

Application Housing Services

Name:		Phone:		Referring Agency:			
Email:							
DOB:		Age:					
Current Address:							
City:		State:		Shelter Case Manager:			
Zip Code:							
Primary Language:				Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at https://veterans.portal.texas.gov/			
Choose one Race: AA/B W MR AI HN/PI A B/O African America/Black-AA/B, White-W, African American/White-MR; American Indian-AI, Hawaii Native/Pacific Islander-HN/PI, Asian-A, Balance/Other-B/O							
Ethnicity: Hispanic-H, Non-Hispanic-NH		Transgender: Female to Male/Male to Female					
Ethnicity: H NH		Gender: F M T-F/M T-M/F					
Household Type		Marital Status		Military Service		Education Level	
Single-Individual Single Parent – Female Single Parent – Male Two Parent w/Children 2-Adult no Children		Single Married Divorced Separated Widowed Common Law		Veteran Yes No Branch of Service: _____ Years Served: _____		Highest grade completed: _____ Diploma GED Associate Bachelors/Masters Certificate	
Household Composition Gender: Female-F, Male-M Race: African America/Black-AA/B, White-W, African American/White-MR; American Indian-AI, Hawaii Native/Pacific Islander-HN/PI, Asian Ethnicity: Hispanic-H, Non-Hispanic-NH							
Name	DOB	Age	Gender	Choose One Race	Ethnicity	Relationship to Head of Household	With whom is the child living?
			<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
			<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
			<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
			<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
		<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
		<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
		<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
		<input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> M		H NH		
Current Living Situation							
Emergency Shelter				Unsafe/Unsuitable housing			
Hotel/Motel- Paid by:				Transitional housing for homeless			
Must leave current living situation- Date:				Fleeing domestic violence			
Unsheltered: Park, car, abandoned building, etc.				Recently discharged from hospital, jail, foster care, etc.			
Other:							
Where did you sleep last night?							
How long have you been living in your current situation?							
YES	NO						
		Have you ever been enrolled in a Center for Transforming Lives Housing Program?					
		Do you own a car? Make: _____ Year: _____ Model: _____ Color: _____ License Plate # _____					
		If you do not have a vehicle, what form of transportation do you use?					
		Do you have an animal, if so what type? Registered Service Animal Dog Cat Other: Specify: _____					
		Do you have a place to house/board the animal if not a registered service animal? NA					

Relationships			
YES	NO		
		Do you have the support of family, friends, or church members? If YES, explain the type of help you need from them or the type of help they have provided for you in the past.	
		Can you live with a family member or someone in your support system? Explain:	
		Are you currently a victim of domestic or intimate partner violence?	
		Do you or other family members receive crime victim's compensation? If NO, would you like to be connected to a Victims Advocate? Yes No	
Have you ever been a victim of any of the following? N/A Yes <u>If Yes, check all that apply:</u>			
Adult Molested as Child	Child Pornography	Human Trafficking-Labor	Stalking/Harassment
Adult Physical Assault	Child Sexual Abuse	Human Trafficking-Sexual	Survivor Homicide (Victim)
Adult Sexual Assault	Domestic Violence	Identity Theft	Teen Dating Violence
Arson	DUI/DWI	Kidnapping/Custodial	Terrorism: Dom/Int.
Bullying	Elder Abuse/Neglect	Kidnapping/Non-custodial	Vehicle (hit/run)
Burglary	Forced Prostitution	Mass Violence	Violation CT. Order
Child Abuse/Neglect	Hate Crime; Type:	Robbery	Other: _____
Employment/Income		Unearned Income/Mainstream Benefits	
Do you currently work? Yes No			
Employer: _____		Alimony	\$ _____
Address: _____		Child Support	\$ _____
Phone: _____		SNAP	\$ _____
Position: _____		SSI/SSDI	\$ _____
Dates Employed? _____		TANF	\$ _____
Hours per week: _____ Hourly Pay Rate: \$ _____		Unemployment	\$ _____
Reason for leaving: _____		VA Benefits	\$ _____
		WIC	\$ _____
		Other:	\$ _____
Previous Employer:		Child Care	
Address: _____		YES	NO
Phone: _____			Do you require childcare for your child(ren)?
Position: _____			Is your child(ren) currently enrolled or attending in childcare? If Yes, where: _____
Dates Employed? _____			Are you able to obtain employment?
Hours per week: _____ Hourly Pay Rate: \$ _____			Are you willing to work?
Reason for leaving: _____			
Rental History			
YES	NO		
		Have you had a broken lease agreement? If YES, when and why?	1 2-3 4-9 10 or more
		Have you ever been evicted from housing? If YES, when and why?	If YES, how many times? 1 2-3 4-9 10 or more
		Do you owe money for unpaid rent? If so, how much? _____	
		Have you ever had utilities in your name?	
		Do you owe money for unpaid utilities? If YES, how much? _____ What Utility company? _____	

