### REFERRAL AND APPLICATION FORM

Date Applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *office use only***

Phone:  Phone**:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

 *First Middle Last*

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Soc. Sec. # \_\_\_\_ \_\_\_\_\_\_\_\_\_ Driver License #\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL INFORMATION**

Referring Person/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Agency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

If referring agency is a shelter, how long has applicant resided in your facility? \_\_\_\_\_\_\_\_\_\_\_\_\_

##### APPLICANT INFORMATION

1. Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse/Ex-spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you own a car? \_\_\_\_\_\_ If so, do you have current insurance on the car? \_\_\_\_\_\_\_\_\_\_\_\_

 Do you have a valid, current driver’s license? \_\_\_\_\_

 Do you have any outstanding traffic tickets? Amount $ \_\_\_\_\_\_\_

 Do you have any outstanding warrants? \_\_\_\_\_\_\_\_\_

4. Please list last three addresses, starting with most recent: **(must cover last 5 years)**

 Address City/State/Zip Code How long lived there Monthly Rent

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Highest grade completed in school: \_\_\_\_\_\_\_ Did you graduate? \_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_

 If not, do you have a GED? \_\_\_\_\_\_\_\_ Date earned GED \_\_\_\_\_\_\_\_\_

 Do you have a copy of your GED Certificate? \_\_\_\_\_\_\_\_

 Are you currently in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What colleges/junior colleges/trade schools have you attended? When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. List last three places of employment, starting with most recent:

 Employer Address Dates worked Position Gross Monthly Pay

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Please list all current sources of income and amount:

 Source Monthly Amount

a. Employment income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. TANF:

 Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Food stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Fuel assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Unemployment compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Child support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Alimony $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. SSI / Disability $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

j. Medicare/Medicaid $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

k. Veterans’ Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

l. Relatives/Friends $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

m. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Have you applied for public housing and/or Section 8 housing?: \_\_\_\_

 If yes, list date of application: \_\_\_\_\_\_\_\_\_ What is status (do you have a Voucher)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you ever resided in public housing and/or Section 8 housing? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Where?­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you ever been evicted from private or public housing or Section 8? \_\_\_\_\_\_\_\_\_\_\_\_

 If so, why were you evicted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Explain any criminal history of you and/or any family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Are you currently involved in any legal action?:\_\_\_\_\_ If yes, attorney? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please explain and list case number and case name, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Have you ever used alcohol or drugs? \_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you ever been treated for substance abuse? \_\_\_\_\_

 If yes, list place of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 List dates of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Did you successfully complete or graduate from the treatment program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you in recovery? \_\_\_\_\_\_\_\_ If so, how long have you been in recovery? \_\_\_\_\_\_\_\_\_\_\_\_

 Do you currently have a sponsor? \_\_\_\_ Name & Phone No. of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you currently have, or have you had at any time in the past, a DHR social worker?

 If so, please list: Name of Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

 How did you or your family become involved with DHR? (Child Protective Services,

 TANF, JOBS, Foster Care?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Have you been in the military? \_\_\_\_\_\_\_\_\_Civilian\_\_\_\_\_\_\_ Active Duty\_\_\_\_\_\_\_ Retired\_\_\_\_\_\_

14. Are you the victim of domestic violence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, when was last incident:\_\_\_\_\_\_\_\_\_\_\_\_\_

##### MEDICAL HISTORY

Weight: \_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_

Do you or have you ever had problems with (please check yes or no):

