

Old Pueblo Community Services

Families Program Requirements

PLEASE READ BEFORE FILLING OUT APPLICATION

To apply for the program, you MUST meet ALL of the following:

- Be homeless and documented as such (eviction letter or letters from previous agencies verifying homeless status)
- Have a history of substance abuse (drugs and/or alcohol).
- Have a felony or other history with the criminal justice system
- Have custody of child/children (and documentation of such) before program entry

Additionally, to qualify for the program you must be willing and able to do the following if accepted:

- Work 32-40 hours per week, within 30 days after moving into the apartment.
- Attend at least 2 NA,CA, AA or SMART groups per week, providing documentation of such submitted to your case manager.
- Attend all meetings or appointments with your case manager. If you are unable to attend appointments, please contact your case manager 24 hours in advance to reschedule the appointment.
- Prepare monthly household budgets
- Pay court fines and/or restitution as we assist you.
- Obtain a credit report before entering program.
- Drug test as requested. **FAILURE to provide urinalysis or call in will result in termination from the program. DILUTED drops are considered to be dirty and could result in termination.**
- Maintain all receipts and check stubs to review with case manager during monthly budget planning.
- Permit NO roommates or overnight guests in your apartment at any time. **Please seek prior approval for out of town visitors.**
- Obtain a savings account upon attaining employment and provide documentation.
- Notify case manager of any changes in your programs with other social services such as CPS, parole, probation, etc.
- Review budget and discuss with case manager prior to making any major purchases and/or monthly obligations i.e., cable, car payments, etc..
- Agree to pay rent differential with property management company (ask case manager for clarification).
- Agree to pay programs fees if directed by case manager (ask case manager for clarification).
- Provide proper identification and social security documentation for all adults and children.
- Provide birth certificates of all children.
- Provide documentation of child custody.

INFORMATION NEEDED FOR FAMILY FILE:

- ____ Copy of parent's government picture I.D.
- ____ Copy of social security cards for children and parents
- ____ Copy of children's birth certificates
- ____ Verification of income (copy of check stub, DES award letter)
- ____ Documentation of homelessness (letter from shelter, treatment program, eviction notice, family member)



Old Pueblo Community Services Families Application (10/09)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble reading and writing, let your case manager know.

APPLICANT INFORMATION (Please Print)

Name: _____ Case/DOC#: _____ Today's Date: _____
 Date of Birth: _____ Age: _____ SS#: _____ **Circle One:** Single Married Divorced Separated Widowed
 Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____
 Gender: **(Circle)** M F Are you pregnant? **YES NO** Veteran? **YES NO** If Veteran, Type of Discharge _____ Hispanic Y N
 If pregnant, how long? _____ Current Contact Phone (____) _____
 How did you hear about our program? _____ Ethnicity: _____
 Where did you grow up? _____ Do you have financial support? **YES NO**
In case of emergency notify: Name _____ Relationship _____
 Phone (____) _____ Address _____ City _____ State _____
 When I leave the program forward my mail to: _____

SPOUSE INFORMATION (if any)

Name: _____ Case/DOC#/: _____ Today's Date: _____
 Date of Birth: _____ Age: _____ SS#: _____ **Circle One:** Single Married Divorced Separated Widowed
 Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: _____
 Gender: **(Circle)** Male Female Are you pregnant? **YES NO** Veteran? **YES NO** If Veteran, Type of Discharge _____
 If pregnant, how long? _____ Current Contact Phone (____) _____
 How did you hear about our program? _____
 Where did you grow up? _____ Do you have financial support? **YES NO**
In case of emergency notify: Name _____ Relationship _____
 Phone (____) _____ Address _____ City _____ State _____
 When I leave the program forward my mail to: _____

ALCOHOL AND DRUG USE (if any)

Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Comments:
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					
Designer Drugs					
Pain Medication					
Other					
Other					

Drug of Choice: _____ List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) _____

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? _____
 Are you willing to attend two 12 step or SMART Recovery meetings a week? **YES NO**
 If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**
 How many attempts have you made to get clean and sober in the past? _____ Most clean/sober time attained? _____

EMPLOYMENT HISTORY (List Most Recent Employer First - Do NOT List DOC Employment)

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Do you have any vocational training? (If yes please list) _____

Do you have any job prospects? **YES NO** What are they? _____

What are your job interests? _____ What is your occupation? _____

Are you able to work? **YES NO** What are your short term employment goals? _____

EDUCATION HISTORY

Highest Grade Completed _____ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College University Other: _____ Last year in school? _____

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

BRIEF MEDICAL HISTORY

Are you under physician's care? **YES NO** If yes, why? _____

Doctor's Name: _____ Phone: _____ Agency: _____

List all past and current physical medical issues: _____

List all past and current psychiatric encounters: _____

Are you under the care of a behavior health facility? **YES NO** Agency Name _____ How long? _____

Caseworker/Doctor Name: _____ Phone: _____ Diagnosis: _____

List ALL Medications Prescribed: _____

_____ Will your doctor prepare a work release letter? **YES NO**

Have you ever attempted suicide? **YES NO** If yes, explain: Date: _____ Where: _____

Circumstances: _____

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: _____

LEGAL HISTORY (if any)

Do you have current charges? **YES NO** If yes, what? _____ If yes, next court date: _____

Explain: _____

Are you on supervision? (Circle One) IPS Direct Regular Parole Fed Probation Pre-Trial CPS Other Drug Court No Supervision

Supervision Agency: _____

PO Name _____ Phone: _____ Office Location _____

Do you have court fines? **YES NO** How much? _____ Do you have community service? **YES NO** How Many Hours? _____

If court fines, explain: _____

Do you have restitution fines? **YES NO** How much? _____ Monthly Payments? _____

Do you have child support payments? **YES NO** How much? _____ Monthly Payments? _____

