

**APPLICATION FOR SNAP Sisters Need A Place  
Temporary Housing Unit for Women**

Please take your time to complete this general application and answer the questions as completely as possible. In order for your application to be considered, all questions must be answered completely.

Your application is to be reviewed by a case manager any incomplete applications will not be reviewed.

Today's date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you currently residing in a shelter? **Y / N** (please circle)

Name of shelter where you are currently residing: \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Date of expected departure: \_\_\_\_\_

Referring Case Manager: \_\_\_\_\_ Phone number: \_\_\_\_\_

Prior address before becoming displaced: \_\_\_\_\_

Previous cities of residence: \_\_\_\_\_

Areas that you frequent or have been employed? \_\_\_\_\_

What cities/areas do your friends or family members live in? \_\_\_\_\_

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Marital status:

. Married month/year: \_\_\_\_\_

. Single, never married

. Legally separated date: \_\_\_\_\_

. Divorced date: \_\_\_\_\_

. Significant other

- If you are divorced, reason for divorce? \_\_\_\_\_
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What is your primary language? \_\_\_\_\_ Secondary language? \_\_\_\_\_

**Emergency contact information:**

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

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

Phone Number: \_\_\_\_\_

**Names and Ages of Children:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Could you be pregnant? \_\_\_\_\_ If yes, how many months? \_\_\_\_\_

**SHELTER HISTORY**

**Names of previously attended shelters:**

Shelter name City Dates attended Reason for Leaving Shelter

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What have you accomplished at the shelter so far? \_\_\_\_\_

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Describe how satisfied you are at your current shelter? \_\_\_\_\_

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What is the most difficult part about living in the shelter? \_\_\_\_\_

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**LEGAL SITUATION**

Do you currently have a restraining order? \_\_\_\_\_ Expiration date: \_\_\_\_\_

Are you currently involved in any legal actions? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Is there a standing custody or visitation order currently in place? \_\_\_\_\_ If yes, please explain:

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Are you seeking a divorce? \_\_\_\_\_ Seeking custody/visitation? \_\_\_\_\_

List any upcoming court dates and locations: \_\_\_\_\_

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Do you currently have a lawyer and/or probation officer? \_\_\_\_\_  
Name/location: \_\_\_\_\_

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If yes, please explain:

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**CHILDREN (if applicable)**

Do you currently have an open case with the Children’s Protective Services (CPS)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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What is name and phone number of current ACS caseworker?

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Have you ever had a case opened in the past? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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**AUTOMOBILE**

Are you bringing a car to the shelter? \_\_\_\_\_ If no, please skip to next section

If yes: whose name is the car registered in? \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License  
plate \_\_\_\_\_

Do you own or make payments on the car? \_\_\_\_\_

**FINANCIAL/EMPLOYMENT INFORMATION** (check all that apply and list amount)

<b>Source</b>	<b>Amount</b>
<input type="checkbox"/> Unemployment Benefits	\$ _____
<input type="checkbox"/> Public Assistance	\$ _____
<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> Disability	\$ _____
<input type="checkbox"/> Food stamps	\$ _____
<input type="checkbox"/> Public Assistance	\$ _____
<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Other (list) _____	\$ _____

How often are you in receipt of the above checked assistance? \_\_\_\_\_

County or State receiving benefits from: \_\_\_\_\_

List person(s) receiving benefits? \_\_\_\_\_

Caseworker: \_\_\_\_\_ Caseworker's phone number \_\_\_\_\_ Case #: \_\_\_\_\_

Employment Wage? \_\_\_\_\_ How Often? \_\_\_\_\_

Name of employer \_\_\_\_\_ Location \_\_\_\_\_

Past Work Experience: \_\_\_\_\_

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Is there any reason that you cannot currently work? \_\_\_\_\_ If yes, please explain

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Education: Highest Level Completed? \_\_\_\_\_ Degree/Cert. \_\_\_\_\_

Do you have a bank account? \_\_\_\_\_

If yes, what accounts do you have?  Checking  Savings  Other

Balances? Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**WHAT ARE YOUR GOALS?**

What do you think our temporary housing program can offer you?

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What are your three main goals during your stay?

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

What are your three main goals after your stay?

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

What are your three main long term goals?

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

What do you feel you can contribute to the Temporary Housing Facility? (Special Skills)

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I affirm that the above stated information is true to the best of my knowledge. I understand that this information will be used to determine my financial contribution to the house (income-based) or assist my transition when I leave the house (savings-based).

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Referring Case Manager Recommendation Form (Current Shelter/Program)**

What are the applicant's strengths?

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What personal areas of growth does the applicant need to work on?

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What are the main issues facing this applicant?

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Did the client make use of all, or the majority of the services available through your agency? \_\_\_\_\_

Please explain. If no, reasons why not? \_\_\_\_\_

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Did the client work well in the structured shelter/ program? Please explain.

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Did the client ever violate any of the rules of the shelter/program? Please explain. What was the outcome?

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Please describe your observations of how the client interacts with other residents in the shelter.

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In your opinion, are there any indications of the client having any mental health issues OR substance abuse issues? \_\_\_\_\_ If yes, please explain to the best of your knowledge how they are being addressed.

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How would this person benefit from the services we provide?

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I can/cannot recommend this applicant because: \_\_\_\_\_

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Recommending Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature [MANDATORY]: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Professional Letter of Recommendation (Religious Leader, Counselor, Etc)

What are the applicant's strengths?

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What personal areas of growth does the applicant need to work on?

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What are the main issues facing this applicant?

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Did the individual make use of all or the majority of the community resources available to them? \_\_\_\_\_

Please explain. If no, reasons why not? \_\_\_\_\_

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Do you feel this individual will benefit from a Transitional housing Program? Please explain.

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Did the client ever violate any of the rules of the shelter/program? Please explain. What was the outcome?

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Please describe your observations of how the individual interacts with other people.

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In your opinion, are there any indications of the individual having any mental health issues OR substance abuse issues? \_\_\_\_\_ If yes, please explain to the best of your knowledge how they are being addressed.

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How would this person benefit from the services we provide?

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I can/cannot recommend this applicant because: \_\_\_\_\_

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Recommending Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature [MANDATORY]: \_\_\_\_\_

Phone Number: \_\_\_\_\_