

Transitional Housing Application

Section A Client Information				
Today's Date:		How did you hear about Promise of Grace Ministries?		
First Name:	Middle Name:	Last Name:		
Street Address:		City:	State:	Zip
Home Phone:		Cell Phone:		
Message Phone:		Email Address:		
Birth Date:		Do you have your original Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number:		Do you have your original Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identification Number: <i>NJ Driver's License or State ID</i>		Is your driver's license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I am or have been in <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Drug Rehabilitation Facility <input type="checkbox"/> Homeless Shelter		Name of social worker or probation officer:		
Section B Demographic Information				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		LGBTQ: <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/ Divorced or Separated
Hispanic or Latino Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (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"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Some other race (not listed above)		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <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? _____
Do you have a child custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant? <input type="checkbox"/> Yes (Expected due date: _____) <input type="checkbox"/> No

**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/Medicare <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> State 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"/> Temporary 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	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

<p>School Status:</p> <p><input type="checkbox"/> Attending school High School Vocational School Junior College 4-Yr College/University Other</p> <p><input type="checkbox"/> Not attending school</p>	<p>School:</p> <p>Name of high school attended? _____</p> <p>Name of school currently attending? _____</p> <p>What is your course of study? _____</p> <p>When will you graduate? _____</p>
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<p>Education:</p> <p>Last grade completed _____</p> <p>Do you have your diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you interested in attending a trade school or college?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Section G

Living Situation

<p><input type="checkbox"/> Homeless shelter</p> <p><input type="checkbox"/> Domestic violence shelter</p> <p><input type="checkbox"/> Transition age youth shelter</p> <p><input type="checkbox"/> Other temporary shelter _____</p> <p><input type="checkbox"/> Rental housing</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> Other transitional living program</p> <p><input type="checkbox"/> Parent/Legal Guardian's home</p> <p><input type="checkbox"/> Relative's home</p> <p><input type="checkbox"/> Friend's home</p>	<p><input type="checkbox"/> Other adult's home</p> <p><input type="checkbox"/> Foster home</p> <p><input type="checkbox"/> Group home</p> <p><input type="checkbox"/> Job Corps</p> <p><input type="checkbox"/> Drug Treatment Center</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Educational Institution</p> <p><input type="checkbox"/> Mental Hospital</p> <p><input type="checkbox"/> Correction/Detention Center</p> <p><input type="checkbox"/> Other _____</p>
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<p>Have you ever been homeless before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please explain:</p>
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**Section H
Criminal Arrest Status**

I have never been arrested I have been arrested

I have been in Juvenile Hall
 I have been in jail
 I have been in prison
 I have been detained
 I owe restitution, (amount owed: _____)

Please list your arrest history:

Date	Age	Charge	What happened	Probation Officer	Commitment Length

I am currently on

Probation Parole Not applicable

**Section I
Health Information**

<p>Do you have any Insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have your Medi-Care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have any significant physical or mental health problems/or have been diagnosis with mental illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If Yes, please explain:</p>

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?

Please list your current medications and dosages (Please include any over the counter drugs or herbs you may take)

Medication/Strength	Dosage (How Much, How Often)	Prescribing Doctor

**Section K
Character References**

Please list three adult references (teachers, former caregivers, counsellors, employers, etc.)

Name	Address	Phone	Relationship

Emergency Contact Person Name: _____

Relationship to Client: _____

Address: _____ **Phone:** _____

**Section L
Housing Selection**

Note: POGM housing programs require you to pursue and make progress toward education and employment goals to be eligible for placement

**Section M
Easy Questions**

What do you know about the Promise of Grace Ministries programs and what interests you about us?

What steps have you taken to prepare yourself to participate in Promise of Grace Ministries program?

In the coming year, how will you prepare yourself for life after Promise of Grace Ministries?

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 law enforcement, bosses, staff, etc.)

How well do you get along with others?

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

Sign: _____ Date: _____

For County Use Only

Name of person receiving this application: _____

Date: _____

STOP

Board approval required beyond this point

Eligibility Determination

Upon completion of the interview, does the potential client meet POGM requirements?

