

The Bridge Housing Application

Section A Client Information

Today's Date:		How did you hear about our housing?	
First Name:	Middle Name:	Last Name:	
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:		What is the best way to contact you?	
Birth Date:		Do you have your Birth Certificate?	
Social Security Number:		Do you have your Social Security Card?	
Driver's License Number:		Is your driver's license valid?	

I am or have been in Phase I Transitional Housing Probation Jail or Incarcerated

Name of current or last social worker or probation officer: _____

Section B Demographic Information

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Martial Status: <input type="checkbox"/> Single or Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Race/Ethnicity (select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Some other race (not listed above)		Special Needs: <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other

Section C
Family Information

How many children have you given birth to?	How many of these children are living with you? _____ What are their ages? _____
Do you have a child custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date _____

Section D
Financial Information

Income Sources: <input type="checkbox"/> Child Support <input type="checkbox"/> Employment Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Public Assistance <input type="checkbox"/> Medicaid <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Social Security <input type="checkbox"/> Social Security Disability Insurance <input type="checkbox"/> Supplemental Social Security Income (SSI) <input type="checkbox"/> Temp Assistance to Needy Families (TANF) <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Veterans Healthcare <input type="checkbox"/> Other _____
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Section E
Employment Information

Employment Status: <input type="checkbox"/> I am currently employed <input type="checkbox"/> I am not currently employed <input type="checkbox"/> I was fired <input type="checkbox"/> I was laid-off <input type="checkbox"/> I quit my job <input type="checkbox"/> I have never held a job <input type="checkbox"/> I am currently looking for work <input type="checkbox"/> State Children's Health Insurance Program	Current or Last Employer: Company: _____ Job Title: _____ Start Date: _____ End Date: _____ Hourly Pay: _____
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Experience

Brief description of paid employment experience:	Brief description of all community service and volunteer work performed:
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Section F Education Information

School Status:

- Attending School
 - High School
 - Vocational School
 - Junior College
 - 4-Yr College/University
 - Other
- Not attending school

School:

Name of last high school attended?

Name of school currently attending?

What is your course study?

When will you graduate? _____

Education:

Last grade completed _____

Do you have your GED? Yes No

Do you have your diploma? Yes No

Do you have a copy of your diploma or GED?
 Yes No N/A

Section G Living Situation

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Domestic violence shelter <input type="checkbox"/> Other temp shelter _____ <input type="checkbox"/> Rental housing <input type="checkbox"/> On the street <input type="checkbox"/> Other transitional living program <input type="checkbox"/> Parent/Legal guardian's home <input type="checkbox"/> Relative's home <input type="checkbox"/> Friend's home | <ul style="list-style-type: none"> <input type="checkbox"/> Other adult's home <input type="checkbox"/> Group home <input type="checkbox"/> Job Corps <input type="checkbox"/> Drug treatment center <input type="checkbox"/> Military <input type="checkbox"/> Educational institution <input type="checkbox"/> Mental hospital <input type="checkbox"/> Other _____ |
|--|---|

Have you ever been homeless?

- Yes No

If yes, please explain:

Section H Criminal Arrest Status

<input type="checkbox"/> I have never been arrested <input type="checkbox"/> I have been arrested <input type="checkbox"/> I have been in Juvenile Hall <input type="checkbox"/> I have been in prison <input type="checkbox"/> I have been detained <input type="checkbox"/> I owe restitution, (amount owed: _____)	I am currently on: <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not applicable
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Please list your arrest history:

Date	Age	Charge	What happened	Probation Officer	Commitment Length

Section I

Health Information

Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your Medicaid card? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any significant physical or mental health problems that affect your employability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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Can you pass a drug test today? Yes No

Are you willing to take a drug test to enter or remain in a housing program? Yes No

Are you aware that you may be tested at any time during your participation in the housing program to remain eligible for transitional housing? Yes No

Section J

Character Reference

Please list three adult references (teachers, former caregivers, counselors, employers, etc):

Name	Address	Phone	Relationship

Comments:

A letter of recommendation is required from a pastor. Please attach that letter to your application prior to submission. A form is supplied at the end of the application if they would like to use it.

Section K
Essay Questions

What do you know about The Bridge and what interests you about our ministry?

What steps have you taken to prepare yourself to participate in The Bridge ministry?

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

What are your personal goals in the next 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? (Examples include 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 information included on this application is true and correct.

Sign: _____ Date: _____



For Office Use Only

Name of person receiving this application:

Date:

Eligibility Determination

Ministry Eligible? Yes No

Explanation:

Other Notes:

Letter of Recommendation

Name: _____

Date: _____

Church: _____

Telephone #: _____

Address: _____

Email: _____

How long have you known the applicant?

What is your relationship with the applicant?

Does the applicant attend church? If, so where? Regularly?

What characteristics have you seen in the applicant that indicate she is ready for Phase II Transitional housing?

Is there documentable proof such as completion of rehab, Phase I housing, volunteering, counseling, mentoring, etc?

Are there other reasons you feel the applicant would be a good candidate for The Bridge ministry?

Sign: _____

Date: _____