



APPLICATION FOR RESIDENTIAL PROGRAM

Please fill out the following application as truthfully as possible. The purpose of this form is to see if The Connecting Center Transitional Housing for Men will be a good fit for you, not to judge you for your past or present.

PERSONAL AND FAMILY INFORMATION

Full Legal Name: _____ Date of Birth: _____ Age: _____

Maiden or Other Names Used: _____

Email: _____ Phone Number: _____

Current Address: _____

Emergency Contact: _____

Relationship to Emergency Contact: _____ Phone Number: _____

Marital Status:

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____ Living together _____

Spouse/Partner's Name: _____ Phone Number: _____

Current Address: _____

Do you have any children? Yes _____ No _____ How many? _____

Who is taking care of them right now? _____

Child's Name	Relationship to Head of House	Gender	Date of Birth
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Are any of your children enrolled in school? _____
Name, school attending

Is your girlfriend/fiancée/wife currently pregnant? Yes No _____

Do you have a valid driver's license? Yes _____ No _____ Do you own a car? Yes _____ No _____

Housing situation BEFORE The Connecting Center Transitional Housing for Men:

Previous Address: _____

Landlord Name: _____ Phone: _____ Address _____

How long did you stay at your previous address? _____ Date left previous address: _____

Emergency shelter _____ Transitional housing _____ Substance abuse facility _____

Hospital (non-Psychiatric) _____ Jail, prison, or juvenile detention facility _____ Apartment or house that you

owned _____ Rented _____ Living with family _____ Living with friend _____ Hotel paid for without

emergency shelter voucher _____ Place not meant for habitation _____ Foster care home or foster care group

home _____ Other _____

Homeless cause:

Benefits loss/reduction _____ Job income loss/reduction _____ Eviction _____ Relocation _____ Release

from prison or jail _____ Release from hospital _____ Release from psych facility _____ Illness _____

Injury _____ Domestic violence _____ Asked to leave a shared residence _____ Drug/alcohol abuse _____

Natural disaster _____ Not currently homeless _____ Foreclosure _____ Other _____

For how many days have you been homeless? _____

How many times have you been homeless in the last three years? (counting this time) _____

Are there any relatives or close friends living in this area? If so, please list name, relationship, address, and phone number:

Have you ever been to a shelter before? If so, when and where: _____

What is your monthly income? (earned, SSDI, worker's comp, retirement, child support, unemployment, veteran's disability, TANF, veteran's pension, alimony or other spousal support, SSI, private disability insurance, general public assistance, other)

Please write down above incomes that apply with the monthly amount included: _____

Do you receive any of the following non-cash benefits? (food stamps, Medicare, WIC, childcare vouchers, Medicaid, HIP, state children's health insurance program, VA medical services, TANF transportation services, any kind of housing assistance, any health insurance)

Please write down above benefits that you are receiving: _____

EDUCATION AND WORK EXPERIENCE

Are you currently employed? _____ If yes, what are the hours that you worked in the past week? _____

What is the highest level of education you have completed?

No degree _____ GED _____ High School Diploma _____ Some college _____

Associates degree _____ Bachelor’s degree _____ Master’s degree _____ PhD _____

Do you have a vocational training or apprenticeship certificate? _____

Please list the last five places you were employed starting with the most recent.

Employer: _____ Dates of employment _____ to _____

Phone: _____ Address _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

Employer: _____ Dates of employment _____ to _____

COMMUNITY SUPPORT

Are you willing to work with agencies in our community to improve your life skills? Yes _____ No _____

Are there any agencies that you are unwilling to work for? Which agencies and why?

If you are selected for The Connecting Center residency program, do you give permission to The Connecting Center to obtain records, evaluations, and other confidential information that will be helpful in your life journey? Yes _____ No _____

Who are some people who will be supportive and helpful in your life journey?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Who are some people who will be harmful to your life journey that you need to avoid contact with?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH

Does anyone smoke? _____ If so, how much? _____

Does anyone have a special diet? _____ What kind? _____

Is anyone currently taking medication? _____

Name, reason, medication, dosage

Have you participated in any drug/alcohol/mental health recovery programs in the past? Yes _____ No _____

If yes, when and where:

Dates: _____ to _____ Program _____

Dates: _____ to _____ Program _____

Dates: _____ to _____ Program _____

INCARCERATION

Are you currently incarcerated / on parole/ on probation / on house arrest? Yes ___ No ___ If yes, where? _____

When are you scheduled to be released? _____

What is your current conviction or charge? _____

What city or town were you living in prior to incarceration? _____

Who were you living with? _____

Do you have other housing options for after you are released? Yes _____ No _____

Please fill out the information below concerning any past incarcerations:

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

Dates: _____ to _____ Location _____

Conviction: _____

PROGRAM INTEREST

How did you hear about our program? _____

Why do you want to be a part of our program? _____

Why is now a good time in your life to be a part of our program? _____

What is your religious affiliation?
Christianity _____ Islam _____ Buddhism _____ Hinduism _____ Atheism _____
Agnosticism _____ None _____ Other _____

If you are selected to participate in The Connecting Center programming, would you have an issue living with others who have different religious beliefs? Yes _____ No _____

The Connecting Center is a faith-based organization that follows Christian practices. You do not have to be a Christian to participate in our program, but we do have specific expectations for our program participants that are built on the Christian faith. Will you be willing to participate in these areas of the program? Yes ____ No _____

Do you currently have a faith community? Yes _____ No _____ If yes, where? _____

What areas do you need support with in order to live a lifestyle of recovery? Select all that apply:
Education/Literacy _____ Career _____ Life Skills _____ Addictions Counseling _____ Parenting Skills _____
Healthy Relationships _____ Financial Skills _____ Mental Health _____ Other _____

What are some things that cause stress in your life? _____

What are some of your strengths? _____

What are some of your weaknesses? _____

What are some of your passions? _____

What are some of your goals? Be specific. _____

The above information is correct and accurate to the best of my knowledge. I understand that if I am accepted for this program I will be expected to take certain steps to better my situation. I agree to cooperate with The Connecting Center staff in this endeavor to the best of my ability. If I have been untruthful in any way I may be denied/removed from the program.

Head of household signature

Date

Staff signature

Date

Office use only:

Intake date: _____ Exit date: _____ Room number: _____

Homeless status (at risk, homeless (HUD defined), not currently homeless, precariously homeless)

This application for acceptance into The Connecting Center Transitional Housing program has been:

Accepted _____ Denied _____



CLIENT RELEASE FORM

Client Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Social Security Number: _____

License or ID Number: _____

I give consent for The Connecting Center Transitional Housing staff to obtain and/or release written and/or verbal confidential information regarding my status/involvements to the agencies/persons listed below. The type of information obtained and/or released will be for the purpose of eligibility determination, implementing, monitoring a plan or service. Types of information obtained and/or released may include, but not be limited to, income information, status with a particular agency, service rendered, problem situations, general progress, etc.

- Indiana Family & Social Service Admin.
- Department of Child Services
- Township Trustees
- Landlords
- Pastors
- Unemployment office
- Community and Family Services
- Local food banks
- Utility companies

- Employment agencies
- Law enforcement agencies
- Employers
- Lifeline Youth & Family Services
- Family Centered Services
- Helping Hands CPC
- Any agency, institution, company, or person that may have given assistance or in which I have had resources available to me.

I further agree that I will hold harmless any person, agency, company or institution who gives The Connecting Center Transitional Housing information about me.

This consent form is valid for one year from date signed and may be revoked by me, in writing, at any time.

All information will be kept confidential.

Client Signature

Date

The Connecting Center Representative

Date