



Old Pueblo Community Services Veterans GPD Program Resident Application (4-11)

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 writing, get help, or let us know.

APPLICANT INFORMATION (Please Print)

Name: _____ Case/DOC#: _____ Today's Date: _____

Current Address: _____ Phone: _____ Cell#: _____

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: _____

Discharge Date from Military? _____ Type of Discharge: _____

Explain Circumstances of Discharge: _____

Have you ever been in any OPCS Program: **YES NO** When? _____ How long? _____

Which Veteran's Program are you applying for? _____

Gender: **(Circle) Male Female** Are you pregnant? **YES NO** Are you currently receiving VA Services? **YES NO**

Explain: _____

If pregnant, how long? _____ Current Contact Phone (____) _____

How did you hear about our program? _____ Race: _____ Hispanic Y N

Where did you grow up? _____

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? _____

If mandated on your treatment plan, are you willing to attend 12 step or SMART Recovery meetings a week? **YES NO**

If attending a 12 Step or SMART Group, are you willing to work with a sponsor/mentor 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)

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, if any? _____

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 ever been arrested for arson? **YES NO** If yes, Explain: _____

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

Where? _____ Dates Incarcerated: _____

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

Where? _____ Dates Incarcerated: _____

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

Explain: _____

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
American/Alaskan Native & White	Asian & White	Black African American & White
American/Alaskan Native & Black	Other Multi-Racial	

CURRENT MONTHLY BENEFITS RECEIVED: (Circle all that apply)

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

Other Benefits explained: _____

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. If disabled disregard)

Choose Not To Work
Need Detoxification
Dependent Children
Emotional Problems
Felony Conviction
Incarceration
Lack Clothes
Transient Life

Lack of Identification
Loss of Benefits
Psychiatric Diagnosis
Minimal Skills
No Clothes
No Day care
No Skills
Substance Abuse

No Tools
No Transportation
No Work Skills
Personal Crisis
Poor Health
Poor Work History
Pregnant
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 Vet Rep Other _____

Contact #1 _____ Agency _____ Phone # () _____

Contact #2 _____ Agency _____ Phone # () _____

Contact #3 _____ Agency _____ Phone # () _____

Did you read and understand the program lodging agreement? **YES NO** Are you clear on what is expected of you? **YES NO**

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

Client 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 YES NO**

If denied, why? _____

Denied By: _____ Date: _____

Intake Notes: _____

Please tell us why you desire to enter the GPD Veterans Program:

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

What are your reasons for applying to the Veterans 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 housing is denied?



Old Pueblo Community Services Veteran's Grant and Per Diem Program (GPD)

HOUSE POLICIES - LODGING AGREEMENT (4/11)

The undersigned understands and acknowledges that our **VA Grant Per Diem Program** is an alcohol- and drug free shared housing property managed by Old Pueblo Community Services. The undersigned resides in the capacity of a lodger sharing a housing unit and not as a tenant with rights or possession of space exclusively. The undersigned agrees to pay program fees of 30% of income.

The undersigned lodger agrees to participate in and abide by the policies and rules. The undersigned agrees to vacate the shared accommodation when the rules are violated. The following house policies are to be observed by all residents. These policies have been set forth to maintain a clean, safe, and healthy living environment for those in recovery. Our plan is to help each resident attain their goals of self-sufficiency by staying clean and sober, finding and maintaining employment, and learning how to live independently.

THIS AGREEMENT, entered on this day of _____ between Old Pueblo Community Services and (resident) _____ regarding clean living residency at GPD Veterans Grant Per Diem Program, includes the following conditions:

RESIDENT RIGHTS

Violence-Free Environment: Maintaining a violence-free environment is critical to establishing a sense of safety. For this reason, violating the rights of others to receive services in a violence-free environment may be grounds for terminating some or all services. Intimidation or violence towards residents or staff is prohibited. Please respect your peers and housing staff. No weapons of any kind are allowed on property.

