CLUB, Inc.

620 S. Woodruff

Idaho Falls, Idaho 83404

Phone: (208) 529-4673 Fax: (208) 529-4676

Name_____

Date of Birth_____

Phone/Contact Number_____

Alias_____

Social Security Number_____

Veteran Status • Yes • No • Don't Know
(Have you ever served in the Armed Forces?)

Drivers License # and State of issue_____

Today's Date_____

Race • White-Not of Hispanic Origin • Black-Not of Hispanic Origin • Don't Know • Refuse
• Asian or Pacific Islander • American Indian or Alaskan Native • Hispanic

Ethnicity • Hispanic or Latino • Non Hispanic/Non Latino • Don't Know • Refuse

Requesting accommodations in: _____ Men's Housing _____ Women's Housing _____ Family Housing

Last
Mailing Address_____
_____
_____

In Case of an Emergency Please Notify:
Name: _____
Relationship: _____
Phone: _____

To qualify for supportive housing programs, you must be homeless or chronically homeless as defined by Housing and Urban Development (HUD). HUD's definition is as follows: Literally Homeless-individual or family who is currently living somewhere not meant for human habitation. Chronic homeless is those that have experienced homelessness for a one year or those that have been homeless more than four times in the last three years. This status must have third-party verification documented before admission into housing. Please ask staff for assistance with this process.

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 (ICHIP)		
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	Amoung
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) weekly 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.