SUPPORTIVE HOUSING APPLICATION

**Purpose**

The screening application is intended to establish basic eligibility for placement on a waitlist of a supportive housing program or group of programs. The application focuses on determining housing/homelessness status, disability and income. It also includes additional information needed for entry into HMIS and other information management systems.

This screening application does not replace Housing Authority, HUD or program specific applications that need to be completed prior to move in and/or program entry. Since an applicant’s situation and/or housing status can change significantly between being placed on a waitlist and program referral, questions used in an assessment/intake are not asked.

**Process**

An individual or a service provider working with an applicant can complete this application. In addition to answering all questions, an applicant or person working with the applicant must arrange for supporting documentation that verifies disability and housing status. There are several options available to verify disability and housing status outlined in the application. If applications are reviewed by a committee, information and permission regarding disclosure to participating agencies must also be included.

***\*NOTE to Providers: If your agency participates in a Coordinated Access Network (CAN), your referrals should come through 211 and the CAN, and should include a completed homelessness and disability verification form or letter.***

**Note to Applicant**

Thank you for applying for Supportive Housing. Your application will be reviewed and you will be notified once the review is complete. If you are eligible, your name may be placed on a waitlist. Placement on a waitlist does not guarantee that a housing unit will be available to you. The length of time you will spend on the waitlist will depend on how many units are available and when openings occur. Please note that if your housing situation has changed by the time you are first on the list, you may no longer be eligible for housing assistance.

***For official use only:***

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Received: \_\_\_\_\_\_\_\_\_\_\_

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved 🞎 Not Approved 🞎

**A. Applicant Information**

**1.** Last Name: \_\_\_\_\_\_\_ First Name: MI: \_\_\_\_\_

**2.** Address, phone number and email where you can be reached:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: State: \_ Zip: \_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4.** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5.** Gender: 🞎 Male 🞎 Female 🞎Transgendered 🞎 Other

**6.** Primary and secondary *(if applicable)* race:

|  |  |  |
| --- | --- | --- |
| **Race** | **Primary √** | **Secondary √** |
| American Indian or Alaska Native |  |  |
| Asian |  |  |
| Black or African American |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |
| White |  |  |

**7.** Ethnicity: 🞎 Hispanic/Latino 🞎 Non-Hispanic/Latino

**8.** Have you ever served in the U.S. Military? 🞎 Yes 🞎No

 If yes, what is your discharge status? 🞎 Honorable 🞎 Dishonorable 🞎Other 🞎Unknown

**9.** What was the zip code of your last permanent address? \_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** In which community/communities would you like to live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**11.** Who are the family members you would like to have live with you (if any):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (do not include your name)** | **Relationship**  | **Social Security Number** | **Gender** | **Date of Birth** |
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##### 12. List a person who you would like to be contacted in an emergency:

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

*Can this person be contacted if staff is attempting to reach you?*  🞎 Yes 🞎No

List your closest relative:

 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

*Can this person be contacted if staff is attempting to reach you?*  🞎 Yes 🞎No

**13.** List the name/phone number of providers *(case manager, clinician, physician etc.)* you are working with and indicate if they can be contacted if staff are trying to reach you a housing opportunity becomes available:

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Type** | **Name** | **Phone** | **Can contact √** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **B. Income**

**1.** Conservator and/or Representative Payee *(check all that apply and list contact information)*:

 🞎 Financial Conservator 🞎 Conservator of Person

Name: \_\_\_ \_ \_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

 🞎 Representative Payee

Name: \_\_\_ \_ \_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

**2.** Do you and/or household members that will live with you have assets?

 🞎 Yes 🞎No *if yes, indicate the asset and total amount.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant**  | **Name of other (s)** | **Asset** | **Amount** |
|  |  | Savings  |  |
|  |  | Stocks/Bonds |  |
|  |  | Other (specify) |  |
|  |  | Other (specify) |  |
|  |  | Other (specify) |  |

**3.** Do you and/or people that will live with you receive income? 🞎 Yes 🞎No

*If Yes, indicate the person receiving and monthly amount by source type.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** **√** | **Name of other (s)** | **Source** | **Amount** |
|  |  | Social Security Income (SSI)  |  |
|  |  | Social Security Disability Income (SSDI) |  |
|  |  | Social Security retirement |  |
|  |  | State Administered General Assistance (SAGA) |  |
|  |  | Temporary Aid to Needy Families (TANF) |  |
|  |  | Child Support |  |
|  |  | Veteran Benefits |  |
|  |  | Employment Income  |  |
|  |  | Unemployment |  |
|  |  | Food Stamps |  |
|  |  | Other (specify): |  |
|  |  | Other (specify): |  |
|  |  | Medicaid 🞎 Yes 🞎No |
|  |  | Medicare 🞎 Yes 🞎No |

**C. History of Legal Involvement**

Criminal convictions in Connecticut can be accessed on the following website: http://www.jud.ct.gov/crim.htm

**1.** Have you and/or any household members that will live with you been convicted of a felony? 🞎 Yes 🞎No

*If yes list date of conviction(s) and crime(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**2.** Are felony charges pending against you and/or any household members that will live with you? 🞎 Yes 🞎No

*If yes list charges and status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**3.** Are you and/or any household members that will live with you on a sex offender registry? 🞎 Yes 🞎 No

**4.** Have you and/or any household members that will live with you been convicted of manufacturing methamphetamine? 🞎 Yes 🞎 No

**D.** **Housing Status**

*Please answer the following questions and provide supporting information outlined in the Housing Status Verification Instructions at the end of the application.*

