



# Application

Program applying to (check one):  Transitional Housing  Progressive Housing

Date of Application: \_\_\_\_\_

## Basic Information

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone number: \_\_\_\_\_ Race: \_\_\_\_\_

Veteran (check one):  Yes  No Veteran Discharge Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Do you have children in your care (check one)?:  Yes  No

Pets (check one):  Yes  No Service Animal Certificate (check one):  Yes  No

## Emergency Contact

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Health Information

Physical health conditions: \_\_\_\_\_

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Insurance: \_\_\_\_\_

Mental health conditions: \_\_\_\_\_

\_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_

Have you used any drugs or alcohol in the last month (check one)?:      Yes      No

Date of last use: \_\_\_\_\_ Drug of Choice: \_\_\_\_\_

Prior Treatment Programs: \_\_\_\_\_

### **Housing History**

Where did you stay last night?: \_\_\_\_\_

Where do you plan to stay tonight?: \_\_\_\_\_

Prior Evictions (check one):    Yes    No    Eviction date: \_\_\_\_\_ Money Owed: \$ \_\_\_\_\_

Last permanent/stable housing address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### **Income/Debt Information**

Current Employment: \_\_\_\_\_

Date started: \_\_\_\_\_ Full/Part-Time: \_\_\_\_\_ Wages: \$ \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Other Income (check all that apply):

SSI

SSDI

Service Connection

Retirement/Pension

Total Monthly Income: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_

### **Legal History**

Convictions (charge and year): \_\_\_\_\_

Upcoming Court Date and Charge: \_\_\_\_\_

Sexual Offenses (check one):    Yes    No

Current Probation/Parole (circle one):    Yes    No

Name of PO: \_\_\_\_\_ PO Phone number: \_\_\_\_\_