Program Application

Caring Collective Program Application

In filling out this Application, You agree that You have read the entirety of the Application, and You understand that Services and Programs mentioned herein are provided on a case-by-case basis. You agree that any and all responses and/or personal information You provide in the following application is done voluntarily. Completing the Application does not guarantee admittance into the Program. In the Application, where the word "You" appears, it is referring to the individual applying for the Caring Collective Program. If you need more space feel free to add pages.

Section One: Eligibility Criteria

Determination of acceptance into Caring Collective's Transitional Housing will be made on a case-by-case basis, based on the following minimum criteria and guidelines. Applicant (You) must be:

1. You must currently be an Oklahoma resident;

2. You must have the ability to live independently and care for yourself independently; and have been clean and sober for at least 3 months.

3. You must be willing to abide by all policies, procedures, case management directives, and rules of Caring Collective;

4. To qualify, You must be homeless/unaccompanied and without resources, and/or "at risk." It would be impossible for You to live in a safe environment with a relative, and You have no other alternative living arrangements in which You feel safe;

5. You must be between the ages of 18-24 to be considered for program admittance (Applicant can be 17 turning in application), you cannot be older than 25 to stay in the Transitional Living Apartment; and

6. You must stay actively engaged with Caring Collective services that are recommended for you and be making progress toward your independent living goals in the areas of mental, physical, emotional, financial, social, and wellness/spiritual. This includes but is not limited to: Wellness coaching, life skills classes, daily contact, etc.

Section Two: Transitional Housing Program Services

On a case-by-case basis, Caring Collective Transitional Living Program aims to meet the following needs of a Participant in the Program:

1. Financial assistance for rent, security deposits, utilities and other housing-related costs, for up to 24 months;
2. Personalized case management;
3. Advocacy and emotional support;
4. Assistance with financial knowledge, planning, and budgeting;
5. Safety planning and safety devices for your home;
6. Vocational and employment assistance;
7. Schooling and education assistance;

8. Assistance with finding transportation;
9. Referrals to community resources and services;
10. Follow-up services for a minimum of three (3) months and for no more than one (1) year, upon exiting transitional housing;
11. Healthcare assistance; and/or
12. Aftercare Outreach.

Additional Program Services: As a participant in the Caring Collective Program, You would also have the following optional services available:

13. Individualized counseling; and
14. Mentoring.

Section Three: Transitional Living Application

Applicant's (Your) Identifying information:

Full Name: _____

Date of Birth: _____ **Social Security Number**:_____

Phone: _____ **Email:** _____

Race (Check Applicable Boxes Below):

- ☐ American Indian or Alaska Native
  - Tribal Affiliation: _____
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Caucasian (White)
- ☐ Prefer not to say
- ☐ Other race not listed: _____

What is Your preferred language?

_____

Are you able to understand verbal or written English?

- ☐ Yes
- ☐ No

What is Your preferred method of contact? (this will be the way that you are contacted to be informed of your application status):

- ☐ Phone
- ☐ Email

☐ Other: _____

Gender (how you identify):

☐ Female
☐ Male
☐ Transgender
☐ Non-binary
☐ Other:_____

Do you have a service animal(s)?

☐ Yes
☐ No

If yes, please describe the species and any other relevant characteristics of the animal:

_____

Are you currently attending school?

☐ Yes
☐ No

If yes, please provide the name of Your school and/or Program: _____

_____

Do you currently have a job?

☐ Yes
☐ No

If yes, please provide the name of place of employment and hours worked per week: _____

_____

<u>Information Regarding Former and/or Current Living Arrangements:</u>

Have you ever been involved in the Foster Care System?

☐ Yes
☐ No

If yes, please provide the year(s) of involvement and states lived in: _____

_____

Have You ever lived in a juvenile justice facility?

☐ Yes
☐ No

If yes, when? _____

If yes, why? _____

Are You currently homeless/unhoused?

- ☐ Yes
- ☐ No

If yes, where did you sleep last night? _____

If yes, why did you leave your last living arrangement? _____

If yes, have you been continuously homeless for at least a year? _____

If you are not currently homeless/unhoused, what is your address?

Street Address: _____ City:_____

State:_____ Zip:_____

How long have you lived at this address? _____

Why are you leaving this address? _____

Are you willing to relocate to another community?

- ☐ Yes
- ☐ No

Is there any additional information You believe is relevant to Your participation in Transitional Housing?

- ☐ Yes: _____
- ☐ No

Are you receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?

- ☐ Yes. Monthly Amount: $_____
- ☐ No

Section Four: Personal Objective and Reference

Applicant, Why do you feel you would benefit from the Caring Collective Transitional Living Program?

_____

_____

_____

Personal Reference:

Name of Person to be used as a Reference: _____

Relationship to Applicant: _____

Cell Phone: _____Email**:** _____

Optional Letter of Support:

Do you have a counselor, teacher, or other adult who has knowledge of your current living situation and would be willing to provide a letter of support? For example, Letters can include:

- Why the writer believes that you will be successful in a transitional living program;
- Any relevant past or current information or circumstances on why they believe you would be a good candidate for the program.

Letters do not need to be long and are not mandatory. They are just used to gather more information that can help Caring Collective in identifying suitable candidates. You may have the Letter attached to this Application, or you can have the Letter sent to kelley@caringcollectiveok.org. Please make sure the Letter references the Applicant's name.

IF APPPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE AT THE TIME OF APPLICATION, THE FOLLOWING MUST BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN:

Parent/ Legal Guardian (If under 18 at the time of application)

Name: _____

Current State Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Authorization

I authorize Caring Collective Transitional Living Program to contact my personal references and conduct both Juvenile and Adult Criminal History Background Checks. I understand that information provided by my references, information contained in this application and my personal interviews, and information gathered through background checks will be considered for my acceptance in the Caring Collective Transitional Living Program. Please be advised that per Oklahoma Law, any information obtained indicating instances of child abuse and/or neglect, must be reported to the Department of Human Services. I also understand that this is only ONE part of the application process and that final acceptance into the program is based on the decision of the staffing team and appropriate housing availability at the time of the application.

Applicant's Signature _____Date _____

Parent/Guardian Signature _____Date _____

(Required if under the age of 18 at time of application)

If you have questions regarding this application, please contact Caring Collective at kelley@caringcollectiveok.org or XXX.XXX.XXXX

****

OFFICE USE ONLY

Accepted into Transitional Housing? ❑ Yes ❑ No

If yes, date applicant was notified: _____

Date accepted/move-in: _____

Caring Collective Transitional Home address: _____

_____

Was applicant placed on waiting list? ❑ Yes ❑ No

If yes, date: _____

If no, reason? _____

If not accepted, date applicant was notified: _____

Reason for denial: _____

Was applicant provided information about the appeal process? ❑ Yes ❑ No

Other referrals/assistance given?