Yes No

COMMENTS:

Additional recommendations/referrals:

APPLICATION OVERVIEW

In order to process your application, Promise of Grace Ministries asks that a number of documents be on file. This information may also be required by various state and federal regulatory agencies and funding sources. Applications missing necessary documentation may be denied and therefore cannot be processed until it is received. An application checklist is included for you on the next page.

Your application is a permanent part of your client file. The application process has several stages:

- **Stage I**, the pre-interview stage is complete when all the required documents are received. Once your application paper work is accepted as complete, the Program Director will call you to set up an appointment for an assessment interview.
- During **Stage II**, the assessment interview, the Program Director may meet with you and contact the necessary professionals if needed in order to best understand your case. The Program Director will then discuss your case with Executive Director and Board of Trustees to make recommendations to either accept or decline your application or ask for more information to arrive at a decision.

If you are approved for housing and program services at Promise of Grace Ministries, you may need to obtain additional records or update old records before you can move in. You will then meet with the Program Director to sign and go over the rules and regulations of the program and the client's manual to which you will be asked to sign, that you have received. All admissions into Promise of Grace Ministries programs and services are on a trial basis the first thirty days.

It is important for you to know that sometimes it can take a while to start up as a client with Promise of Grace Ministries because there are generally more women wanting to join Promise of Grace Ministries than we can place at any given time. We work to make the best matches possible, so everyone has the greatest chance of success.

Should POGM turn down your application, we will provide you with a list of other alternative agencies.

Promise of Grace Ministries does not coerce or forcibly place individuals into its programs. We abide by the standard of the Word of God; we are faith-based organization that adheres to a Christian philosophy.

Important! Before you submit this packet!

This application packet cannot be processed until all items on the check list below are completed and included in the packet before submission. If any of the items below are missing, this will hold up your application from being processed. By submitting a completed application packet, we will be able to process your application more quickly!

If the application is not complete within 7days, with the following information, the intake process will not have been completed and your application will be shredded.

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Client's Medicaid Card
(Copy only) |
| <input type="checkbox"/> Birth/Baptismal Certificate
(copy only) | <input type="checkbox"/> Signed Releases of information
(if requested) |
| <input type="checkbox"/> Social Security Card
(copy only) | <input type="checkbox"/> Proof of income
(Award letter showing benefits) |
| <input type="checkbox"/> Recent medical records
(if applicable) | |

POLICY:

Promise of Grace Ministries (hereinafter referred to as POGM) will not discriminate in housing placement on the basis of race, creed, national origin, political affiliation, religion, gender, sexual orientation, or disabilities.

PROMISE OF GRACE MINISTRIES HOUSE RULES AND REGULATIONS

The staff of Promise of Grace Ministries has made it our sole priority to service you in excellence and with extreme care and respect.

During your stay at Promise of Grace Ministries you are expected to show respect to all staff, volunteers and other clients. No profanity, abusive language, verbal threats, sexual comments or gestures or violent behavior will be tolerated.

1. All forms of harassment and acts of discrimination based on but not limited to age, sex, race, religion, disability, ethnic background, and sexual orientation towards any staff or client will not be tolerated. Any client who feels they have been harassed or discriminated by a staff member or other clients should report it immediately to the Program Director, who will then report allegations to the Executive Director.
2. In the event of a physical or verbal altercation among staff and/or clients, all clients are to report immediately to their rooms until further notice.
3. Clients must respect the property of Promise of Grace Ministries; as well as; your fellow client. Clients will be monetarily responsible for any damage to any property of the facility or the personal property of others.
4. No alcohol drugs, drug paraphernalia, cigarettes or cigarettes products will be allowed in or around Promise of Grace Ministries. All cigarettes and cigarettes products must be turned in to the Program Director upon entering Promise of Grace Ministries.
5. Any client found to be under the influence of alcohol or drugs, are found to possess alcohol, drugs, or drug paraphernalia or found smoking in or around the property are subject to be immediately discharged from the program at the discretion of the Program Director and/or Board of Trustees
6. Promise of Grace Ministries staff will conduct random and unannounced room checks to assure

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that all rules and regulations are followed.

