

TRANSITIONAL HOUSING PROGRAM APPLICATION

7 Whatney, Ste. B • Irvine, CA 92618

Phone: (949) 380-8144 Fax: (949) 380-3798 E-Mail: aresch@sco-oc.org

In order to be considered for program participation, applicants must submit this application, completed in its entirety, prior to an oral interview. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. In addition, you must attach photocopies to this application of all of the items listed below.

☐ Cur ☐ Soc ☐ Cur ☐ Evic	rent Californ cial Security (rent credit re ction Notice	ia Driver's License Card (for all people liv eport (a free one can l	☐ Proof of income, ing in the home include obtained online a raining Orders	employme uding the ch t www.annu Cou	ualcreditreport.com) urt Orders (custody, child su	pay stubs)	
Date: _		Referred by:					
			FAMILY PRO	<u>FILE</u>			
1 st Adu	It Name			Phone #			
Date of	f Birth		SS :	‡			
				Marital Status			
Name o	& Relationsh		R ALL CHILDREN/DI	EPENDENTS SS#	S OF APPLICANT		
Name	& Relationsh	ip Sex	x & Date of Birth	SS#			
Name	& Relationsh	ip Sex	x & Date of Birth	SS#			
			CURRENT HOUSING	SITUATION	<u>l</u>		
	Hotel/mote Emergency	l Shelter/Transitional	Housing		Living with family/friends Other		
1.							
	a. Please list the date(s) of your previous eviction(s):						
2.	2. How many times has your family moved in the last 3 years?						
3.	How long h	ave you resided in Ora	ange County?		In California?		
4.	Do you hav	e extended family in (Orange County? 🗆 Y	es □No Re	elationship		
5.	Do you hav	e extended family in (California? 🗆 Yes 🗆	No Relatio	nship		
6.	Is your fam	ily on a HUD or Sectio	n 8 housing list?	Yes □No			



7.	Were you in a shelter or trans	itional housing pr	ogram in the pa	ast? \Box Yes \Box No (If no, skip next question.)
8.	Name of shelter/transitional	housing program:		
	a. Date(s): From	To	(If yes, c	complete the Consent to Release Information.)
		<u>EDU</u>	<u>JCATION</u>	
Highes	t completed grade in school fo	r each adult:		
		_		
Name	(1 st Adult)	Grade Leve	el completed	
Name	(2 nd Adult)	Grade Leve	el Complete	
List cu	rrent grade level for each child:	:		
Name ,	/ Age	Current G	rade	_
Name ,	/ Age	Current G	rade	
Name ,	/ Age	Current G	rade	_
Name ,	_		<u>LOYMENT</u>	_
1 st Adu		ease note: Employ	ers will not be o	contacted
	Are you employed? □Yes □N	No		
2.	Employer's Name		_ Job Title	
3.	Address	P	hone Number _	
4.	How long have you been there	e? Supe	ervisor's Name	
5.	Rate of Pay Hours	per week	Chance	of Advancement? □Yes □No
6.	How long have you been uner	mployed?		
7.	Previous Employer		How long w	ere you there?
8.	Rate of Pay Ho	ours per week		
2 nd Adı 1.	<u>ult:</u> Are you employed? □Yes □	No		
2.	Employer's Name		_ Job Title	
3.	Address	P	hone Number _	
4.	How long have you been there	e? Supe	ervisor's Name	
5.	Rate of Pay Hours	per week	Chance of	of Advancement? □Yes □No
6. 7.	How long have you been uner Previous Employer			ere you there?
8.	Rate of Pay Ho	ours per week		



Please list all forms of income and the amounts you receive:

	I	1		
Sources of Income	Name	Name	Name	Name
Indicate the amount of				
GROSS income per				
household member				
(monthly or weekly)				
Earned income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
SSI/SSDI/SDI/Social Security	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
CalWorks/Cash Aid	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Self-Employment Profits	\$	\$	\$	\$
General Relief	\$	\$	\$	\$
Other (rental income, student aid)	\$	\$	\$	\$
Total Each Column	\$	\$	\$	\$