1. **Spiritual Customs:** Residents have a right to practice any cultural, religious or spiritual customs. For the safety and respect of all, please do not impose any of your beliefs, try to recruit anyone to practice your religion, or practice any customs that involve fire or smoke inside the house.
2. **Privacy:** Residents may not enter another person's room without permission. OPCS staff will not discuss resident information, including billing agreements or program concerns, with other residents.
3. **Complaints and Grievances:** Residents may file a complaint or grievance with OPCS staff. Complaints and/or grievances will not adversely impact resident services.

RESIDENT BENEFITS

1. **Bus Passes:** OPCS will refer clients to Sun Tran for discounted bus costs. New residents may be given a bus pass to get started if needed.
2. **Food & Food Cards:** House manager makes weekly runs to the Food Bank to pick up staple food for all residents. If the GPD resident does not get food stamps or have any income, the GPD resident will be provided with a \$30 food card each week by Old Pueblo Community Services.
3. **Telephone and Cable TVs:** Telephones are available in each unit with voice mail. Full service Cable TV services are available.
4. **Laundry:** Laundry facilities are located on site. A weekly laundry allowance will be provided by the case manager for those with no income.
5. **Wireless Internet Service:** Is available to those with laptop computers, for no additional charge.

RESIDENT RESPONSIBILITIES

Respect for Residents and Staff

1. **Conduct:** Residents will treat the Old Pueblo Community Services staff with courtesy and respect; in turn, will be treated the same.
2. **Visitors:** Guests are to be entertained on the outside at common patio areas only from 9am through 8pm Saturday and Sunday, and 9am through 6 pm Monday through Friday. Guests must never be left unattended. No overnight guests. If any guests cause dissension within the house, that guest will be asked to leave. Visits with sponsors are encouraged.
3. **New Arrival Curfew:** All new residents will stay on property until seen by case manager. The lodging agreement needs to be signed before one leaves the property. Those capable of working must obtain employment immediately. The GPD and VA case manager will create a detailed case plan with each resident.
4. **Standard Curfew:** All residents will be expected to return to the house by 10:00 pm Sunday – Thursday, and 11:00 pm Friday & Saturday. For those late for curfew, you may be required to drug test for the house manager. A client needs specific permission to leave for work any earlier than 5:00 am.
5. **Noise Levels:** We ask that you respect your fellow residents and play radios and televisions at reasonable volume levels.
6. **Smoking:** *Absolutely no* smoking in the house due to insurance liabilities. No burning of candles or incense. Smoking is allowed in designated smoking areas only.
7. **Pets:** Residents are not permitted to have any pets.
8. **Sanitation:** Program participants have the right to live in a clean and welcoming environment. Resident will keep the premises clean at all times, and upon discharge will leave the premises in as good condition as when this agreement was entered. Each resident is requested to eat food in common areas and wash their own dishes immediately after eating. Residents are responsible for cleaning of all community living areas, such as, kitchen, bathroom, living room, den, patios, backyard & grounds, and laundry room. All residents are assigned weekly house chores.

Respect for Self

1. **Sexual Activity:** No sexual activity in the house or on the grounds at any time.
2. **Drug and Alcohol Use:** Occupancy is made available on the strict understanding that the house is to be, at all times, drug- and alcohol-free. Alcohol and illegal drugs are not allowed on program premises. In addition, guests of a resident who are under the influence of any type of mind altering substances are not

permitted, at any time on the grounds. **ALL CLIENTS WILL BE REQUIRED TO SUBMIT TO RANDOM URINE TESTING WHEN REQUESTED BY STAFF.**

3. **Medication:** The program does not dispense medication. Our policy prohibits abusing prescribed medications. You must secure your medications and no sharing of any resident's prescribed medications is allowed. Old Pueblo Community Services and GPD case managers, in conjunction with advice from VA medical professionals, will make decisions on medications. If VA staff and OPCS staff determines that a resident's prescribed medication is detrimental to other residents, that resident will be referred to other housing.
4. **Dress Code:** All residents must be properly attired in the common areas.
5. **Pornography:** No pornography is allowed in the facility.

