

# My Father's House Community Services

## Transitional Housing Application

Instructions: Complete this application form as completely as possible. Please ask a staff member if you need assistance.

### FIRST ADULT INFORMATION

\_\_\_\_\_  
Last First Middle

EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Month Date Year

LEVEL OF SCHOOL COMPLETED  ELEMENTARY  7<sup>TH</sup>  8<sup>TH</sup>  9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>  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  MARITAL PROBLEMS  MEDICAL PROBLEMS  MENTAL HEALTH DISORDERS  PREGNANCY  SELF-ESTEEM  RELATIONSHIPS  SMOKING  SUICIDE  PROBLEMS SLEEPING  CHILDHOOD SEXUAL/PHYSICAL ABUSE  GAMBLING  COMPULSIVE LYING  LAPSES OF MEMORY  HALUCINATIONS  DEPRESSION  HEARING VOICES  ANGER/RAGE  DIFFICULTY MAINTAINING HOUSING  STRESS

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  7<sup>TH</sup>  8<sup>TH</sup>  9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>  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  MARITAL PROBLEMS  MEDICAL PROBLEMS  MENTAL HEALTH DISORDERS  PREGNANCY  SELF-ESTEEM  RELATIONSHIPS  SMOKING  STRESS  PROBLEMS SLEEPING  CHILDHOOD SEXUAL/PHYSICAL ABUSE  GAMBLING  COMPULSIVE LYING  LAPSES OF MEMORY  HALUCINATIONS  DEPRESSION  HEARING VOICES  ANGER/RAGE  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

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

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

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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  HOME & AUTO MAINTENANCE  HEALTH & FITNESS  LIFE/TIME MANGEMENT  BLENDED FAMILIES  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

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