FINANCES

1.	Does anyone else pay any or all of your bills? ☐Yes ☐No a. If yes, who and what are they paying?
2.	Do you have a savings account at this time? ☐Yes ☐No If yes, what is the balance?
3.	The Transitional Housing program requires that you save a percentage of your net income while you are in the program. To accomplish this you may need to give up cable, fast food and other restaurants, quit smoking, etc. Do you foresee any problem meeting the savings requirement? \Box Yes \Box No
4.	Do you have any other accounts in your name at this time (i.e.: pension, 401k, stocks, bonds, annuities, certificates of deposit, etc.) and what are the balances? \Box Yes \Box No Balance
5.	Are you current with your state and federal taxes? ☐ Yes ☐ No a. If not, how much do you owe? Are you making payments?
6.	Do you owe current or back child support? ☐Yes ☐No If yes, how much?
7.	Have you ever filed for bankruptcy? ☐Yes ☐ No If yes, explain



8. List all of your monthly payment requirements such as credit card payments, car payments, emmoney owed to utility companies, student loans, etc				
	AUTOMOBILE	_		
4				
1.	Do you have an automobile? Yes No			
2.	Do you own the car? a. If not, who owns this vehicle?			
	b. Whose name is on the registration?			
3.				
٥.	a. What is the monthly car payment?			
	b. What is the name of the finance company/bank?			
	c. Are you current with this payment? \Box Yes \Box No \Box If not, how much do you owe? $_$			
4.	Do you have auto insurance? ☐Yes ☐No (If yes, please submit proof of insurance)			
	a. How much is the monthly insurance payment?			
	<u>MISCELLANEOUS</u>			
1.	Do you have a storage unit?What is your monthly payment? a. Are you current on your payments? □Yes □No			
	b. If not, how much do you owe?			
	c. What are you storing?			
2.				
	b. How much do you pay?			
	c. Do you receive any childcare subsidies? □Yes □No			
	i. If yes, who do you receive assistance from?			
3.	Are you able and willing to perform cleaning to maintain your residence in good condition? I	⊒Yes □No		
4.	Do you have any pets? ☐ Yes ☐ No If yes, please list:			
5.	If you and the father/mother of your children are estranged, do you currently have an open case with the District Attorney? \square Yes \square No If not, please explain:	child support		
		<u> </u>		
	SUBSTANCE USE HISTORY	_		
1.	Does any member of your family have a history of:			
Δ.	a Smoking? \square Yes \square No If yes Name(s) of family member(s)			



	b. /	Alcohol Abuse? ☐ Yes ☐ No If yes Name(s) of family member(s)
	c.	Drug Abuse (i.e. marijuana, cocaine, heroin, LSD, metamphetamines, etc.) ☐ Yes ☐ No
		i. If yes, Name(s) of family member(s)
2. I	f yes to	any of the above, is/are the family member(s) in recovery and sober/clean? If yes, how long?
	a. _.	
	b	
3. <i>A</i>	اe you ا	willing to take a drug test to enter the Transitional Housing Program? \Box Yes \Box No
		DOMESTIC VIOLENCE
lave the		incidents of physical violence directed towards family members or property? ☐ Yes ☐ No blain:
		<u>LEGAL</u>
)iscuss a	any lega	Il issues such as warrants, pending lawsuits, child support situations, restraining orders,
		p, legal custody of children, physical custody of children, tax liens, spousal support, etc.:
1. H	las any	adult in the family ever been arrested? \square Yes \square No
	a.	If yes, did the family member serve jail time? \square Yes \square No \square Prison Time? \square Yes \square No
	b.	If yes, please provide dates:
	C.	Is he/she on parole? ☐ Yes ☐ No Length of parole? Probation? ☐ Yes ☐ No
	d.	Please discuss:
		<u>HEALTH</u>
1.	Are y	your children currently covered by health insurance? \square Yes \square No
	a.	Identify Provider
2.	Does	s any member of your family currently have a medical illness? Yes No
	a.	If yes, does this prevent her/him from working? \square Yes \square No
	b.	If yes, please describe why
3.	ls th	is family member receiving medical care? □ Yes □ No
	a.	If yes, what kind of service
4.		e any family members been diagnosed with a mental health condition? \square Yes \square No
	a.	If yes, what kind of mental health condition?
	b.	Does this prevent her/him from working? ☐ Yes ☐ No
	0	If yes, please describe why



