







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

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**

- Does anyone else pay any or all of your bills? Yes No  
 a. If yes, who and what are they paying? \_\_\_\_\_
- Do you have a savings account at this time? Yes No If yes, what is the balance? \_\_\_\_\_
- 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? Yes No
- 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? Yes No Balance \_\_\_\_\_
- Are you current with your state and federal taxes? Yes No  
 a. If not, how much do you owe? \_\_\_\_\_ Are you making payments? \_\_\_\_\_
- Do you owe current or back child support? Yes No If yes, how much? \_\_\_\_\_
- 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, etc. Include money owed to utility companies, student loans, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **AUTOMOBILE**

1. Do you have an automobile?  Yes  No
  - a. What is the year, make & model? \_\_\_\_\_
  - b. What is the condition of the car? \_\_\_\_\_
2. Do you own the car? \_\_\_\_\_
  - a. If not, who owns this vehicle? \_\_\_\_\_
  - b. Whose name is on the registration? \_\_\_\_\_
3. Is this car financed? \_\_\_\_\_
  - a. What is the monthly car payment? \_\_\_\_\_
  - b. What is the name of the finance company/bank? \_\_\_\_\_
  - c. Are you current with this payment?  Yes  No 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? \_\_\_\_\_

### **MISCELLANEOUS**

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. Do you have childcare established?
  - a. Where is the location? \_\_\_\_\_
  - 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?  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 child support case with the District Attorney?  Yes  No If not, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SUBSTANCE USE HISTORY**

1. Does any member of your family have a history of:
  - a. Smoking?  Yes  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. If yes to any of the above, is/are the family member(s) in recovery and sober/clean? If yes, how long?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
- 3. Are you willing to take a drug test to enter the Transitional Housing Program?  Yes  No

### **DOMESTIC VIOLENCE**

Have there been incidents of physical violence directed towards family members or property?  Yes  No  
If yes, please explain:

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### **LEGAL**

Discuss any legal issues such as warrants, pending lawsuits, child support situations, restraining orders, 51A guardianship, legal custody of children, physical custody of children, tax liens, spousal support, etc.:

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- 1. Has any adult in the family ever been arrested?  Yes  No
  - a. If yes, did the family member serve jail time?  Yes  No Prison Time?  Yes  No
  - b. If yes, please provide dates:\_\_\_\_\_
  - c. Is he/she on parole?  Yes  No Length of parole? \_\_\_\_\_ Probation?  Yes  No
  - d. Please discuss:\_\_\_\_\_

### **HEALTH**

- 1. Are your children currently covered by health insurance?  Yes  No
  - a. Identify Provider\_\_\_\_\_
- 2. Does any member of your family currently have a medical illness?  Yes  No
  - a. If yes, does this prevent her/him from working?  Yes  No
  - b. If yes, please describe why\_\_\_\_\_
- 3. Is this family member receiving medical care?  Yes  No
  - a. If yes, what kind of service \_\_\_\_\_
- 4. Have any family members been diagnosed with a mental health condition?  Yes  No
  - a. If yes, what kind of mental health condition?\_\_\_\_\_
  - b. Does this prevent her/him from working?  Yes  No
  - c. If yes, please describe why \_\_\_\_\_



- 5. Is the family member receiving any form of mental health services?  Yes  No
  - a. If yes, what kind \_\_\_\_\_
- 6. How many visits to the Emergency Room has your family made in the last 12 months? \_\_\_\_\_
- 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**

How did you end up in your current situation? What were the main factors?

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Name three areas of your life that need the most attention and/or improvement.

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

What will you do to improve in these areas?

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



If offered 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 \_\_\_\_\_

Note: This confidential information will be used by South County Outreach during the screening process and if admitted to the Transitional Housing Program by staff and volunteers to assist you in reaching self-sufficiency.

**SIGNING THIS APPLICATION**

All potential residents are subject to federal requirements. Should an applicant deliberately submit false information on this application, you will be subject to penalties under federal law. Those penalties may include fines up to \$10,000 and or imprisonment for up to five years.

***I/We have answered the above confidential questions to the best of my/our ability.***

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

*Note: South County Outreach asks your ethnicity solely for the purposes of providing statistics to the government and agencies that fund the Transitional Housing Program. South County Outreach does not discriminate based on ethnicity, gender, age, etc.*

I verify this information to be correct:

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South County Outreach Representative \_\_\_\_\_ Date \_\_\_\_\_





**CONSENT TO RELEASE INFORMATION**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, hereby, consent to the exchange of information between:

South County Outreach AND \_\_\_\_\_  
7 Whatney, Ste. B \_\_\_\_\_  
Irvine, CA 92618 \_\_\_\_\_  
949-380-8144, x208 \_\_\_\_\_

This exchange of information relates to:

- \_\_\_ Any and all information relating to mental health
- \_\_\_ Any and all information relating to Case Management

**AND/OR**

\_\_\_ Other: \_\_\_\_\_

**Note to client: South County Outreach will abide by laws guiding any subpoena or legal request of client records. Client Initial and date: \_\_\_\_\_**

*You have the right to receive a copy of this form. You may revoke this authorization to release information at any time. However, information may have already been released on the basis of this authorization. This authorization shall be terminated on the following conditions:*

- \_\_\_ 1. Date on which you choose to withdraw it. Date: \_\_\_\_\_ Client Initial: \_\_\_\_\_
- \_\_\_ 2. Date of discharge from this program if you  
are now an active client. Date: \_\_\_\_\_ Client Initial: \_\_\_\_\_
- \_\_\_ 3. At the end of 6 months. Date: \_\_\_\_\_ Client Initial: \_\_\_\_\_
- \_\_\_ 4. Date of other occurrence as specified: Date: \_\_\_\_\_ Client Initial: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Conservator Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager/Witness Signature

\_\_\_\_\_  
Date