



**PRESBYTERIAN HOME FOR CHILDREN'S
SECURE DWELLINGS
TRANSITIONAL HOUSING**

Participants should provide the following documents:

- State ID/Birth Certificate/ Social Security Card (if not available, assistance will be provided)
- Current Medication Prescriptions (if applicable)
- Health/Mental Health/Dental/Substance Abuse Treatment Visits/Appointments (if applicable)
- Food Stamps Letter (if applicable)
- Pay Stubs (if applicable)
- DHR documentation (if applicable)
- Court appointments (if applicable)

Quick Guidelines and Expectations:

ALL Secure Dwellings Transitional Housing Participants are expected to attend the following

Mandatory Meetings:

- Bi-Monthly Case Management Meetings
- Life Skill Classes
- Any other meetings deemed necessary by your Social Worker

Other Important Information:

- Participant's length of stay is **9- to 24-months at the time of entry** into the program.
- Participants are expected to treat all ***Secure Dwellings Staff, volunteers, and other Participants with respect.***
- ***Participants are expected to practice self-control and self-discipline when dealing with Staff and other Participants. This includes, but is not limited to, yelling, fighting, cursing, and/or refusing to cooperate with Secure Dwellings Staff. Noncompliance will mean removal from the program.***
- Participants must be actively participating in their case plan and pursuing their goals.
- Participants not employed must be actively seeking employment.
- Participants will be expected to pay an occupancy fee of as much as 30% of income.
- Participants awaiting/receiving SSI/SSD benefits are expected to work part-time or volunteer in the community.
- Participants must actively participate and comply with Secure Dwellings Program Policy and procedures. **Specific details are provided in your Secure Dwellings Handbook upon entering the program.**



**SECURE DWELLINGS APPLICATION
Transitional Housing Referral**

Secure Dwellings Application

Participants Name: _____ Date of Referral: _____

Date of Birth: _____ Social Security Number: _____

Race: _____ Ethnicity: _____ Current Age: _____

Participant's Contact Number(s) 1). _____ 2). _____

Referring Social Worker: _____ **Phone:** _____

Length of Participants' Homelessness status: _____

Current Placement: _____

Placement Entry Date: _____

Any Minor Children? ___ Yes, ___ No Legal Guardian _____

Please list Name, age, and sex of minor children:

1. _____ Age: _____ Sex: _____

Social Security Number _____

2. _____ Age: _____ Sex: _____

Social Security Number _____

3. _____ Age: _____ Sex: _____

Social Security Number _____

4. _____ Age: _____ Sex: _____

Social Security Number _____

Is Participant Currently Pregnant? ___ Yes ___ No

EDUCATION

Has Participants completed high school? _____ Yes, ____ No If No, has the Participant received a GED? ____ Yes, ____ No

Please list school and degree for college education (if applicable):

Would Participant be interested in completing high school/GED? ____ Yes, ____ No
Or College? ____ Yes, ____ No

EMPLOYMENT

Is Participant Currently Working? ____ Yes, or ____ No
If not, why? _____

CURRENT INCOME:

Working - Employer: _____
Rate of pay: _____ Start date: _____
Hrs. per week: _____

Job Training - Program name: _____
Days & hours: _____
Program start date: _____
Est. length of program: _____

School - School name: _____
Field of study: _____
Start date: _____ Est. graduation date: _____

CURRENT BENEFITS RECEIVED OR APPLICATIONS IN PROCESS / LIST AMOUNTS FOR EACH:

- Food Stamps: _____
- SSI/SSD: _____
- Training Stipend: _____
- Specify Other: _____
- TANF: _____
- Child Support: _____
- Financial Aid: _____

CHECK ALL THAT APPLY:

SUBSTANCE ABUSE

- Substance abuse history ____ Yes ____ No
Which substance(s)? _____
- If checked, Treatment Center Name: _____
- I did not receive treatment.

How long has Participants been free of substance? _____

MILITARY

- Served in the military? ___Yes ___No. If yes, which branch? _____
- Reserve _____ Active Duty _____
- Currently receiving/eligible for Veteran Affairs Benefits? ___Yes, ___No

ARREST HISTORY

- Have you ever been arrested? ___Yes, ___No
- Incarcerated? ___Yes, ___No
If yes, crime committed? _____
Date Released: _____
Released on: _____ Parole _____ Completion for Service _____

DOMESTIC VIOLENCE

- Have you ever been a victim of domestic violence? ___Yes, or ___No
If yes, when was your last experience? Date: _____

GENERAL INFORMATION

- Appropriate for public housing?
- Application made to other housing programs:
Name of Program(s): _____

Father's Visitation

Name of father _____

Does the father visit his children? ___Yes, or ___No If yes, how often?

Does the child have an IEP? _____

DHR Involvement

Is the client currently working with the Department of Human Resources (DHR) toward reunification?

_____ Yes or, _____ No

How many children are currently in DHR custody? _____

Please list the children currently in DHR custody:

Child Name: _____

Age: _____

Child Name: _____

Age: _____

Child Name: _____

Age: _____

Do you have an ISP ____ Yes, or ____ No

**HEALTH HISTORY:
DISABILITY**

Disabled? ____ Yes, ____ No

If yes, list type of disability? _____ Duration of disability? _____

Is Disability Documented? ____ Yes, ____ No

Type of Documentation: _____

PHYSICAL HEALTH

Recently Hospitalized? ____ Yes, ____ No

If so; how many times and when? _____

Medical Diagnosis/Condition: _____

Medication Prescribed: _____

Dosage Prescribed: _____

Currently Compliant? ____ Yes, ____ No

MENTAL HEALTH

Mental Health Diagnosis: _____

Medication(s) Prescribed: _____

Current Compliant(s) ____ Yes ____ No. If yes, what are they?

SECURE DWELLINGS



LEGAL QUESTIONNAIRE

The following questions are optional. You do not have to answer the questions.

Legal Issues

1. Are you involved in any legal issues that you need support on? _____

2. If Yes, please explain: _____

3. Are there any current custody and/or divorce proceedings in process? _____

4. What is the status? _____

5. What type of support do you need? _____

6. Do you have an Attorney? _____

7. Do you need help finding an Attorney? _____



PRESBYTERIAN HOME FOR CHILDREN

SECURE DWELLINGS PROGRAM RECORD CHECK RELEASE FORM

Please print, sign, and fax to 256-414-2794
Or scan and email to: smoore@phfc.org

I, _____, give the Presbyterian Home for Children my permission to conduct a criminal background check using my name and personal information. I also give the Presbyterian Home for Children permission to check employment and personal references. I understand the information given and received will be kept confidential.

Full Name _____
(Must include middle name, if you have one)

Maiden Name (if applicable) _____

Other Former Names (If applicable) _____

Birth Date _____

Driver's License #/Issuing State _____

Address _____

Signature _____

Date _____