

# Martha's House Program Application

Date App Given: \_\_\_\_\_ Date App Received: \_\_\_\_\_

☞ Please fill out application **completely & truthfully** to be considered for Martha's House. This application must be filled out...if it doesn't apply to you, put NA in that space.

☞ If there are two (2) adults each person needs to fill out an application for Martha's House

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthday: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Referred \_\_\_\_\_ by: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Adults: \_\_\_\_\_ + Children: \_\_\_\_\_ = Total in Family: \_\_\_\_\_

Do you have a number where we can reach you? Phone: (\_\_\_\_\_) \_\_\_\_\_

Drivers License or ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Circle the last year of school you are attending: 6 7 8 9 10 11 12 GED | College: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Currently Smoke? Yes | No If **Yes**, How Long? \_\_\_\_\_

Currently Pregnant? Yes | No If **Yes**, Number of Months: \_\_\_\_\_ Physician: \_\_\_\_\_

Children's Names	Date of Birth	Age	Relationship	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Personal Resources (current):

Cash \$ \_\_\_\_\_ Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### Financial Aid (current):

Food Stamps: Applied? Yes | No Receiving: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

DHS/TANF/Welfare: Applied? Yes | No Receiving: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Unemployment: Applied? Yes | No Receiving: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Employment: Hrs/Wk (\_\_\_\_\_) Receiving: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Other Income (Job, Child Support, SSI/SSD): Receiving: \$ \_\_\_\_\_ Where: \_\_\_\_\_

If the answer to the Food Stamps/TANF is NO, please explain why you haven't applied and when you will be applying for them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on Disability? Yes \_\_\_\_\_ No \_\_\_\_\_

**Housing History: *Please give dates***

Have you ever been in a shelter before? Yes | No

If **Yes**, which shelter(s)? When (Month/Year)?

How long were you at each shelter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been homeless?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are you currently staying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the reasons for your homelessness?

**Evicted** \_\_\_\_\_ If so, how much do you owe? \_\_\_\_\_

Utilities Owed \_\_\_\_\_ If so, How much? \_\_\_\_\_

**Domestic Violence** \_\_\_\_\_ If so, do you have a restraining order against your partner or is he/she in another area? **Have you been at the shelter in Hermiston and if so, how long?**

\_\_\_\_\_  
\_\_\_\_\_

What have you done to **secure/find housing** for you and your family? Have you signed up with the following?

**CAPECO/Moving Forward:** Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

**Low Income/UCHA** Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

**Rental History:** List places you have lived during the past **three years**. Begin with the place where you lived **most recently**. If you are currently living on the street, list the last address where you resided. *Do not include shelters.*

**From Date to Leave Date      Address      Reason for Leaving or for Eviction**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History:** Begin with your **most recent** employment and work backwards for **three years**. Please be **specific**.

**Start Date to End Date      Business & Your Position/Job      Reason for Leaving or Fired**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are you doing to find employment?** *May be required to give a list of places you have applied for work at!*

Have you signed up with the **Employment Office/Work Source Oregon?** Yes \_\_\_\_\_ No \_\_\_\_\_. If not, why?

\_\_\_\_\_

**Express Professionals?** Yes \_\_\_\_\_ No \_\_\_\_\_. If not, why \_\_\_\_\_

**Other Temp Agencies?** Yes \_\_\_\_\_ No \_\_\_\_\_. If not, why \_\_\_\_\_

If you are on TANF have you check into BMCC's JOBS Program? If not, why and when do you plan on doing so?

\_\_\_\_\_

**PLEASE READ CAREFULLY: We do UA'S on all potential adult residents**

***If you are currently using drugs of any kind, INCLUDING MARIJUANA, medical or not, you will not be allowed into Martha's House at this time. You must be DRUG FREE – NO drugs in your system for at least one month before being considered. We reserve the right to ask you to seek drug counseling as part of the requirement to enter MH.***

Do you **currently** drink alcohol? Yes | No      **In the past?** Yes | No  
Do you **currently** use drugs including Marijuana? Yes | No      **In the past?** Yes | No

If **you answered YES to any of the above**...when was the last time you drank or used drugs (legal or illegal)?  
Have you ever been in a treatment program for drugs or alcohol? If so, when, where, and how long

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Have you ever had mental health counseling or treatment? Yes | No  
If **Yes**, please describe your psychological history (treatment plan, counseling, diagnosis, etc):

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**WE DO BACKGROUND CHECKS ON ALL ADULT POTENTIAL RESIDENTS...please make sure your truthful**

***If you have any felonies or misdemeanor you may not qualify for MH Program DEPENDING ON THE CHARGES.***

***Examples: crimes against another person (theft/assault) or selling/manufacturing drugs***

Have you ever been **arrested** or **convicted** of a crime? Yes | No

If **Yes**, please describe in detail such as when you were arrested/convicted, where, did you do any jail/prison time and if so, how long? Are you on probation and who is your probation officer? ***Use the back page if necessary***

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**Any** history of domestic violence (**you OR spouse/partner** physically hurting another or being hurt)? Yes | No  
If **Yes**, please describe the incidents of domestic violence (who, what, when, where, how, police report, etc):

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List any current prescription medications: \_\_\_\_\_

**Emergency Contact** (name, address, phone number, and relationship): \_\_\_\_\_

**Other Information You Wish to Share:** \_\_\_\_\_

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**MARTHA'S HOUSE IS A PROGRAM NOT A LANDLORD/TENANT RELATIONSHIP**

*Martha's House is not, in any way a Landlord and tenant relationship. Martha's House is a program specifically meant to help residents get back to a sustainable lifestyle. The program **may include**: classes, setting goals, specific chores, searching for employment, volunteering and random room & drug checks during their stay while in this program. The length of this program is 3 months with a possible extension under certain conditions with the approval of all management. The length of stay can be shortened if resident is not complying with the rules. The **first 30 days are on a temporary basis only** and will help us determine whether you are serious about making a change in your life. The first 30 days will count towards the 3 months stay.*

***You will be required to take a UA test and have a background check during your first interview. The cost of these two required items will be \$15 per adult and will need to be paid at the time of the interview.***

**MARTHA'S HOUSE IS A DRUG & ALCOHOL-FREE FACILITY**

\_\_\_\_\_ Initials

*By signing this document, you agree that you will comply with the program shelter rules and will abide by them always or possibly face being asked to leave permanently for failure to do so.*

\_\_\_\_\_ Initials

***I understand that if I provide false, incomplete, or inaccurate information on this application, I risk the chance of not being approved for the Martha's House Program.***

\_\_\_\_\_ Date: \_\_\_\_\_  
Potential Resident