

My Father's House Community Services

Transitional Housing Application

INSTRUCTIONS: Fill in this application as completely as possible. Please ask a staff member if you need assistance.

NOTE: Applications are kept on file for 30 days. If, after 30 days you still need services, you must reapply. When housing becomes available we will contact the applicant 3 times. If they fail to respond, we will file the application as inactive and assume services are no longer needed.

FIRST ADULT INFORMATION

Last First Middle

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____ BIRTHDATE _____
Month Date Year

LEVEL OF SCHOOL COMPLETED ELEMENTARY 7TH 8TH 9TH 10TH 11TH 12TH Some College College Degree

ARE YOU CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM? YES NO

PLEASE HELP US IDENTIFY PROGRAMMING REGARDING ANY OF THESE ISSUES THAT MIGHT BE BENEFICIAL TO YOU OR YOUR FAMILY

ALCOHOL DRUGS DIVORCE FAMILY VIOLENCE FOOD ADDICTION SMOKING SUICIDE
 MARITAL PROBLEMS MEDICAL PROBLEMS MENTAL HEALTH DISORDERS PROBLEMS SLEEPING
 PREGNANCY SELF-ESTEEM RELATIONSHIPS GAMBLING CHILDHOOD SEXUAL/PHYSICAL ABUSE
 HALUCINATIONS DEPRESSION STRESS COMPULSIVE LYING LAPSES OF MEMORY ANGER/RAGE
 HEARING VOICES DIFFICULTY MAINTAINING HOUSING

ARE YOU CURRENTLY RECEIVING COUNSELING? YES NO

ARE YOU CURRENTLY TAKING MEDICATION(S)? YES NO

DO YOU HAVE ANY MEDICAL PROBLEMS? YES NO

SECOND ADULT INFORMATION

Last First Middle

EMAIL ADDRESS _____

SOCIAL SECURITY NO. _____ BIRTHDATE _____
Month Date Year

LEVEL OF SCHOOL COMPLETED ELEMENTARY 7TH 8TH 9TH 10TH 11TH 12TH Some College College Degree

ARE YOU CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM? YES NO

HAVE ANY OF THESE ISSUES BEEN A PROBLEM FOR YOU IN THE PAST?

ALCOHOL DRUGS DIVORCE FAMILY VIOLENCE FOOD ADDICTION SMOKING SUICIDE
 MARITAL PROBLEMS MEDICAL PROBLEMS MENTAL HEALTH DISORDERS PROBLEMS SLEEPING
 PREGNANCY SELF-ESTEEM RELATIONSHIPS GAMBLING CHILDHOOD SEXUAL/PHYSICAL ABUSE
 HALUCINATIONS DEPRESSION STRESS COMPULSIVE LYING LAPSES OF MEMORY ANGER/RAGE
 HEARING VOICES DIFFICULTY MAINTAINING HOUSING

ARE YOU CURRENTLY RECEIVING COUNSELING? YES NO

ARE YOU CURRENTLY TAKING MEDICATION(S)? YES NO

DO YOU HAVE ANY MEDICAL PROBLEMS? YES NO

FAMILY INFORMATION

CURRENT ADDRESS _____
Street City

State Zip Code County

PHONE _____
Home Mobile Work Message

MARITAL STATUS Single Married Widowed Separated Divorced Shared Living

REFERRED BY _____
Agency Name Person's Name

SUPPORTIVE NEXT OF KIN _____
Name (i.e. Parent, Other Relative) Phone

CHILDREN'S INFORMATION

NUMBER OF CHILDREN IN YOUR CUSTODY _____

NUMBER OF CHILDREN IN SOMEONE ELSE'S CUSTODY _____

Name (Last, First Middle) Date of Birth (month/date/year) Relationship Social Security Number

