

**Elizabeth Gregory Home
Transitional Housing Application**

PERSONAL INFORMATION

1. Client Name (last, first, middle) _____

2. Date _____ 3. Mailing Address _____

4. Contact Phone Number _____

5. Message Phone Number _____ 6. Best time to reach you _____

7. Date of Birth _____ 8. Social Security Number _____

9. Do you have valid identification? Please list all ex: driver's license, state i d. card, social security card, etc. _____

10. Are members of your family or other individuals currently living with you? _____

11. If yes, please list their name, age, and relationship to you. _____

12. Do you have children currently out of your custody? _____
If yes, please list their name, age and location. _____

13. Please briefly describe the reason you are separated at this time including anticipated date of reunification, if any. _____

14. Do you have pets? If yes, please describe who will care for them during your stay in transitional housing. _____

15. Please list the name of other social service providers you are currently working with. _____

16. Describe briefly your reason(s) for homelessness. _____

HOUSING HISTORY

1. Where are you currently residing? _____

How long have you been there? _____

2. Have you ever stayed in an emergency shelter before? If yes, please list shelter name, city and state, and dates of residency. _____

3. Please tell us the date and location of your last permanent housing. _____

4. Have you ever been evicted? If yes, list number of times, dates, and locations. _____

5. Have you ever been evicted, asked to leave, or voluntarily moved from Section 8, housing authority or other subsidized housing? If yes, please list date(s) and location(s).

Please briefly describe circumstances. _____

6. Have you applied for Section 8? If yes, please tell us where you are on the housing authority wait list. _____

7. Please list the names of other transitional and permanent housing programs to which you have applied. _____

SUBSTANCE ABUSE HISTORY

1. When was the last time you used drugs and/or alcohol? Please describe the type(s) and amount(s) used. _____

2. Have you been in any form of treatment before? If yes, please list the name and type of facility, dates and location. _____

3. Are you currently using drugs and/or alcohol? _____

4. Please list date entered recovery, if applicable. _____

5. Describe the steps you take to maintain recovery today. _____

6. Are you a smoker? _____

7. If admitted to Elizabeth Gregory Home would you be willing to address any substance abuse issues and agree to maintain a drug and alcohol free residence? _____

DOMESTIC VIOLENCE

1. Do you have a history of domestic violence? If yes, please describe incident(s) including name of abuser(s), date(s), location(s) and outcome(s). _____

2. Are you currently in a violent relationship? If yes, please describe safety plan to leave relationship. _____

3. To your knowledge, are you being pursued by a past abuser or anyone who may compromise your safety? If yes, please describe circumstances in detail. _____

4. Do you have any current protection or restraining orders? If yes, please describe circumstances including date effective, location and order expiration date. _____

- 5. Have you ever participated in counseling services or programs for domestic violence support? _____

- 6. Do you have a childhood history of physical, sexual or emotional abuse? _____

- 7. Have you ever been accused of domestic violence by a partner, law enforcement, etc.? _____

- 8. Would you be interested in domestic violence support services? _____

- 9. If admitted to Elizabeth Gregory Home would you be willing to maintain confidentiality of the home and end contact with any abusive or unsafe individuals? _____

LEGAL/CRIMINAL HISTORY

- 1. Do you have any past or pending legal issues such as lawsuits, judgments, collection charges, criminal charges, etc? If yes, please describe charges including date(s), circumstance(s) and plan to resolve charge(s). _____

- 2. Have you ever been convicted of a felony charge? If yes, please describe charge including date, arrest, time served, etc. _____

- 3. Have you ever been convicted of a misdemeanor charge? If yes, please describe charge including date, arrest, time served, etc. _____

- 4. Are you currently on probation or parole? If yes, please list the name and contact information of your D.O.C. officer. _____

- 5. Have you ever been charged with and/or convicted of a violent and/or sex crime including murder, kidnapping, assault, arson, rape, sexual molestation or abuse of a minor or vulnerable adult? If yes, please detail charges. _____

- 6. Are you willing to undergo a criminal background check as part of the application process to Elizabeth Gregory Home? _____

- 7. Have you ever been or are you currently involved with Child Protective Services(CPS.) If yes, please describe circumstances including alleged charges.

- 8. Are you legally married? If yes, please list name, date of marriage and reason for separation. _____

- 9. Have you filed bankruptcy within the last 10 years? If yes, please list type of bankruptcy filed (Chapter 7, Chapter 11, etc.) and date discharged. _____

- 10. Please estimate your total amount of debt. Are there any current judgments pending against you? _____

EMPLOYMENT AND EDUCATION HISTORY

- 1. What is your current monthly income? _____

- 2. Please check your source(s) of income below
TANF____ SSI/SSDI____ GAU__ GAX____
Employment wages_____
Unemployment_____ Child support_____ Other_____

3. Do you receive food stamps? Monthly grant _____
4. What DSHS office is your case based out of? Please list the name of your eligibility worker. _____
5. Have you applied or are you currently receiving social security disability benefits? _____
6. Do you have a representative payee? _____
7. Please tell us the last time you held regular employment. Include date, type, business and location. _____

8. Have you ever been terminated from a position? If yes, please describe circumstances. _____

9. What is the highest level you completed in school? _____
10. Describe your educational and/or employment plans? _____

HEALTH HISTORY _____

1. Do you have any current or chronic health problems such as asthma, diabetes, etc? _____

2. Do you take any medications on a regular basis? If yes, please list type(s) and reason(s) for each. _____

3. When was the last time you were seen by a doctor? _____

4. List the name and location of your primary medical provider. _____

- 5. Have you ever been diagnosed with a mental health issue? If yes, please describe diagnosis including date diagnosed and recommended treatment. _____

- 6. Do you currently see a counselor for any reason? _____

- 7. Would you be interested in mental health services and support at Elizabeth Gregory Home? _____

- 8. Are you currently pregnant? _____
- 9. Is there any reason you could not participate in a communal program or case management services, with or without reasonable accommodation? _____

GOALS

- 1. Please describe why you are interested in Elizabeth Gregory Home? _____

- 2. In addition to housing, what are two other goals you would like to address?

- 3. Please list the reason(s) you are motivated to enter and succeed in a transitional housing program. _____

- 4. How have you done in communal environment(s) where there are many different types of personalities, races, ages, styles, etc. _____

- 5. What does it mean to you to be part of a community? _____

6. Describe what it means to you to work with a case manager? _____

Elizabeth Gregory Home is structured to assist you in achieving permanent housing and the goals you have set for yourself. Policies and procedures are in place however, for the good of the community. It is important that each individual resident understands and follows important program rules. Would you be willing to comply with EGH policy such as no overnight guests, observing a curfew, not using drugs or alcohol at any time, and working regularly with a case manager in order to reach your goals? Yes No

I have completed the Elizabeth Gregory Home application honestly and to the best of my ability. I understand that false or misleading information will result in my denial or exit from the program. I understand this application does not guarantee admittance to EGH or placement in any other program. My signature confirms I am responsible for the answers on this application. If I was assisted by any other individual in the preparation of this application, they have also signed below.

Client Signature _____ Date _____

Preparer's Signature _____ Date _____

EGH STAFF USE ONLY

1. Client application complete Yes No Returned to client for additional documentation

2. Client telephone screening scheduled? Yes Date: _____
No Reason: _____

Comments: _____

.