



In Take Application

Date: _____ Time: _____

Applicant ID #: _____ Household Size: _____

Applicant Names: _____ Date of Birth: _____

Social Security #: _____ I came here from (City, State) _____

Current/Previous Address _____

Email Address: _____ Phone No: _____

Race _____ Sex _____

Phone _____ Referring Agency _____

Referring Agency Rep _____ Phone _____

Driver's License/ID: YES NO State Issued: _____ Class: _____ License/ID# _____

Do you have a vehicle now that you are bringing to the shelter? YES NO Plate # _____

Are you now, or have you ever been known by any other name, or have you changed your name (First or Last)? YES No

If yes, what other name was used. _____

Last Name

First Name

Please explain how you came to COTC (who brought you to COTC, how did you get to COTC, why have you come to COTC, how do you think COTC can help you)

Housing Background

Have you ever been homeless before? YES NO How many times? _____

Have you ever lived in foster care as a child? YES NO How long and when? _____

Where have you lived and with whom over the past **8-10 years**? **Start with the most recent first.**

City/Town	State	With Whom	Month/Year	How Long
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City/Town	State	With Whom	Month/Year	How Long
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City/Town	State	With Whom	Month/Year	How Long
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City/Town	State	With Whom	Month/Year	How Long
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City/Town	State	With Whom	Month/Year	How Long
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Health and Mental Health

Do you have any physical limitations? YES NO If yes, describe: _____

Do you have any health problems? YES NO If yes, describe: _____

Indicate any doctors you are seeing:

Doctor: _____

Phone: _____

Location: _____

How Long: _____

Doctor: _____

Phone: _____

Location: _____

How Long: _____

How would you define your mental health? GOOD FAIR POOR

Do you have problems with substance abuse? YES NO (If yes, check all that apply)

___Alcohol ___Heroin ___Crack ___Cocaine ___Marijuana ___Prescription Drugs

Other: _____

Do you attend AA / NA? YES NO If yes, how often? _____

List any and all mental health and substance abuse treatment you have had over the past **10** years.

Where	When	Type of Treatment
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Where	When	Type of Treatment
-------	------	-------------------

Where	When	Type of Treatment
-------	------	-------------------

Education and Employment

Are you a veteran? YES NO

If YES, What branch of service did you serve? _____

What was your rank? _____ Where and when did you serve? _____

Did you receive any special training or acquire any skills? _____

Were you honorably discharged? YES NO

Are you able to work? YES NO

How many full time jobs have you had in the past 3 years? (1 or fewer) (2-3) (4-5) (6 or more)

Have you ever been disciplined by an employer for either poor attendance or performance problems?
Y/N

If you found work today, when would you be able to start? Right Now Not Now, But by _____

Do you have any employment experience-including part-time, full time or volunteer experience? Y/ N

Type of Work	What were your reasons for leaving?
1.	
2.	

Are you currently attending any type of schooling? YES NO

If yes, where: _____ What for: _____

How many years of high school have you completed? (0-1) (2) (3) (4 or more)

Name of School

Attended: _____

City: _____ State: _____

Country, if outside of US _____

Did you graduate from high school or get a GED? YES NO

Did you attend a college or university? YES NO

Did you graduate and receive a college degree? YES NO Major or Course of Study: _____

Did you attend any other type of school (vocational, trade school)? YES NO

Major or Course of Study _____

Do you have any special license (s) or certifications? YES NO License(s) or Certifications held:

List any other skills you have (typing, computer, etc.):

Legal History

Are you currently on probation or parole? YES NO

If yes, location of probation/parole office: _____

Phone: _____

Indicate ANY and ALL misdemeanors and/or felonies you have been ARRESTED for, in the past 10 years?

Charge	Date of Arrest	Conviction (yes/no)
1.		
2.		
3.		
4.		
5.		

Support System

Who in your family are you closest to? _____

Name

Relationship

Do you have a support system? YES NO

How would you describe your relationship with your family? GOOD FAIR POOR

Emergency Contact: _____ **Relationship:** _____

City/State: _____ **Telephone:** _____

Resource

List all the resources and the amounts you or your family are receiving?	Monthly Fixed Expenses
_____ VR Services	\$ _____ Car Loan
\$ _____ SSI	\$ _____ Car Loan
\$ _____ SSD	\$ _____ Car Insurance
\$ _____ Food Stamps	\$ _____ Charge Card Debt
\$ _____ SFDC/TANF	\$ _____ Personal Loans
<u>YES</u> OR <u>NO</u> Medicaid	\$ _____ Household Maintenance
\$ _____ Unemployment	\$ _____ Past Utility Bills
\$ _____ Child Support (Indicate last payment received)	\$ _____ Child Support
\$ _____ Employment	\$ _____ Other
\$ _____ Other	

The Future

By this time next year, I see myself living _____

Identify 3 goals you hope to accomplish in the next couple of months _____

How do you expect to accomplish them? _____

Temporary Shelter Voucher Programs

Question	YES	NO	Notes
Are you a registered sex offender?			
Are you homeless?			
Are you a Veteran?			
Would you pass a drug screen today?			
Have you utilized a voucher in the past?			
Do you have any health concerns?			
Are you pregnant? How many weeks?			
Mental Health Concerns?			
Are you on any medications?			
Any legal matters/arrests/convictions?			
Violent past/restraining orders?			
Drug Abuse History? Have you ever used drugs in the past? How long have you been clean?			
Do you have any legal rights to work and reside in the United States?			
Are you working currently? Where?			
Are you able to work?			
Have you utilized rental/utility assistance in the past? From whom?			
SSI/SSD Income? If yes, how much? Case pending?			
Do you have any income? Cash on hand? If so, how much?			
Do you have a case @ Department of Family and Children's Services? If so, what benefits do you receive?			
Are you on Food stamps? Is so, amount received?			

Name of ALL family members (oldest to youngest) seeking shelter	DOB	Male/ Female	Relationship	Any special needs?

Urgent Case Notes:

COTC Staff Name: _____

COTC Staff Signature: _____

Referral Form

Candidate Name: _____ Date: _____

Reason for Referral: _____

Establishment Referred To: _____

Check all that apply:

- Food
- Clothing
- Shelter
- Transportation
- Gas
- Hygiene Packets
- School Supplies
- Furniture
- Other _____

For Human Resource Use Only

Date Received:	Time Received:
Receiver's Name:	Notes:

General Information

Applicant Names: _____ Date of Birth: _____

Applicant ID #: _____ Household Size: _____

Email Address: _____ Phone No: _____

Referral Information

Scheduled Date and Time of Appointment: _____

Referred To: _____

Phone No: _____

Requested Services: _____

Remarks or Special Instructions: _____

Monetarily Value:

Food _____ Transportation _____

Clothing _____ Hygiene Packets _____

Shelter _____ School Supplies _____

Gas _____ Furniture _____

Other _____

For Human Resources Use Only

- WIA
- DOL
- DFCS
- SAL ARMY
- HAL HOME
- FD BANK

DATE Received: _____

Approval Date: _____