

APPLICATION REQUEST FOR TRANSITIONAL HOUSING



RELEASE DATE: _____

DOC File No. _____ Facility Name: _____

CONTACT INFORMATION

Your Last Name, First, Middle (print neatly)			
Date of Birth (mm/dd/yyyy)		Social Security Number:	
Phone (area code first)		Email Address:	
Counselor's Name			
Counselor's Phone (area code first)		Counselor's Email:	

EMERGENCY CONTACT INFORMATION

Their Last Name, First, Middle (print neatly)			
Their Phone (area code first)		Their Email Address:	
Their Mailing Address		City	State Zip Code

PERSONAL SUPPORT

Who do you use for emotional support and encouragement (e.g., relative, social service provider, friend, mentor, sponsor, probation officer, counselor, pastor, etc.)? List up to 2 individuals.

Emotional Support Individual 1			
Their Name (print neatly):		Their Position (how do they provide you emotional support):	
Their Phone (area code first):		Their Email Address:	
Emotional Support Individual 2			
Their Name (print neatly):		Their Position (how do they provide you emotional support):	
Their Phone (area code first):		Their Email Address:	
Religious Affiliation:			
Are you a Christian (yes or no)	If yes, do you have a religious preference or affiliation. Please identify below.		

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INCOME INFORMATION

When released, what is your source(s) of financial support (if any)?

Financial Support 1				Monthly Amount	
Financial Support 2				Monthly Amount	
Financial Support 3				Monthly Amount	
Do you (or will you) receive any of the following?	YES	NO	Amount	Application Pending Date	Have Not Applied
TANF					
Food Stamps					
SSI/SSDI/SSA					
GAU/GAX					
Child Support					
Other Benefits (explain)					

Explanation of Other Benefits: _____

EDUCATION HISTORY

	Years Attended	Graduate or Degree (Yes/No)	Subjects Studied, Degree, Certification
GED			General
High School			General
College			
Trade School			

Are you interested or do you plan on going back to school? If yes, tell up your plans.

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MILITARY SERVICE

Branch of Service	Dates of Service	High Rank Achieved
Type of Discharge (honorable, general, dishonorable)	Primary Job	

If you served in the military, thank you for your service.

MEDICAL HISTORY

Medication
List any current medications (prescription and non-prescription):
Physical or Mental Conditions
List any and all physical and mental conditions (diagnosed and undiagnosed)
Substance Abuse
Do you currently or have you in the past drink alcohol or use drugs? Explain and list below. Include treatment dates and locations.

ACCOMPLISHMENTS AND ACHIEVEMENTS

Share with us programs and accomplishments you have achieved or attended during incarceration.
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JUDICIAL HISTORY/CURRENT AND PAST CHARGES

Date	Offense	Outcome (sentence, fines, diversions, drug courts, etc.)
Current Probation/Parole Officer's Name:		Parole/Probation Officer's Phone Number:
Court/Probation/Parole requirement(s):		

Are you or have you ever been affiliated with a gang (Yes or No): _____

FINANCIAL OBLIGATIONS

Do you have any legal financial obligations? Identify obligations below:

I (Applicant) certify that all information I have provided in order to be considered for residency at HOPE House of Tacoma is true, complete and correct. I (Applicant) expressly authorize HOPE House representatives to verify the accuracy of all information provided by me in this application.

APPLICANT'S SIGNATURE**DATE**

If you have any questions about this Application or if there is something you do not understand, contact:

Janeen Babas
janeen@hopehouseoftacoma.com
(253) 318-3090

or

Charlie Williamson
charlie@hopehouseoftacoma.com
(360) 618-3229

Return all completed applications to: Janeen Babas: janeen@hopehouseoftacoma.com