One Safe Haven – Participant Application

Please complete the form below and email it to: **contact@onesafehaven.com**

Full Name: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Gender: ■ Male ■ Female ■ Other

Social Security Number (Last 4 Digits): _____

Driver's License Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Current Situation (check all that apply):
■ Homeless
■ Recently Released from Jail/Prison
■ Aging Out of Foster Care
■ Recovering from Addiction
■ Other: _____

Do you have any income?
■ Yes ■ No If yes, source: _____

Are you currently on probation or parole?
■ Yes ■ No If yes, officer's name: _____

Have you ever been convicted of a sex offense?
■ Yes ■ No

Are you currently taking any medications?
■ Yes ■ No If yes, please list: _____

Do you require any of the following services?
■ Housing
■ Job Assistance
■ Mental Health Therapy
■ Other: _____

Preferred Move-In Date:
_____

How did you hear about One Safe Haven?
■ Caseworker
■ Probation Officer
■ Friend
■ Online
■ Other: _____

Signature:
_____ Date: _____