

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?

STOP...PLEASE READ CAREFULLY!

WE DO UA'S ON ALL POTENTIAL ADULT & TEEN RESIDENT'S...

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 every been in a treatment program for drugs or alcohol? If so, when, where, and how long

Have you ever had mental health counseling or treatment? Yes | No

If **Yes**, please describe your psychological history (treatment plan, counseling, diagnosis, etc):

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***

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):

List any current prescription medications: _____

Emergency Contact (name, address, phone number, and relationship): _____

Other Information You Wish to Share: _____

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 (drug test \$5) and have a background check (\$6) during your first interview. The cost of these two required items will be \$11 per adult or teen 13 & above...be prepared to pay 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 Martha's House Program.

_____ Date: _____
Potential Resident