



Application for Services

Date _____

First Name: _____ Last Name: _____ Middle Initial: _____

Alias: _____

Social Security ____ - ____ - ____

Birthday: _____ Place of Birth: _____

Sex: _____ Ethnicity: _____

Marital Status (please check): **Single** **Married** **Divorced** **Separated**

US Citizen? _____ Immigration Status: _____

Registered voter? _____

Current Address _____

City: _____ State: _____ Zip Code: _____

County: _____ How long have you lived at current address? _____

Do you anticipate a change in address? ___ Yes ___ No If yes, when? _____

Home Telephone: _____ Work Telephone: _____

If homeless, please complete the following:

Primary reason: _____

Secondary reason: _____

First time homeless? _____

Date became homeless: _____



Reason for leaving prior housing: _____

Name of shelter/institution where you are presently staying: _____

If in housing program, list case manager's name and number.

Name: _____ Phone #: _____

Have you ever been evicted? _____

If yes, date of eviction? _____

Are you the head of household? _____

Information on Children:

Do you have children? _____

Are they living with you ?

Is there Contact with both children's parents? _____

Please Complete Information below on all of your children:

Childs Name	Date of Birth	School attending	Disability



Do you have children that are not living with you? Yes ___ No ___

If yes, Why? _____

Do you have an open child abuse or neglect cases? Yes ___ No ___

If yes, why? _____

How long has your case been open? _____

Social Worker Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip code: _____

Do you give Community Family Life Services permission to contact him or her?

Yes ___

No ___

Lawyer Name: _____ Telephone#: _____

Address: _____

State: _____ City: _____ Zip Code: _____

Medical

Current Health Provider **example** (Medicare, Medicaid, Charter Health Care, Blue Cross/Blue Shield)

Organization _____

Is the insurance in your name? ___ If no, please provide name of Primary Insurer:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

If disabled, please list you and your family member's disabilities:

Primary Disability _____

Disability _____



Disability _____

Disability _____

Presently:

Are you or any members of your family experiencing Health Problems? Yes ___ No ___

Describe _____

Are you or any members of your family taking Medications? Yes__ No ___

If yes, please list the medications: _____

Allergies? _____

Pregnant? Yes ___ No ___ If yes, receiving prenatal care? _____

Date of last medical exam _____

Are your children's immunizations up to date? _____

Hospitalized in the last 12 months? _____ If yes, explain: _____

History of head trauma? _____ If yes, explain: _____

Other medical notes: _____

Emotional /Mental Health

Have you been hospitalized for emotional or mental condition? _____

If yes, explain _____

Received treatment and/or medication for emotional/mental condition? _____

If yes, explain _____

Taking medication now for mental condition? _____

Self-reported mental illness _____

Documented mental illness _____



Substance /Gambling Use

Ever used drugs or alcohol? _____

If yes:

Type 1 _____ How often? _____

Type 2 _____ How often? _____

Type 3 _____ How often? _____

Type 4 _____ How often? _____

Ever treated for any addiction? _____

If yes, explain _____

AA/NA/GA attendance? Yes _____ No _____ Where? _____

Do you have a sponsor? Yes _____ No _____

Estimated last date of alcohol/drug use? _____

Do you have a problem with Gambling ? _____

If yes, how often do you gamble? _____

Employment History

Are you currently working? _____

Present or last employer's name: _____

From _____ to _____

Position/Job Duties _____

Supervisor _____

City _____ State _____ Zip Code _____

Telephone _____ Hours per week _____

Transportation Means: **Car Bus Rail Bike Other** (please specify): _____

Health Insurance benefits received? _____

Hourly Wage _____

Reason for leaving _____



Income sources (Enter monthly amount)

Source 1 _____ Total monthly income \$ _____

Source 2 _____

Military Service

Are you in the Active military? _____

Date of entrance and exit for military service? _____

Branch of military _____

Prisoner of War? _____

Service related disability? _____

Veteran? _____

Date of Discharge and location: _____

Legal

Have you been arrested before? _____

Is there currently a warrant out for your arrest? _____

Have you ever been convicted of a crime?

Served jail/prison time? _____

Previous arrest record (please list): _____

Are you on probation or parole? _____

If so give Probation or Parole Officer's Name _____

Phone # _____

Date probation/parole ends? _____



Are you a Domestic Violence offender? _____ Sex offender? _____

Are you a Victim of domestic violence? Yes ___ No ___
If yes, do you have a restraining order? Yes ___ No ___

Have you runaway or been asked to leave by parents? _____
Institutional living (foster home, group home, or residential treatment) situation prior to 18?: Yes ___ No ___

Case Management

Food stamps? _____ How much? _____ TANF? _____ How long? _____

Name of TANF case worker: _____ Phone #: _____

Welfare to Work participant? _____ If yes, name of vender? _____

Termination of Public Assistance benefits? _____ If yes, Date _____

Current Application for Public Assistance? _____

If yes, status of application? _____

Signature of Client

Date

******Customers applying for housing should complete this section, applicants that are not requesting housing can skip ahead to Education Section on page #8.**

Are you on the waiting list for shelter? Yes ___ No ___ If yes, when was the last time you registered or updated your request?: _____

Does the Head of household owe an outstanding balance to the Department of Public and Assisted Housing? Yes ___ No ___ If yes, how much: \$ _____

Have you ever been evicted? Yes ___ No ___ If yes, please complete the following information:

When were you evicted? _____

Why? _____

Have you ever lived in transitional housing? Yes ___ No ___

If yes, please give the name of the organization and the dates that you resided there:

Organization: _____ Date: _____



Have you applied for housing at the Department of Public and Assisted Housing?

Yes ___ No ___

Please list the dates and address of your past residence:

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Date: _____ Address: _____

Please list the other occupants that will share housing if you are accepted for a Housing Program:

Name _____ Age ___ Female ___ Male ___ Relationship _____

Name _____ Age ___ Female ___ Male ___ Relationship _____

Name _____ Age ___ Female ___ Male ___ Relationship _____

Name _____ Age ___ Female ___ Male ___ Relationship _____

Name _____ Age ___ Female ___ Male ___ Relationship _____

*******Customers requesting SRO housing only should complete this section.**

Have you ever lived in a community environment? Yes ___ No ___

What did you like about group living?

What did you dislike about community living? _____

Why do you want to commit to basic house rules of a drug and alcohol free building? _____

How do you feel about attending monthly meetings? _____

Education

Highest level of school completed: Elementary ____ Junior High School ____

High School ____ GED ____ College ____ Years completed? ____

Associates Degree ____ Bachelors degree ____ Masters degree ____

Where did you attend High School and /or College?



Goals

What are your educational goals: _____

What are your employment goals: _____

What are your parenting goals: _____

What is your future housing goal: _____

Who should we contact in case of an emergency?

Name: _____ Telephone: _____

Address: _____ Relationship: _____

References (please include 3):

Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

Signature of head of Household

Date

Completion of this application does not guarantee housing or supportive services.

Once you have completed this form. Please save a copy of the form by clicking the Save button (Please be sure to rename this document. Ex: Milestone Residence Application-Your Name). Click the Send Form button to email your form to Tyrese Cox at tcox@cflsdc.org or upload your saved form.