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| **Date of application:** | **Program Applying for: (Circle only one)**  **Vincent House** (Transitional shelter program for families experiencing homelessness)  **Vincent Village** (Housing program for families who have *completed* a transitional housing program) |

Vincent Village, Inc. provides shelter and wraparound services for families experiencing homelessness. We charge rent/program fees based on income, and we require you to participate in programming, including case management, family engagement, group activities, etc. When completing this application, be sure to include your current phone, email and other contact information so we can stay in touch with you. Once we process your application, you will be placed on a waiting list, provided you have no active warrants, have not been convicted of any sexual or violent crimes in the last 3 years, and have never been convicted of sexual crimes against children. Your income must fit within our income guidelines, and if you test positive for drugs at the time of intake, you will be denied entry into our programs and must wait 30 days to retest.

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| Head of Household Name | Relationship | Social Security Number | Birth Date | Age | Nick names/Maiden Names/ Aliases | Current School or Employer | Hours/week in  School and/or Work | Highest Grade Completed |
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| Other Household Members’ Names |  | Social Security Number | Birth Date | Age | Nick Names/Maiden Names/ Aliases | Current School or Employer | Hours/week in  School and/or Work | Highest Grade Completed |
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Phone number where you can be reached: ( ) Alternate phone: ( )

Email addresses for all adults

Friend or family member who can get messages to you: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ( ) \_\_\_\_

Who referred you (told you about our program)? Name \_\_\_\_\_\_\_\_\_ Phone Number: ( ) \_\_\_\_ Where are you staying now? (address, city, state, zip or if outdoors, general location) \_\_\_\_\_\_\_\_\_\_

Where was your last permanent residence? (address, city, state, zip) \_\_\_\_\_\_\_\_\_\_

Reason for leaving last permanent residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever experienced homelessness before? ( ) yes ( ) no If yes, why, and how was this resolved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you participated in any Vincent Village programs previously? ( ) yes ( ) no

If yes: which one? Approximate Dates:

Has anyone in the family been convicted of a crime? ( ) yes ( ) no Is anyone on probation or parole? ( ) yes ( ) no

Do you or your partner have any outstanding warrants? ( ) yes ( ) no

If yes, please explain. \_\_\_

Name and phone number of probation/parole officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any current illnesses, allergies, or medical conditions? ( ) yes ( ) no

If yes, please explain who has what illnesses, allergies, or medical conditions:

Is there any reason that you would need a ground floor bedroom? ( ) yes ( ) no Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With what other programs and/or agencies are your family involved? (This could include Lutheran Social Services, DCS/CPS, Drug Court, Impact, SCAN, etc.) If you are currently staying at another shelter, include the name of your shelter, your case manager, and the phone number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you accomplished while in the above programs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I understand that if I am accepted into Vincent Village’s programs:   1. I must pay rent/program fees as required. 2. Unless I am disabled, I must work and/or attend school. 3. Vincent Village is a substance free agency and drug screens may be required per staff request. 4. I will be expected to follow all program rules and participate in setting & working goals to the best of my abilities. 5. I will follow agency Covid-19 protocols, including weekly testing if not vaccinated.   I affirm that all the information I have provided is true and complete, and I understand that any false or misleading information could result in termination of current or future services by Vincent Village, Inc.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Adult Applicant Printed Name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Signature of Adult Applicant Printed Name Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Vincent House Representative Printed Name Date | NOTES: |