placement, employer, etc.)</i>
Address <i>(Street, City, State, Zip Code)</i>	
Email address	Phone number <i>(include area code)</i> Home: _____ Cell: _____

SUPPLEMENTAL QUESTIONS

(Attach additional pages as needed)

1. Please describe the goals you plan to achieve while residing in the transitional housing program for which you are applying.

2. Please describe any challenges you think there may be to you achieving the goals you described in your response to Question 1.

APPLICANT SIGNATURE

Certification: By entering or signing my name below, I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for not being selected for transitional housing or for dismissing me after I begin receiving services. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the Cedric Dean Homes and will not be returned.

I have read the *Application for Transitional Housing Advisement* and acknowledge my understanding that the assessment of me as an applicant for transitional housing will be based on the guidelines in that document.

Further, I understand that I will not be considered as an applicant for transitional housing unless my assigned SSW/PO supports my application by signing below.

My signature authorizes Cedric Dean Homes and Social Services and/or Probation Department to share all relevant information regarding my personal history with the transitional housing provider. This includes providing the signed *Application for Transitional Housing* and all relevant court reports, which may include personal health information (e.g., medical, behavioral/mental, etc.), to the housing provider.

Applicant Signature

Date

SSW/PO SIGNATURE

I have read and reviewed the *Application for Transitional Housing* with the applicant. By signing below I:

☐ Affirm my support for the applicant for transitional housing. If the applicant is accepted into a transitional housing program, I will attend the meeting held upon the applicant moving into the program. If unable to attend, I will identify a designee to attend on my behalf.

☐ Do not affirm my support for the applicant for transitional housing.

Name of Assigned SSW/PO

Telephone

Signature of Assigned SSW/PO

Date

EMAIL YOUR COMPLETED APPLICATION TO:

contact@cedricdean.com

NOTE: CDH reserves the right to immediately terminate the placement for any illicit or illegal conduct – including, but not limited to fighting, assault, theft, drug usage or possession. Additionally, non-payment shall result in immediate termination.