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POSSIBLE CHALLENGES

DOES YOUR FAMILY CURRENTLY HAVE A VEHICLE? YES NO IF YES, IS IT IN NEED OF ANY REPAIR? YES NO HAVE YOU HAD INVOLVMENT WITH SRS? YES NO
YOUR FAMILY COULD BENEFIT FROM INSTRUCTION REGARDING THESE LIFE SKILLS PERSONAL FINANCE PARENTING NUTRITION JOB SKILLS BLENDED FAMILIES HOME & AUTO MAINTENANCE HEALTH & FITNESS TIME MANGEMENT BOUNDARIES
HAVE YOU OR ANYONE IN YOUR ACCOMPANYING FAMILY EVER BEEN INVOLVED IN OR ARE CURRENTLY INVOLVED IN ANY LEGAL ACTION AS A PLAINTIFF OR DEFENDANT (RESTRAINING ORDERS, CHILD SUPPORT, EVICTION, CUSTODY BATTLES, CRIMINAL, DIVORCE, ETC)? YES NO
DOES ANYONE IN YOUR FAMILY HAVE SPECIAL DIETARY NEEDS? YES NO DOES ANY MEMBER OF YOUR FAMILY HAVE ALLERGIES? (I.E. FOOD, DRUG, ENVIROMENTAL ALLERGIES, ETC.) YES NO
DO YOU HAVE ANY WAY TO PAY FOR MEDICAL SERVICES YES NO

INCOME INFORMATION

ARE YOU OR ANYONE WITH YOU PRESENTLY EMPLOYED? YES NO TOTAL NET WEEKLY INCOME \$ _____
ARE YOU OR ANYONE WITH YOU RECEIVING ANY ASSISTANCE? YES NO IF YES, LIST THE SOURCE AND AMOUNT BELOW. INCLUDE ALIMONY, CHILD SUPPORT, UNEMPLOYMENT, GOVERNMENT ASSITANCE PROGRAMS, ETC.
SOURCE AMOUNT \$ _____
SOURCE AMOUNT \$ _____
SOURCE AMOUNT \$ _____
SOURCE AMOUNT \$ _____

FINANCIAL INFORMATION

DO YOU HAVE ANY UNPAID BILLS? YES NO IF YES, LIST THE THEM IN THE SPACES PROVIDED BELOW.

\$ Rent \$ Natural Gas/Propane \$ Electric \$ Telephone \$ Cable TV \$ Water \$ Trash Pick Up

WHAT OTHER DEBT OR MONTHLY PAYMENTS DO YOU HAVE? _____

HOUSING HISTORY

HAVE YOU EVER BEEN EVICTED? YES NO IF YES, HOW MANY TIMES? _____
HAVE YOU EVER RESIDED IN A SHELTER? YES NO IF YES, WHERE AND WHEN? _____
WHAT IS YOUR CURRENT LIVING SITUATION? CAMPING ON THE STREET IN ANOTHER PERSONS HOME IN A SHELTER IN CAR OTHER: _____

FIRST ADULT PLEDGES & PERMISSIONS

I HAVE RECEIVED A COPY OF "TRANSITIONAL HOUSING POLICY AND PROCEDURES" Policy # CS-100 AND I WILL ABIDE BY ALL THE RULES, REGULATIONS AND POLICIES OF THE PROGRAMING INCLUDED WITHIN, AND ANY FURTHER POLICIES AND RULES ADOPTED BY THE ORGANIZATION. YES NO
I GIVE PERMISSION TO THE EMPLOYEES AND REPRESENTATIVES OF MY FATHER'S HOUSE COMMUNITY SERVICES TO CONTACT ENTITIES AND PERSONS MENTIONED IN THIS APPLICATION FOR THE PURPOSE OF EVALUATING QUALIFICATION FOR PROGRAM PARTICIPATION. YES NO

SIGNATURE

DATE

SECOND ADULT PLEDGES & PERMISSIONS

I HAVE RECEIVED A COPY OF "TRANSITIONAL HOUSING POLICY AND PROCEDURES" Policy # CS-100 AND I WILL ABIDE BY ALL THE RULES, REGULATIONS AND POLICIES OF THE PROGRAMING INCLUDED WITHIN, AND ANY FURTHER POLICIES AND RULES ADOPTED BY THE ORGANIZATION. YES NO
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