



**HOUSING HISTORY**

1) Current Address: \_\_\_\_\_  
(street & number) (city & state) (zip) (phone)

How long have you lived at the above address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Is the above address a family member? Yes  No  Friend? Yes  No

Is the above address a program? Yes  No

If yes, Name of program: \_\_\_\_\_

Contact person, phone & Email: \_\_\_\_\_

2) Please list the last **two** previous addresses and the years you lived there:

#1) \_\_\_\_\_  
(date you moved in) (date you moved out)

\_\_\_\_\_

Why did you move from this address? \_\_\_\_\_

\_\_\_\_\_

#2) \_\_\_\_\_  
(date you moved in) (date you moved out)

\_\_\_\_\_

Why did you move from this address? \_\_\_\_\_

\_\_\_\_\_

4) Do you owe past utilities? (Electric/Gas/Water/Phone Bills) Yes  No

5) Do you have any unlawful detainers? Yes  No  If yes, how many? \_\_\_\_\_

**CHEMICAL HEALTH HISTORY**

1. Please describe your alcohol usage. Please be as specific as possible.  
(First age of use/What did you use/ how long did you use /amount of use /frequency of use)

2. Please describe your drug usage. Please be as specific as possible  
(First age of use/What did you use/ how long did you use /amount of use /frequency of use)

3. Do you have 90 days of Sobriety? Yes  No

What is your sober date? \_\_\_\_\_

How can your sobriety be verified? \_\_\_\_\_

4. Have you completed a substance abuse treatment program? Yes  No

List ALL treatment programs you have attended.

<u>Program Name</u>	<u>Dates Attended</u>	<u>Date Graduated</u>
A. _____	_____ to _____	_____
B. _____	_____ to _____	_____
C. _____	_____ to _____	_____
D. _____	_____ to _____	_____

If there are more treatment programs, please list on a separate sheet of paper.

4. What is your current recovery plan?

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5. Do you have a sponsor? Why or why not?

**CRIMINAL HISTORY**

1. Have you ever been convicted of a crime? Yes  No
2. Have you ever been incarcerated? Yes  No
- Do you have any pending charges? Yes  No
- Court? Yes  No

Offense	Year
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Incarcerated	Dates
1.	1.
2.	2.
3.	3.

3. Are you currently on probation? Yes  No

If yes, what is your parole officer's Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

4. Do you have any history of involvement with Child Protective Services? Yes  No

If yes, please explain: (year, what happened)

**HEALTH HISTORY**

1. Do you have health insurance coverage? Yes  No   
Insurance Carrier: \_\_\_\_\_

2. Do you have a current mental health diagnosis? Yes  No

3. Have you even been hospitalized for mental health reasons? Yes  No

Mental Health Diagnosis	Medications
1.	
2.	
3.	

Please list your therapist and psychiatrist's name and contact information:

Therapist \_\_\_\_\_ Psychiatrist \_\_\_\_\_

How would staff working with you know if you needed assistance with your mental health?

\_\_\_\_\_

\_\_\_\_\_

2. Do you have a disability? Yes  No   
If yes, please describe any special housing accommodations you require.

3. Do you have any physical health issues? Yes  No

Physical Health Diagnosis	Medication
1.	
2.	
3.	

4. Are you pregnant? Yes  No   
If yes, when is your due date? \_\_\_\_\_

5. Do you smoke? Yes  No   
If yes, how often? \_\_\_\_\_

6. Would you be interested in smoking cessation programming? Yes  No   
Why or why not?  
\_\_\_\_\_

**EDUCATION/EMPLOYMENT HISTORY**

1. What is the last grade of school you completed? \_\_\_\_\_ Received GED?  Yes  No

Do you have any post secondary education? \_\_\_\_\_

2. Are you currently enrolled in a job training program? Yes  No   
If yes, what types of program are you attending and where?

2. Are you currently enrolled in post-high school education?  
If yes, what school and program?

3. Are you able to work? Yes  No   
If no, please explain circumstances and what your plans are to support yourself?

4. Are you currently working? Yes  No   
If yes, where are you working and what is your position?

5. If you are not working or in school, what are your plans for employment/education?

6. Please list your work history:

Company Name	City, State	Position	Salary	Hrs/Wk	Reason for Leaving

**INCOME HISTORY**

1. List all sources of income (Wages, Child Support, GA, SS, SSI, MFIP)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Source \_\_\_\_\_

Source \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Source \_\_\_\_\_

Source \_\_\_\_\_

2. Do you receive MFIP?

Yes  No

Are you on FSS Status? Yes  No

If yes, for how long? \_\_\_\_\_

3. Are you currently working with an

employment program? Yes  No

If yes, which one?

4. How do you plan to pay the monthly rent?

5. How do you plan to pay the *damage deposit*?

**MARITAL STATUS/SPOUSE/PARTNER INFORMATION**

1. What is your marital status? \_\_\_Single \_\_\_Married\_\_\_ Divorced \_\_\_ Separated \_\_\_Widowed

2. Do you have a significant other?  Yes  No  
If yes, please list the following information:

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

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address: Street: \_\_\_\_\_ Apt #\_\_\_\_ City/St/ZIP: \_\_\_\_\_

Does spouse/partner have a history of domestic violence? Yes  No   
Does spouse/partner have a legal record? Yes  No   
Are there protection orders in place? Yes  No

3. Do you have any orders of protection against anyone? Yes  No   
If yes, please explain:

4. Are there any orders of protection against you? Yes  No   
If yes, please explain:

How do you show that you are serious about your sobriety and recovery?

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Please list your personal challenges, and what supports do you need in place to meet those challenges?

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**All of the information that I have given on this application is true. I understand that any intentional falsification could result in my not being accepted into Perspectives Supportive Housing Program. If accepted, I agree to follow program guidelines and expectations.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FAMILY INFORMATION

(Include all children who will be living with and/or regularly visiting you in the program.)

1. Child's Name \_\_\_\_\_

First

Last

Grade

Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Male  Female  Transgender

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

African American/Black    Caucasian    Asian    American Indian  
 Alaskan Native    Pacific Islander    Native Hawaiian

Ethnicity    Hispanic    Non-Hispanic

If this child is school age, what school does/did your child attend?

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Does your child receive any special services at school?    Yes    No

If yes, What services? \_\_\_\_\_

Do you have custody of this child?    Yes    No

Is child protection currently involved with this child?    Yes    No

Has child protection been involved with this child in the last 3 years?    Yes    No

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Father's relationship to this child: \_\_\_\_\_

### Caregiver Information

Present Caregiver (if not you):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Caregiver's relationship to this child: \_\_\_\_\_

Dates child has been in caregivers care: From \_\_\_\_\_ To \_\_\_\_\_

### Health Information

Does this child have any existing or past medical or mental health concerns?    Yes    No

If yes, please describe: \_\_\_\_\_

Does this child see a therapist?    Yes    No

If yes, Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any additional information you would like us to know about this child? (*legal issues or chemical usage*)

**FAMILY INFORMATION**

**(Include all children who will be living with and/or regularly visiting you in the program.)**

**2. Child's Name** \_\_\_\_\_

**First**

**Last**

**Grade**

Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Male  Female  Transgender

Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**3. Child's Name** \_\_\_\_\_

**First** \_\_\_\_\_ **Last** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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