If restitution, explain: _____

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: _____

Have you been to prison? _____ How Many Times? _____ Released when? _____

Where? _____ When: _____

Have you been to county jail? _____ How many times? _____ Released when? _____

Where? _____ When: _____

Arrest Warrants: **YES NO** Where: _____ What For: _____

Explain: _____

CPS INVOLVEMENT (if any)

Circle One: **YES NO** If yes, Why _____

Date of Involvement: _____ Case Worker Name: _____ Phone: (____) _____

Describe Circumstances: _____

ETHNICITY (Circle One)

Hispanic or Latino Non-Hispanic or Non-Latino

RACE (Circle One)

American Indian or Alaskan Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander White or Caucasian

CURRENT MONTHLY BENEFITS RECEIVED: (Circle all that apply)

Type	Amount	Type	Amount
Employment Income		DES Food Stamp	
Unemployment Income		SSI	
Child Support		TANF	
General Assistance		SSD	
Veterans		Bus Pass	
Other		Total	
Total		Total Value of Services Received:	

Other Benefits explained: _____

CHILDREN INFORMATION

Childs Name: _____ DOB: _____ Age: _____ Sex M F

SS#: _____ SS Card: Y N Custody: Y N Birth Certificate: Y N Will have custody when? _____

Childs Name: _____ DOB: _____ Age: _____ Sex M F

SS#: _____ SS Card: Y N Custody: Y N Birth Certificate: Y N Will have custody when? _____

Childs Name: _____ DOB: _____ Age: _____ Sex M F

SS#: _____ SS Card: Y N Custody: Y N Birth Certificate: Y N Will have custody when? _____

WHY ARE YOU HOMELESS? (Circle all that apply)

- | | | |
|-----------------------|-----------------------|----------------------------|
| Choose Not To Work | Loss of Employment | Poor Health |
| Emotional Problems | Lost Marriage/Divorce | Substance Abuse |
| Eviction | Mentally Ill | Transient Life |
| Incarceration | Minimal Skills | Lack of Affordable Housing |
| Lack of Clothes/Boots | No Work Skills | Personal Crisis |
| Loss of Benefits | Not Homeless | |

Explain: _____

REASONS FOR LEAVING PRIOR HOUSING (Circle all that apply)

- | | | |
|--------------------|---------------------------------------|----------------------------|
| Substance Abuse | Discharged | Parole/Probation Violation |
| Marital Separation | Non-payment of rent/occupancy charge | Destruction of property |
| Loss of Employment | Non-compliance with housing authority | Arrested |
| Completed Program | Criminal activity/ violence | Other: _____ |

Explain: _____

EMPLOYMENT BARRIERS (Circle all that apply)

- | | | |
|---------------------|------------------------|--------------------|
| Choose Not To Work | Lack of Identification | No Tools |
| Need Detoxification | Loss of Benefits | No Transportation |
| Dependent Children | Psychiatric Diagnosis | No Work Skills |
| Emotional Problems | Minimal Skills | Personal Crisis |
| Felony Conviction | No Clothes | Poor Health |
| Incarceration | No Day care | Poor Work History |
| Lack Clothes | No Skills | Pregnant |
| Transient Life | Substance Abuse | No Barriers |

Explain: _____

VERIFICATION

Application forms require this information to process. Who can we call to verify this application? (Circle All) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial CPS Rep Vet Rep Other _____

Contact #1 _____ Agency _____ Phone # () _____

Contact #2 _____ Agency _____ Phone # () _____

Contact #3 _____ Agency _____ Phone # () _____

Did you read and understand program guidelines? YES NO Are you clear on what is expected of you? YES NO

HOUSING DEPOSIT: All residents may be required to pay a \$250.00 housing deposit. *If you are unable to pay the deposit, please sign below providing OPCS authorization to review your bank account.*

By signing below I provide OPCS authorization to review my banking account for the purposes of verifying indigent status: (Sign here)

Date: _____

By signing below I provide OPCS authorization to share information included in this application with referring agencies:

(Sign here) _____ Date: _____

All information on this application is true to the best of my ability:

Client Name (Print) _____ Client Signature _____ Date _____

Spouse Name (Print) _____ Client Signature _____ Date _____

OFFICE USE ONLY

SPECIAL NEEDS (To be filled out by Case Manager)

HIV/AIDS _____

Psychiatric Diagnosis _____

Alcohol Abuse _____

Drug Abuse _____

Physical Disability _____

Developmental Disability _____

Domestic Violence _____

Other: _____

APPLICATION DISPOSITION

Pre-Screen/Intake Specialist: _____ APPROVED FOR HOUSE ON _____

DENIED FOR HOUSE AND REASON WHY _____

Denied By: _____ Date: _____

Credit History

_____ Has Applicant called TEP to obtain account number and verify amount owed: _____

_____ Has Applicant called Southwest Gas to obtain account number and verify amount owed: _____

Note: Resident must pay off all over due utility bills prior to approval for apartment and/or check request.

_____ Information verified by: _____

_____ Verified outstanding debt by credit report _____

_____ Verified information of CPS involvement and/or supervision by outside agencies _____

INFORMATION NEEDED FOR FAMILY FILE BEFORE APPROVAL & ENTRY:

- _____ Copy of parent's government picture I.D.
- _____ Copy of social security cards for children and parents
- _____ Copy of children's birth certificates
- _____ Verification of income (copy of check stub, DES award letter, etc)
- _____ Documentation of homelessness (letter from shelter, treatment program, eviction notice, family member, etc.)

Intake Notes: _____

What abilities do you think you possess that will help you be successful in our families program?

What are your reasons for applying to the family housing program?

What actions do you think you will need to take in order to accomplish the goal of independent living?

What are your other options if family housing is denied?