a. If yes, what kind	5.	Is the family member receiving any form of mental health services? \square Yes \square No
7. Please list all medications that each family member is currently prescribed. 8. Are you or any member of your family receiving professional counseling at this time? Yes No a. If so, whom do you see? How much per session? 9. Are you willing, if accepted into this program, to attend monthly group workshops? Yes No PROGRAM GOALS by did you end up in your current situation? What were the main factors? ame three areas of your life that need the most attention and/or improvement.		a. If yes, what kind
8. Are you or any member of your family receiving professional counseling at this time? Yes No a. If so, whom do you see? How much per session? 9. Are you willing, if accepted into this program, to attend monthly group workshops? Yes No PROGRAM GOALS	6.	How many visits to the Emergency Room has your family made in the last 12 months?
a. If so, whom do you see? How much per session? 9. Are you willing, if accepted into this program, to attend monthly group workshops? Yes No PROGRAM GOALS bw did you end up in your current situation? What were the main factors? ame three areas of your life that need the most attention and/or improvement. ame three areas of your life that need the most attention and/or improvement.	7.	Please list all medications that each family member is currently prescribed
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	hat will	you do to improve in these areas?
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If offe	ered admission to our program, where do you see yourself in 3 months? In 6 months?
_	
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CLIENT RELEASE OF CREDIT HISTORY

I/We hereby authorize South County Outreach to review my full and complete credit report and driving record. I/We hereby authorize South County Outreach to process a Criminal Background Check.

Applicant's Name	_ Signature	
Applicant's Name	_ Signature	
	ed by South County Outreach during the screeni ogram by staff and volunteers to assist you in re	
All potential residents are subject to federal re	NG THIS APPLICATION equirements. Should an applicant deliberately solved to penalties under federal law. Those pendent for up to five years.	
I/We have answered the above confidential q	uestions to the best of my/our ability.	
Applicant's Name:	Date:	
Signature:	Ethnicity:	
Applicant's Name:	Date:	
Signature:	Ethnicity:	
	city solely for the purposes of providing statistic sitional Housing Program. South County Outread etc.	
I verify this information to be correct:		
South County Outreach Representative		Date



CONSENT TO RELEASE INFORMATION

Client's Name:		Date of Bir	th:
I, hereby, consent to the exch	nange of information betwe	en:	
South County Outreach 7 Whatney, Ste. B Irvine, CA 92618 949-380-8144, x208	AND		
	This exchange of infor	mation relate	es to:
	_ Any and all information r	elating to me	ental health
	Any and all information rela	nting to Case	Management
	AND/O	R	
	_ Other:		·
Note to client: South County records. Client Initial and date	_		y subpoena or legal request of client
You have the right to receive information at any time. How authorization. This authoriza	vever, information may hav	e already be	een released on the basis of this
1. Date on which you ch	oose to withdraw it.	Date:	Client Initial:
2. Date of discharge from	m this program if you		
are now an active cli	ent.	Date:	Client Initial:
3. At the end of 6 month	ns.	Date:	Client Initial:
4. Date of other occurre	nce as specified:	Date:	Client Initial:
Client Signature		Date	
Parent/Guardian/Conservato	or Signature (if applicable)	Date	
Case Manager/Witness Signa	ature	Date	