

GERARD PLACE TRANSITIONAL HOUSING PROGRAM APPLICATION FOR RESIDENCY PART 2

Have you ever participated in a parenting program? Yes No

If yes, Program Name _____

Program Location _____

Graduation Date _____

Can you provide proof (such as a certificate)?

Are you willing to submit a urine sample? Yes No

A urine sample must be provided as part of your qualification process for admittance.

LEGAL INFORMATION

Do you have any legal issues? Yes No

If yes, what type?

Custody

Divorce

Criminal

Domestic Violence

Bankruptcy

Court Orders

Other: _____

Have you ever been arrested? Yes No

If yes, when and why? _____

Have you ever been in jail? Yes No

If yes, when and why? _____

Do you have a lawyer? Yes No

If yes, Name of Lawyer _____ Phone _____

Address _____

Are you currently or have you ever been on probation? Yes No

If yes, when? _____

Probation Officer _____ Phone _____

Do you have any outstanding legal matters? Yes No

If yes, please describe _____

Do you currently have or have you ever filed a restraining order? Yes No

If yes, to whom? _____ When? _____

Why? _____

Please attach a copy of any CURRENT restraining orders to the application.

Does anyone have a restraining order against you? Yes No

If yes, who and why? _____

HEALTH INFORMATION

How would you describe your current health? _____

Please explain: _____

Are you currently under ant medical care? Yes No

If yes, Name of Doctor or Clinic _____

Address _____

Do you have any physical or emotional problems that we should be aware of?

Yes No

If yes, please describe _____

Have you had any history of suicidal thoughts or actions? Yes No

If yes, what was happening during that time in your life? _____

Are you currently receiving treatment for a mental health issue? Yes No

If yes, please explain _____

Name of Counselor Therapist _____

Agency _____

Has it prevented you from working? Yes No

If yes, where and for what reason? _____

Are you currently on any medication? Yes No

If yes, please fill out chart:

| Name of Medication | Prescribed For | Dosage | Does it Help |
|--------------------|----------------|--------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Do you have health insurance? Yes No

If yes, Name of Company _____

Do any of the children living with you have health insurance? _____

If yes, please fill in chart if applicable.

| Child Name | Doctor | Health Insurance | Policy # |
|------------|--------|------------------|----------|
| | | | |
| | | | |
| | | | |

Do you of your children living with you have any significant health problems or are they on medication?

Yes No

If yes, please fill in chart if applicable.

| Child Name | Describe Health Problems | Medications |
|------------|--------------------------|-------------|
| | | |
| | | |
| | | |

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes act of fraud. False, misleading or incomplete information may result in the termination of lease agreement.

Signature of Applicant

Date