

Legacy House Transitional Housing Program Application 06-08

Date: __/__/__

Name: _____ Age: _____

Birth Date: __/__/__ Social Security Number: ___-___-___

Gender: Male Female

Ethnicity: Caucasian African-American Hispanic

Asian Native American Other

Are you a citizen or permanent legal resident of the United States? Yes No

If you are a permanent legal resident, please provide A# _____.

If no, please explain the current status of your residency, type of visa and number:

_____.

Are you a Veteran? Yes No

Marital Status: Married Separated Single Divorced Widowed

Safe Contact/Message Number: _____

Do you have any of the following:

Drivers License: Yes No

Birth Certificate: Yes No

Social Security Card: Yes No

State I.D: Yes No

Recent Credit History Check: Yes No

If no, please complete the next section:

I give AWARE, Inc permission to request a recent Credit History Check.

I do NOT give AWARE, Inc permission to request a recent Credit History Check.

Applicant Signature

Date

Please list all minor children that will be residing with you in the units:

Name	Age	D.O.B	SSI#	Gender	Race

Is the perpetrator father to any of the children listed above? Yes No
 If yes, please list the names of the children:

Do you have a custody order? Yes No
 If yes, list the terms of the order and please provide a copy of order:

Legal Information

Do you have a current PFA? Yes No
 When does it expire? _____

Have you ever been convicted of a felony? Yes No
 If yes, please explain:

Do you have any past, present, or possible:

Issue	Y/N	Explain
Civil	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Criminal	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Domestic	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Program Participation:

What are your immediate needs?

Why do you feel Legacy is appropriate for you and your family?

Please list the goals you would like to accomplish if accepted into the Legacy House Program:

- 1.
- 2.
- 3.
- 4.
- 5.

Education:

What is the highest grad level you have completed? _____

Are you currently enrolled in an education program? Yes No

If yes, describe the program and expected graduation date:

Please list any post secondary school training and date of graduation:

What educational programs would you like to pursue in the future?

Substance Use in Lifetime

(Circle all that apply)

Alcohol Tobacco Other Drugs

Explain other: _____

Do you have a history of substance abuse? Yes No

If yes, please explain:

Circle which program you have participated in:

Detox Rehab Outpatient Self help

Are you currently in an active program, if so which one:

Services

Please list any agencies that have provided you assistance in the past year:

- 1.
- 2.
- 3.
- 4.
- 5.

Source of Income

Public Assistance: \$ _____

Food Stamps: \$ _____

Child Support: \$ _____

Other (e.g. SSI/SSD): \$ _____

Employer: \$ _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Contact Number: _____

Employment History

Employer	Start/End Date	Salary	Status

References

Please provide one current professional , personal, and service provider reference.

Name: _____ Phone: _____
 Address: _____ Relationship: _____

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Who referred you to the Legacy House Program?
 Name: _____ Phone: _____
 Agency: _____

I certify that information provided is true and complete to the best of my knowledge. I authorize inquiries to be made to verify any statement made in this application including verification of income.

Applicant Signature **Date**

Legacy Staff Signature **Date**