



# Transitional Housing Application



## Applicant Information

Name:

Date of birth:

SSN:

ID Number:

Current address:

City:

State:

ZIP Code:

Phone:

Email:

Name of Last Social Worker or Probation Officer::

Original Birth Certificate:

YES NO

Original Social Security Card:

YES NO

Valid Driver's License:

YES NO

I am or have been in:

Foster Care

Probation

Primary Language:

Circle all that apply

Legal Guardianship

None

## Demographic Information

Gender: Male

Female

Marital Status:

Single

Divorced

Hispanic or Latino:

Separated

Married

YES NO

Race (circle all that apply):

American Indian

Alaskan Native

Asian

Black or African

American

Pacific Islander

White

Other

Special Needs:

Alcohol Abuse

Developmental Disability

Domestic Violence

Drug Abuse

HIV/AIDS

Mental Illness

Physical Disability Other \_\_\_\_\_

## Family Information

How many children:

How many children living with you:

Child Custody Order:

YES NO

Are you pregnant or female pregnant with your baby:

YES (due date \_\_\_\_\_)

NO

## Financial Information

Income Sources (circle all that apply):

Child Support

Employment Income

Food Stamps

General Public Assistance

Medicaid/Medi-Cal

No Financial Resources

Section 8 Housing

State Children's Health Insurance Program

Social Security

Social Security Disability Insurance

Supplemental Social Security Income (SSI)

Temporary Assistance to Needy Families (TANF)

Unemployment Benefits

Veterans Benefits

Veterans Healthcare

Other: \_\_\_\_\_

## Employment Information

**Employment Status:**

- I am currently employed
- I am not currently employed
- I was fired
- I was laid-off
- I quit my job
- I have never held a job
- I am currently looking for work

**Current or Last Employer:**

Company: \_\_\_\_\_

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_

## Experience

Brief Description of paid Employment Experience:

Brief Description of all Community Service and Volunteer Work Performed:

## Education Information

**School Status:**

- Attending School
  - High School
  - Vocational School
  - Junior College
  - 4-Year College/University
  - Other
- Not Attending School

Name of last high school attended:

\_\_\_\_\_

Name of school currently attending:

\_\_\_\_\_

What is your course of study?

\_\_\_\_\_

When will you graduate?

\_\_\_\_\_

Education

Do you have your diploma?      YES    NO

Do you have your GED?          YES    NO

Last Grade Completed: \_\_\_\_\_

Do you have a copy of your diploma or GED?

YES                  NO                  N/A

## Character References (Please list three adult references)

Name	Address	Phone	Relationship

**Living Situation**

- Homeless Shelter
- Domestic Violence Center
- Transition Age Youth Shelter
- Other Temporary Shelter \_\_\_\_\_
- Rental Housing
- On the Street
- Other Transitional Living Program
- Parent/Legal Guardian's Home
- Other Adult's Home
- Friend's Home
- Relative's Home
- Foster Home
- Group Home
- Job Corps
- Drug Treatment Center
- Military
- Educational Institution
- Mental Hospital
- Correction/Detention Center
- Other \_\_\_\_\_

Have You Ever Been Homeless?    YES    NO    If YES, please explain

:

**Criminal Arrest Status**

Have You Been Arrested?    YES    NO    Currently on:    Probation    Parole    N/A

I Have Been In:    Juvenile Hall    Jail    Prison    Detained    I owe restitution (\$\_\_\_\_\_)

Please list your arrest history

Date	Age	Charge	What Happened	Probation Officer	Commitment Length



## Essay Questions

What have you heard about Hope Wellness Center? Why are you interested?

What steps have you take to prepare yourself to participate in a transitional housing program?

In the coming year, how will you prepare yourself for life after placement?

What are your personal goals in the next 3 months? 6 months? 12 months?

Goal 1)

Goal 2)

Goal 3)

How do you plan to achieve these goals?

Goal 1)

Goal 2)

Goal 3)

How do you deal with anger? Describe what happens when you get mad.

How do you deal with stress? Describe what types of behaviors you have when you are stressed.

How do you deal with authority figures? (ex. Teachers, law enforcement, bosses, staff, etc.)

How do you deal with peer pressure?

How well do you get along with others?

Write a 100 word essay below describing yourself

I certify that the above information included on this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Hope Wellness Center Use Only**

Name of person receiving this application:

Date:

**Supervisory Approval Required Beyond this Point**

Eligibility Determination

HWC Eligible    YES    NO

Program for Which this Individual is Available    PHASE 1    PHASE 2

Additional Recommendations/Referrals

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Additional Information

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