**1.** Do you live in a place where someone is not meant to live such as a car, park, abandoned building, bus or train station, airport or camping ground? 🞎 Yes 🞎 No

**2.** Do you live in a shelter or a hotel/motel paid for by a charity or government? 🞎 Yes 🞎 No

***If you answered yes to 1 or 2:***

a. On what date did you last live in an apartment, house or another place where

people usually live? \_\_\_\_/\_\_\_\_ /\_\_\_\_

b. How many separate times have you lived in a place where someone is not meant to live, in a shelter, in transitional housing and/or a hotel/motel paid for by someone else during the past 3 years? \_\_\_\_\_\_\_\_\_

**3.** Do you live in transitional housing ? 🞎 Yes 🞎 No

***If you answered yes:***

a. On what date did you enter transitional housing? \_\_\_\_/\_\_\_\_ /\_\_\_\_

b. Before entering transitional housing did you live in a place where someone is not supposed

 to live or in a shelter? 🞎 Yes 🞎 No

c. On what date did you last live in an apartment, house or another place where

people usually live? \_\_\_\_/\_\_\_\_ /\_\_\_\_

d. How many separate times have you lived in a place where someone is not meant to live, a shelter, in transitional housing and/or a hotel/motel paid for by someone else during the past 3 years? \_\_\_\_\_\_\_\_\_

**4.** Are you leaving an institution where you have lived for less than 90 days and did you live in a place where someone is not meant to live or a shelter right before you entered the institution? 🞎 Yes 🞎 No

**5.** Are you fleeing or attempting to flee domestic violence or other dangerous or life-threatening condition directed against you and/or a family member? 🞎 Yes 🞎 No

**E. Disability**

**1.** Has a medical or behavioral health professional ever told you that you have one or more of any of the following disabilities? *(please check all that apply)*

🞎 Serious Mental Illness 🞎 Chronic Drug Abuse 🞎 Chronic Alcohol Abuse

🞎 HIV/AIDS 🞎 Other *(please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Are you currently receiving SSI/SSDI: 🞎 Yes 🞎No 🞎Pending

**3.  *If you are disabled, please include one of the following with the application:***

\_\_\_ Verification of the disability from a medical or behavioral health professional *(see attached form)*.

\_\_\_ A written verification from the Social Security Administration documenting the disability/disabilities.

\_\_\_ A document, payment stub or other proof that you receive Social Security Disability or Veteran Disability Compensation.

**F. Referring Source**

If someone is helping you with this application, please provide their information below:

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

Agency: \_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_ City: State: \_\_ Zip: \_\_\_\_

**G. Signature**

 The above information is true and correct to the best of my knowledge.

 *Applicant Signature*   *Date*

**Supportive Housing**

**Disability Verification Form**

*This verification form must be completed by a clinician who is licensed to diagnose and treat the identified disability/disabilities.*

**Applicant Information**

Name: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verifying Clinician Information**

Name : Phone Number:

**Disability**  *(check all that apply)*

🞎 Serious Mental Illness 🞎 Chronic Drug Abuse 🞎 Chronic Alcohol Abuse

🞎 HIV/AIDS 🞎 Other *(please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis Code(s)**

|  |  |  |
| --- | --- | --- |
| **Axis** | **Description** | **Code** |
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**Statement and Signature**

*I verify that the above disability/disabilities is/are expected to be long-continuing or of indefinite duration, substantially impede the applicant’s ability to live independently, and that I am licensed to diagnose and treat the identified disability/disabilities.*

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

Clinician Signature Profession License # and State Date

**Supportive Housing**

**Housing Status Verification Instructions**

**LITERALLY HOMELESS: If you answered YES to question 1, 2 or 3 in D. Housing Status section**: You live in a place where someone is not meant to live such as a car, park, abandoned building, bus or train station, airport or camping ground OR a shelter, transitional housing or a hotel/motel paid for by someone else:

***I. Attach one of the following:***

\_\_\_ Written observation/documentation from an outreach workerdescribing housing status.

\_\_\_ Written referral from a housing or service agency describing housing status.

\_\_\_ Written certification of housing status completed by you.

**EXITING AN INSTITUTION: If you answered YES to question 4 in D. Housing Status section**: You are leaving an institution where you have lived for less than 90 days and you lived in a place where someone is not meant to live or a shelter right before you entered the institution:

***I. Attach one of the following:***

\_\_\_ Written observation/documentation from an outreach workerstating housing status prior to admission.

\_\_\_ Written referral from a housing or service agency describing housing status prior to admission.

\_\_\_ A certification of housing status prior to admission completed by you.

**AND**

***II. Attach one of the following:***

\_\_\_ Discharge paperwork or referral from institution staff that includes admission and discharge dates;

\_\_\_ If unable to obtain paperwork/referral from discharging institution, a record of referring agency staff or outreach worker’s attempts to obtain and certification from you stating you are exiting or just exited an institution where you’ve resided for 90 days or less.

**FLEEING DOMESTIC VIOLENCE: If you answered YES to question 5 in D. Housing Status section:** You are fleeing or attempting to flee domestic violence or other dangerous or life-threatening condition directed against you or a family member.

***If receiving shelter or services from a victim service provider attach:***

\_\_\_ Certification from you or agency staff indicating the situation you are fleeing or attempting to flee, that no new residence has been identified, and that you lack the resources or support network needed to obtain other housing.

***If not receiving shelter or services from a victim service provider attach:***

\_\_\_ Certification indicating the situation you are fleeing or attempting to flee, that no new residence has been identified, and that you lack the resources or support network needed to obtain other housing. If the safety of the household is not in jeopardy, include a written observation by referring agency staff or written referral from a service agency working with you.