Respect for Property

1. **Alterations to Property:** Residents may not make any alterations to the property. This includes installation of paneling, flooring, built in decorations, partitions or railings, shades, blinds, window guards, in or outside of the premises, or drilling or attaching anything to the floors, walls or ceiling. In addition, residents may not bring in any dish washing, clothes washing, heating, ventilating, or air conditioning units, and may not have any water filled furniture, refrigerator or coffee pot in the bedroom.
2. **Vehicles:** To operate and/or park a motor vehicle while residing at the facility, a valid driver's license, proof of insurance and registration are required and copies need to be on file at the office. Non-running vehicles are not allowed to be parked on any of the residential facilities. They will be towed at your expense.
3. **Weapons:** No weapons of any kind are allowed on premises.

Financial Accountability

1. **Program Fees:** Program fees are due once a resident is working or collecting income of any kind including a pension and/or benefits. Program fees will start at \$87.50 per week until documentation of income can be reviewed by the case manager. Documentation of income must be provided to the case manager within 30 days of entry or the resident will be subject to a case review. Program fees will never exceed 30% of adjusted income or \$350.00 per month. Any overpayment made during the first 30 days will be applied to subsequent program fees. Fees are due on the day determined by your case manager. Only money orders are accepted and house manager will collect the fees and write the receipts. All residents are required to maintain records of income and share with case manager regularly.
2. **Payment Plans:** *Payment plans* will be written for residents that are \$400.00 or more in behind in program fees. Payment is required by all those who receive income. They will be written by the case manager and the client together. Once resident agrees to the Payment Plan the document will be signed and enforced.
3. **Budgeting:** Your case manager will aid you in maintaining a monthly budget if requested.

Basic Resident Information

1. **Probation/Parole Requirements:** If you are on probation/parole or supervision of any kind, you must continue to abide by all rules set down by your supervising agency.
2. **Activity/Work Plan:** We require all residents to participate in an assigned case plan; which could involve day programs, employment, or volunteer work. All residents that are required to work will be dressed and out of the house by 8:00 am and cannot return until 4:00 pm, during the week. Daily schedules for program residents will be followed. Residents having trouble acquiring employment are to ask staff for help. See employment opportunity sheet in introduction package.
3. **Community Service:** Residents can participate in community service at each property if approved by parole/probation officer. House manager will supervise and sign off on all work.
4. **Passes:** Pass request forms must be completed with a minimum of one week's notice and turned into case manager. The Case Manager along with the supervisory agency will approve all passes based on performance in the house. You must have completed a successful 24 hour pass before being given a 48 hour pass.
5. **Sleeping:** Residents are requested to sleep in bedrooms, not in the living room.
6. **House Activities:** All residents are required to participate in all house activities including weekly house meetings, group and individual sessions, and weekly housekeeping duties.
House Meeting:: _____ Process Group: _____
Workshop: _____ Voluntary Peer to Peer Group: _____
7. **Twelve Step/SMART Meeting Attendance:** All residents are required to attend 2 outside 12step/SMART meetings per week or as indicated on treatment plan. Meeting attendance slips will be turned in to the house manager prior to weekly house meetings.
8. **Sponsors/Mentors:** Attendance with 12 step/SMART Recovery meetings are required and it is important to get a 12-step sponsor and/or mentor immediately. See Narcotics Anonymous "Sponsorship" pamphlet in your intake package for more clarification on the value of the sponsor relationship..
9. **House Liability:** Old Pueblo Community Services is not liable for any personal property *during or after* the resident's discharge from the house. Please limit what you bring. Old Pueblo Community Services will dispose of all personal property 30 days from discharge date. A written notice must be submitted to the case/house manager upon departure for anyone else to pick up personal property.

Please print the following on the line below: **I HAVE READ AND UNDERSTAND HOUSE POLICIES AND LODGING AGREEMENT**

Signature of Lodger: _____

Dated: _____

Printed Name of Lodger: _____

Dated: _____

Signature of Staff Member: _____

Dated: _____