

“To improve the lives of individuals and families in our community who are dealing with mental health or substance abuse issues.”

ADMISSION CRITERIA

- ❑ Documentation from referral source that resident is homeless or chronically homeless (Without this documentation your application will be considered incomplete).
- ❑ Copy of photo identification.
- ❑ Documentation from referral source or discharge institution that resident is capable of safely living in a supported group environment.
- ❑ No history of, or current violent behaviors.
- ❑ Stable source and management of medication.

Agreement from resident that:

- Residence will remain free of illegal substances and all alcohol.
- Medications will be used as prescribed.
- Residence will remain free of pornography and related items.
- Resident will not participate in any unlawful activity.
- Residence and individual areas will be maintained in a safe and hygienic manner.
- Resident will maintain a positive relationship with other residents.

This questionnaire is voluntary. The following questions will help determine homelessness status.

1. Are you homeless? **YES** **NO**

Where did you sleep last night? _____

Category 1: Literally Homeless	Category 2: Imminently At-Risk of Homelessness
Category 3: Homeless under other federal statues	Category 4: Fleeing domestic violence
At-Risk of Homelessness	Stably Housed
Client Doesn't Know	Client Refused

Continuously Homeless for at Least One Year

Yes	No
Client doesn't know	Client refused

Number of Times the Client has been homeless in the Past Three years

0 - Not Homeless- Prevention Only	1 – Homeless this First Time
2 – Homeless Two times in past 3 years	3 – Homeless Three Times in past three years
Client Doesn't Know	Client Refused

If 4 or More, Total Number of Months the Client has been homeless in the Past Three years

Enter number of months for 0 - 12 months	More than 12 months
Client Doesn't Know	Client Refused

Number of Months the Client has been continuously homeless immediately prior to project entry

Enter number of months for 0 - 12 months	More than 12 months
Client Doesn't Know	Client Refused

5. Primary reason for homelessness: _____

Secondary Reason: _____

6. Have you been in CLUB housing before? **YES** **NO** If so when? _____

7. Have you stayed at another shelter? **YES** **NO** If so where and when? _____

Victim of Domestic Violence Yes No -If Yes, Most Recent Occurrence _____

Domestic Violence Perpetrator Yes No -If Yes, Most Recent Occurrence _____

Household Composition

8. I consider myself: **A. Single** **B. Married** **C. Divorced** **D. Legally Separated** **E. Widower**

9. Do have any children? **YES** **NO**

10. If yes, how many? _____ If accepted at our facility will they live with you? **YES** **NO**

11. Where are you from?

A. I'm from Idaho Falls area B. I'm not from here but I am a resident of Idaho C. Out of State

D. Other _____

12. Do you have any family in the area? **YES** **NO**

To qualify for housing services as an individual who is experiencing chronic homelessness, documentation of a disabling condition will be required. A person with a disability is someone who has a mental or physical impairment that seriously limits a major life activity. Information provided to CLUB, Inc. regarding your disability or the disability of your household member will be kept completely **confidential** and will only be used to document chronic homeless status. This information is required to determine program eligibility.

13. Are you able to provide documentation of a disabling condition? **YES** **NO**

Legal History

14. Have you ever been convicted of a felony? **YES** **NO**

What were you convicted of? _____

26. Are you currently on probation? **YES** **NO**

Probation officer's name? _____

27. Do you have any pending legal issues? **YES** **NO**

If yes please explain _____

Resources

28. Presently attending school? **YES** **NO**

If yes, name of school or training? _____

29. Unemployed? **YES** **NO**

If unemployed are you looking for work? **YES** **NO**

If unemployed are you receiving unemployment benefits? **YES** **NO**

30. If employed, hours worked last week? _____ Hourly wage? _____

Average hours worked per week? _____ How long have you worked there? _____

If currently employed: A. Permanent B. Temporary C. Seasonal

Current Monthly Income \$ _____

Are you receiving Social Security benefits? YES Amount \$ _____ NO PENDING

Is the client covered by health insurance?

Yes

No

Don't Know

Refused

If the response is "Yes" then record whether or not the client is covered by each of the listed insurance types. If the response to Covered by Health Insurance is "No" then no further data collection is required. An annual assessment is required for all persons residing in the project one year or more. Updates are required for persons aging into adulthood.

Source of Health Insurance	Yes	No
MEDICAID		
MEDICARE		
State Children's Health Insurance Program (CHIP)		
Veteran's Administration (VA) Medical Services		
Employer-Provided Health Insurance		
Health insurance obtained through COBRA		
Private Pay Health Insurance)		
State Health Insurance for Adults		

Non-Cash Benefits Received from any source?

Yes

No

Client doesn't know

Client refused

If response is yes, verify current benefits.

Non-Cash Benefit	Yes	No	Amount
Supplemental Nutrition Assistance Program (Food Stamps)			
Section 8, public housing or other ongoing rental assistance			
TANF Child Care Services (ICCP)			
TANF Transportation Services			
Temporary Rental Assistance			
Other TANF-funded services			
WIC-Special Supplemental Nutrition Program for Women, Infants, and Children			
Other (Specify)			

My personal statement:

I became homeless because:

I will overcome my barriers to stable housing by:

I will be able to complete the CLUB, Inc supportive housing program because of my strengths. These strengths are:

I release CLUB Inc. and its personnel from liability for any injury or illness to myself during my stay. I have been instructed that I am not to bring possessions or documents of value into the houses: I understand that CLUB is not responsible for loss or damage of my personal items/valuables I may bring into the shelter homes.

I certify that the information provided on this application is accurate and true.

(Applicant Signature)

(Date)

(Witness Signature)

(Date)

If interested in permanent supportive housing and there are no availabilities the perspective participant will be added to our waiting list. It will be your responsibility to call our office (529-4673 ex. 23) on Friday mornings between 9:00 a.m. and 11:00 a.m. to indicate that you are still interested in the housing program. If we cannot reach you and you do not contact us, we will go to the next individual on the waiting list.