7. All clients must sign the “Sign In/Out Log” upon entering and exiting the facility. Client’s curfew hours are 9:00PM. Permission for circumstances that extend past curfew hours must be submitted for approval by the Program Director prior to the client departing facility that day.
8. All clients are required to attend to personal hygiene and grooming on a daily basis. Clients are required to be fully dressed, wear proper undergarments (panties, bras, slips, etc.), and have their hair combed at all times including at mealtime. Proper sleepwear must be worn at all times.
9. Feminine hygiene products (sanitary napkins, tampons, pantliners, and douches) must be disposed of in proper container located trash containers and taken to the exterior trash can located on the patio.
10. Clients will be assigned a laundry day. Clients are required to wash their laundry weekly on the assigned day. Each client’s laundry will be washed separately. If a client has an accident, that soils their linen or their clothes, please report it immediately the House Coordinator
11. Each client is required to make their beds and clean their assigned areas every morning prior to leaving for the day. No food or beverages are allowed in the bedrooms or outside designated eating areas. Clients are not allowed to hang or place anything on the walls.
12. Each client will be assigned a chore weekly that will be required to be completed prior to leaving or after mealtimes depending on the chore. Chores can be changed at the discretion of the House Coordinator.
13. Clients are required to immediately report any broken, damage, or missing property to the House Coordinator and/or designee on duty.
14. Clients are required to contribute financially on a monthly basis to POGM. Client’s financial contribution will be determined by their income and/or State or Federal benefits. Contributions must be paid monthly to POGM no later than the 5th of every month unless otherwise stated in writing.
15. Promise of Grace Ministries will not be responsible for any lost or stolen money or items. Clients are responsible for their money or valuables or may have the Program Director lock them up in the safe.
16. All clients must attend scheduled House Meetings and any special workshops, lectures, or seminars being held at Promise of Grace Ministries. The meetings and special events will be posted on the activity board. Special permission to be excused from meeting or activities must be submitted in advance and approved by the Program Director and/or designee.
17. All clients are required to meet weekly with the Program Director and/or Case Manager to discuss progress with their individual goals.

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18. Clients that are involved in outside agencies involving therapy, counseling, recovery programs, probation/parole, or medical care must attend and comply with the conditions of that program.
19. Clients on prescribed medications or taking over-the-counter medications must give medications to the Program Director upon admission to the program. All medication will be administered by the client under the supervision of the House Coordinator.
20. If a client becomes ill, notify the House Coordinator and/or designee on duty immediately to determine course of treatment.
21. Promise of Grace Ministries Staff is solely responsible for answering the door and business telephones. Clients are required to notify the staff if anyone is present at the door.
22. No visitors are allowed in or around the facility Promise of Grace Ministries without the pre-authorized permission of the Program Director in writing.
23. Clients are not allowed to use the business phone unless authorized by Program Director and/or designee.
24. In case of a fire or other household emergencies, clients are to vacate the facility of Promise of Grace Ministries as calmly and quickly as possible.
25. Clients are to respect the neighbors of Promise of Grace Ministries by not loitering or hanging out in front of the house.

CAUSES FOR DISMISSAL

Clients are subject to dismissal from Promise of Grace Ministries for the following reasons:

- Continual and repeated non-compliance with any rule or regulation.
- Disrespect of any staff or clients and disregard the directives of staff.
- Displayed acts of violence, abuse, threats, harassment, or discrimination towards any staff or client.
- Any involvement in criminal activity leading to arrest.
- Any use or possession of alcohol, drugs, drug paraphernalia, or cigarettes in, around, or outside of Promise of Grace Ministries.
- A violation of any House Rules, Regulations, or Policies.
- Failure to perform assigned house chores.
- Failure to comply with prescribed or over-the-counter medications.
- Failure to comply with goals and directives established by the Program Director and Case Manager.
- Stealing from or deliberately damaging the property of Promise of Grace Ministries or a fellow client.
- Providing falsified information regarding whereabouts during program hours, scheduled activities and after curfew hour.

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I, _____, have read and understand the house rules and regulations, and the causes for dismissal. By signing this form, I hereby agree to abide by every rule and regulation.

Client Signature _____ Date _____

Staff Signature _____ Date _____