Substance Abuse				
Alcohol	Never used	Currently using	Past use	Age first used
Amphetamines	Never used	Currently using	Past use	Age first used
Anti-anxiety (e.g. Valium)	Never used	Currently using	Past use	Age first used
Barbiturates	Never used	Currently using	Past use	Age first used
Cocaine/crack	Never used	Currently using	Past use	Age first used
LSD/acid	Never used	Currently using	Past use	Age first used
Marijuana/hash	Never used	Currently using	Past use	Age first used
Meth/Crystal meth	Never used	Currently using	Past use	Age first used
Painkillers (e.g., OxyContin)	Never used	Currently using	Past use	Age first used
Other:	Never used	Currently using	Past use	Age first used

When was the last day you used drugs/alcohol?

How much alcohol do you drink in one day?

Name drugs you have used by injection.

Have you used heroin/Fentanyl in the past 12 months? Yes No

Physical Health

Information requested below will be used to link you with housing and supportive services best suited to meet your needs; it will not be used to screen you out of any housing service program. Are you or anyone in your household experiencing or receiving services for any of the medical conditions listed below? N/A

Autoimmune Disorder	Diabetes	Hearing Problems	Mobility Problems	Chronic Substance Use
Blood Disorder	Dialysis	Heart Disease	Pregnant: Months? ____	Other: _____
Cancer	Drugs or Alcohol	Hepatitis	Respiratory Problems	
Developmental Disorder	Epilepsy	HIV or AIDS	Vision Problems	

Medication List the medication you are currently prescribed

Medication	Reason Prescribed	Prescribe to

YES	NO	
		Do you take the medication as prescribed? If No, explain:
		Are you interested in obtaining medication?

Mental Health

Information requested below will be used to link you with housing and supportive services best suited to meet your needs; it will not be used to screen you out of any housing service program. Are you or anyone in your household experiencing or receiving services for any of the mental health diagnoses listed below? N/A

Acute Stress Disorder	Depression	Schizophrenia
Anxiety Disorder	Developmental Disorder	Schizoaffective
Attention Deficit Disorder/ADHD	Mood Disorder	Sleep Disorder
Autism	Obsessive Compulsive Disorder	Other: _____
Bipolar Disorder	Panic Disorder	
Borderline Personality Disorder	PTSD	

Psychotropic Medication List the medication you are currently prescribed

Medication	Reason Prescribed	Prescribed to

YES	NO	
		Do you take the medication as prescribed? If No, explain:
		Are you interested in obtaining medication?

Residential History		
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Street Address:		
City:	State:	Zip code:
From:	To:	Reason for leaving:
Street Address:		
City:	State:	Zip code:
From:	To:	Reason for leaving:
Street Address:		
City:	State:	Zip code:
From:	To:	Reason for leaving:

Legal/Civil		
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YES	NO	
		Do you have any active warrants or unpaid tickets?
		Have you ever been charged or convicted of a felony or misdemeanor? Explain:
		Are you currently on probation/parole? If yes, when does it end? _____ Probation Officer Name: _____ Phone: _____ Email: _____
		Have you ever had any involvement with Child Protective Services (CPS)?
		Do you currently have an open CPS case? Case Worker Name: _____ Phone: _____ Email: _____

Safety		
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YES	NO	
		Do you currently have thoughts of killing yourself?
		Have you ever thought about killing yourself?
		Have you ever tried to commit suicide? If so, explain:
		Have you ever self-harmed? If so, when/what method?
		Has a family member or anyone close to you committed or attempted suicide? If so, who?
		Have you ever been admitted to a mental health hospital? If so, when?
		Have you ever had counseling? If so, where?

Your signature on this Housing Services Application certifies the information you provided is true and correct and false or inaccurate information may disqualify you for services. Your signature indicates you understand eligibility and admission decisions are determined in adherence to agency eligibility and admission policy. Submitting this application is not a guarantee of program acceptance. Your signature further certifies that neither you nor a member of your household is employed by CTL or serves on the board of directors in any capacity (or served within the last 12 months).

Applicant Signature

Date