 Condition Yes No Condition Yes No

Heart Problems \_\_\_\_ \_\_\_\_ Ear/Hearing Problems \_\_\_\_ \_\_\_\_

Blood Pressure \_\_\_\_ \_\_\_\_ Cancer \_\_\_\_ \_\_\_\_

Kidney/Urinary \_\_\_\_ \_\_\_\_ Bones/Joints \_\_\_\_ \_\_\_\_

Stomach/Digestive \_\_\_\_ \_\_\_\_ Nerves/Anxiety \_\_\_\_ \_\_\_\_

Anemia \_\_\_\_ \_\_\_\_ Central Nervous System \_\_\_\_ \_\_\_\_

Stroke \_\_\_\_ \_\_\_\_ Head Injury \_\_\_\_ \_\_\_\_

Diabetes \_\_\_\_ \_\_\_\_ Back Injury \_\_\_\_ \_\_\_\_

Asthma/Allergies \_\_\_\_ \_\_\_\_ Skin \_\_\_\_ \_\_\_\_

Seizures \_\_\_\_ \_\_\_\_ Frequent Headaches \_\_\_\_ \_\_\_\_

Lungs/TB \_\_\_\_ \_\_\_\_ Vaginal Infections \_\_\_\_ \_\_\_\_

HIV / AIDS \_\_\_\_ \_\_\_\_ Teeth / Mouth \_\_\_\_ \_\_\_\_

Venereal Disease \_\_\_\_ \_\_\_\_ Dyslexia \_\_\_\_ \_\_\_\_

Eyes \_\_\_\_ \_\_\_\_ ADHD \_\_\_\_ \_\_\_\_

Personality Disorder \_\_\_\_ \_\_\_\_ Depression \_\_\_\_ \_\_\_\_

Hormonal Imbalance \_\_\_\_ \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis or other infectious disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered “yes” to any of the above, please list the condition and explain details below, including dates of injury/illness, treatment received, medications, doctor name and phone number, if you were hospitalized and where hospitalized:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medications? If so, please provide details:

Name of Medication Daily Dosage Condition Dr.’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant? \_\_\_\_ If so, what is due date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you disabled?\_\_\_\_ Are you being treated for the disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE FULL INFORMATION FOR EACH MINOR CHILD IN THE FAMILY.**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicaid No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_

Will this child be residing with mother at Mary Ellen’s Hearth? \_\_\_\_\_\_

If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School/Daycare Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_

Prior School/Daycare Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child repeated a grade or been held back a grade for any reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days of school did child miss last year? \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special needs or problems does this child have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child been prescribed any medications? \_\_\_\_ If so, please list medication and diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is child currently taking medication(s) as prescribed? If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicaid No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_

Will this child be residing with mother at Mary Ellen’s Hearth? \_\_\_\_\_\_

If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School/Daycare Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_

Prior School/Daycare Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child repeated a grade or been held back a grade for any reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days of school did child miss last year? \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special needs or problems does this child have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child been prescribed any medications? \_\_\_\_ If so, please list medication and diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is child currently taking medication(s) as prescribed? If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE FULL INFORMATION FOR EACH MINOR CHILD IN THE FAMILY.**

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicaid No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_

Will this child be residing with mother at Mary Ellen’s Hearth? \_\_\_\_\_\_

If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School/Daycare Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_

Prior School/Daycare Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child repeated a grade or been held back a grade for any reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days of school did child miss last year? \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special needs or problems does this child have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child been prescribed any medications? \_\_\_\_ If so, please list medication and diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is child currently taking medication(s) as prescribed? If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medicaid No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_

Will this child be residing with mother at Mary Ellen’s Hearth? \_\_\_\_\_\_

If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School/Daycare Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_

Prior School/Daycare Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child repeated a grade or been held back a grade for any reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days of school did child miss last year? \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What special needs or problems does this child have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child been prescribed any medications? \_\_\_\_ If so, please list medication and diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is child currently taking medication(s) as prescribed? If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ THE STATEMENT BELOW WHICH DEFINES A “HOMELESS” PERSON AND CHECK THE REASON YOU ARE CONSIDERED HOMELESS:**

According to the U.S. Department of Housing and Urban Development Supportive Housing Program: Implementing Regulations, 24CFR, Part 583 (19960), homeless persons are those who are:

\_\_\_\_\_Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings.

\_\_\_\_\_Sleeping in emergency shelters.

\_\_\_\_\_Living in transitional or supportive housing for homeless persons but whom originally came from streets or emergency shelters.

\_\_\_\_\_Being evicted within the week from private dwelling units and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing. *(NOTE: This situation requires a letter or other document substantiating that eviction is cause of homelessness—please attach to this Application).*

\_\_\_\_\_Being discharged within the week from institutions in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing.

Additional Comments/Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I certify that I have read the specific criteria for consideration as a resident of Mary Ellen’s Hearth, and that I meet these criteria. I have checked the homeless situation above which best applies to me.**

 **I affirm that the foregoing information is true and complete to the best of my knowledge, information and belief. I understand that this form is only an application for consideration as a participant in Mary Ellen’s Hearth’s Transitional Housing Program, and that the submission of this application does not reserve housing nor in any way guarantee acceptance into the program. I authorize verification of all information and references given.**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

***Referring Agency Representative, please sign below***:

**I certify that I have read the specific criteria for the Applicant to be considered as a participant in Mary Ellen’s Hearth’s Transitional Housing Program, and that to the best of my knowledge, understanding and belief, the Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, does meet these criteria.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Representative

**Application Status:**

 Admitted

 Not Admitted: If NOT admitted, date Notified: \_\_\_\_\_\_\_\_\_\_

If applicant was NOT Notified, document the reason (e.g. no address or contact information provided):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_