

Potter County Human Services Transitional Living Application

Last Name: _____ First Name: _____ Middle Initial: _____

Last Permanent Address: _____

How long since you lived at this address? _____

Where are you currently residing? _____

Photo ID? No Yes Expiration Date: ____/____/____ ID #: _____ State: _____

Email Address: _____ Cell Phone Number: _____

Emergency Contact Person: _____ Emergency Contact Phone Number: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____ Age: _____

Race (circle all): Amer. Indian Asian Black/African American White Other _____ Don't Know Refused

Ethnicity (circle): Hispanic/Latino Not Hispanic/Latino Don't Know Refused

Marital Status (circle): Single Divorced Widowed Married Separated

Highest Level of Education: (circle) Some High School Diploma GED College Graduate School

How did you hear about the transitional living program? _____

Veteran: Yes No Refused When Served and Discharge Info: _____

How long have you been in Potter County?: _____

Where were you living before coming to Potter County?: _____

Where is your nearest family?: _____

Do you have any family or friends close by you can stay with?: _____

Do you have a payee/social worker/benefits worker?: _____ Who?: _____

What other service providers have you been working with? (If none, why not?) _____

What services would you like to be involved in? _____

What brings you here/what happened? _____

Why would you like to be in this program? _____

Criminal History

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, what? : _____ When? _____

Are you currently on probation? Yes No

If yes, what is the date your probation expires? _____/_____/_____

Medical Information

How would you rate your general health right now? Excellent Good Fair Poor Don't Know Refused

Health Conditions _____

Do you have a regular doctor? _____ If so, who and where: _____

When was your last medical exam, physical, or screening? _____

Are you currently taking any medication? (If so, list) _____

Are you supposed to be taking medication but do not have it? (List) _____

Do you have any known allergies? No Yes If so, what? _____

Do you currently use alcohol? No Yes Frequency _____ Are you interested in treatment? _____

Do you currently use drugs? No Yes Frequency _____ Are you interested in treatment? _____

Do you have a history of alcohol or substance abuse? No Yes Length of sobriety _____

Have you ever received treatment for a mental health issue? No Yes Who? _____

Diagnosis: _____

Have you ever been diagnosed with PTSD or Trauma? No Yes

Would you like to talk to someone further about how you feel? _____

Pregnant: No Yes Don't Know

Have you applied for disability? Yes No Not Applicable

Is there any other information that would be important to know about your health? _____

Health Barriers

Physical Health

Has your physical health ever caused you to lose your housing? Yes No

Does your physical health affect your ability to get housing, or limit your housing options? Yes No

Mental Health

Have you ever lost your housing because of your mental health (being hospitalized, having neighbors complain about your behavior because of symptoms, having symptoms that stopped you from taking care of your home etc.)? Yes No

Do you have a mental health issue that currently affects your ability to get housing? Yes No

Substance Use

Has substance use (drugs or alcohol) ever caused you to lose your housing? Yes No

Do you think current substance use affect your ability to get housing? Yes No

Domestic Violence/Abuse

Are you currently fleeing abuse? Yes No

Has domestic violence or abuse ever caused you to lose your housing? Yes No

Have you ever been the victim of domestic violence? Yes No About how long ago? _____

Do you have a full time job? Yes No If so, what is it? _____

Do you have a steady part-time job? Yes No If so, what is it? _____

Do you have a working car or other reliable transportation to get to work? Yes No

Do you have a bank account? Yes No Do you have \$500 or more on hand right now? Yes No

Do you owe money to any of the following? (Please circle):

Landlord Water Gas Company Electric Company Phone Company Large Medical Bill
Back Child Support Current Child Support Court Fines Other _____

If court fines, what jurisdiction? _____

What bills do you currently pay every month? _____

General Notes:

OFFICIAL USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____	_____
(Signature, Title)		Date
_____	_____	_____
(Signature, Title)		Date
Program: <input type="checkbox"/> NTCH (Men's)	<input type="checkbox"/> NTCH (Women's)	<input type="checkbox"/> Men's TL