

APPLICATION FOR ADMISSION

1. Referring Agency (if applicable): _____
Referring Individual: _____
Agency Address: _____
Agency Telephone: _____ Date of Referral: _____
Emergency Contact Person: _____

2. Application for:
_____ Supported Living (227 Place/Green Meadows)
_____ Transitional Living (1-2-1 Haven House)

3. Applicant's Name: _____
Current Address: _____
Date of Birth: _____ Social Security #: _____ - _____ - _____
Applicant's preferred language for interview purposes: _____

Household Income
Monthly Amount: _____ (*please provide documentation*)

4. Homelessness Assessment

a) *What are the factors contributing to your need for housing at this time?* _____

b) *How long have you been homeless?* _____

c) *Number of episodes of homelessness in the past three years?* _____

d) *Prior living situations:*

- Streets Emergency Shelter Transitional Housing
 Psych. Facility SA Treatment facility Hospital
 Jail / Prison Domestic Violence Shelter Relationship / Friends
 Rental housing Other (specify) _____

5. Rental History: (*for independent living programs*)

Most recent rental agreement (dates) _____
Why did the arrangement end? _____
Prior rental agreement (dates) _____
Why did the arrangement end? _____

6. Landlord References: Name: _____
Address: _____

Telephone: _____
Other Reference: Name: _____
Address: _____
Telephone: _____

Do you have any outstanding issues that may make it difficult for you to be approved for a lease agreement? (poor credit history, criminal convictions, alien status...)

7. Are you willing to live in a communal setting and follow community living rules? Please describe any previous communal living situations you have been in and your experience there.

8. Please describe any episodes of violence in your past.

9. Do you have a substance use history? _____ If so, drug of choice _____
If so when was the last time you used? _____
If yes, are you willing to abide by clean and sober rules? _____
And
If yes, are you willing to participate in relapse prevention activities? _____
And
If yes, are you willing to work toward recovery? _____

10. Besides having a stable home, please tell us what some of the future plans for your life are. Are you willing to work with a case manager to assist you in meeting some of your goals?

11. If you have not previously submitted **medical documentation, release of information, and income verification**, please include all three with this application.

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Client: _____ Date: _____

Thank you for taking the time in the application process. We appreciate your cooperation. You, or the person who referred you, will be contacted within two days regarding your application after the required interviews are completed. We may ask you for additional information or documentation before we make our final determination.

We would also like you to know that if you are not admitted to the program and wish to appeal the decision, you may do so through the appeals process, either in person or in writing. If you are mailing a letter, please address it as follows:

Executive Director
ASC
P.O. Box 169
Hattiesburg, MS 39403

You will be contacted by the Program Director within ten days after you tell us you are appealing the decision. We will then explain to you the grievance process and options available to you.

_____ Applicant's initials

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Disposition

Client Accepted Date: _____

Client Denied Date: _____

Reason for denial:

Client Action:

Accepted Decision

Date Appeal Requested _____

Date Appeal Set _____

Outcome _____
