PRESBYTERIAN HOME FOR CHILDREN'S
SECURE DWELLINGS
TRANSITIONAL HOUSING

Participants should provide the following documents:

- State ID/Birth Certificate / Social Security Card (at least one)
- 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-Weekly Case Management Meetings
- Life Skill Classes
- Any other meetings deemed necessary by your Social Worker

Other Important Information:

- Participant's length of stay is **18 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 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.**

PRESBYTERIAN HOME FOR CHILDREN
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: _____

Date of Entry at Current Placement: _____

Any Minor Children?: ____Yes ____ No Legal Guardian_____

Please list Name, date of birth, age, sex and Social Security Number of minor children:

1. Name_____, Date of Birth:_____, Age:___,
Sex:___ and Social Security Number:_____

2. Name:_____, Date of Birth_____, Age:____, Sex:____, Social Security Number:_____

3. Name_____, Date of Birth_____, Age,
Sex:____ and 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 ____ 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: _____
☐ TANF: _____
☐ Child Support: _____
☐ Financial Aid: _____
☐ WIC _____
☐ Specify Other: _____

CHECK ALL THAT APPLY:

SUBSTANCE ABUSE

☐ Substance abuse history _____Yes _____No
Which substance(s)? _____
☐ If checked, Treatment Center Name: _____
☐ 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 Affair 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 ____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): _____

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?

_____

_____

Does Participants interact well with other clients? ____ Yes ____ No

Is the Participants compliant with program guidelines? ____ Yes ____ No

Is Participants compliant with case plan activities? ____Yes ____ No

LIST ANY ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT TO THIS REFERRAL:

_____

_____

Signature of Referring Social Worker Date

For Office Use Only

Date Referral was received:

Referral Source:

_____Admitted _____Declined _____Withdrawn

Disposition Date and Reason

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 _____