

St. Joseph's Villa Flagler Family Services Application

CASE INFORMATION						
Client Name: _____			Referral Source: _____			
Phone: _____			Referral Worker: _____			
SSN: _____ Race/Gender: _____			Application Date: _____			
Address: _____			Contact 1: _____			
City/State: _____ Zip: _____			Contact 2: _____			
ADULTS IN HOUSEHOLD						
Adult's Name	Sex	DOB/Age	Race	SSN	Relationship	Education Level
ALL CHILDREN						
Child's Name	Sex	DOB/Age	Race	SSN	Physical Custody (Y/N)	School/Grade
SITUATION DETAILS						
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Which Program are you applying for?: <input type="checkbox"/> Flagler Home (Homeless mothers with children) <input type="checkbox"/> Flagler Community				Last Permanent Address: Address: _____ City/State: _____ Zip: _____ County: _____		
CURRENT HOUSING				CURRENT HOUSING EMERGENCY		
<input type="checkbox"/> Friend/Relative Named: _____ <input type="checkbox"/> Apartment/Public Housing/Section 8 (circle one) <input type="checkbox"/> Hotel/Motel Paid for by: _____ _____ <input type="checkbox"/> Shelter Name/Case Manager: _____ _____ <input type="checkbox"/> Transitional Housing: _____ <input type="checkbox"/> Homeless/Car/Street: _____				<input type="checkbox"/> Must Leave/Asked to Leave (date): _____ <input type="checkbox"/> Notice/Court Date from Landlord: _____ <input type="checkbox"/> Exiting Hotel/Motel ((date): _____ <input type="checkbox"/> Exiting Shelter (date): _____ <input type="checkbox"/> Exiting Transitional Housing (date): _____ <input type="checkbox"/> Unsuitable Housing: _____		

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HOUSING HISTORY

Any Previous Apartment, Section 8 or Public Housing (which/when/where): _____

Any Previous Evictions (when/why): _____

Were you ever homeless before (when): _____

Have you been in a shelter in the 24 months (when/where): _____

Explain why you became homeless (circle all that apply):

- | | |
|-----------------------------------|-----------------------|
| 1. Eviction (failure to pay rent) | 6. Substance abuse |
| 2. Left due to domestic violence | 7. Arrests |
| 3. Loss of job | 8. Property damage |
| 4. Incarceration | 9. Abandoned/deserted |
| 5. Debts | 10. Became pregnant |
| | 11. Other |

Have you filed a housing application with a Housing Authority? Y N

SERVICES RECEIVED/ENROLLED IN THE LAST 12 MONTHS

(Worker Name)

___ VIEW: _____

___ WIC / Day Care: _____

___ Food Stamps / TANF / Medicaid: _____

___ Supportive Case Management: _____

___ Homeless Point of Entry: _____

___ Child Protective Services: _____

___ Foster Care / adoption Services: _____

___ Domestic Violence Services: _____

___ Adult / Senior Services: _____

___ Other Agency Services: _____

___ Drug/Alcohol Abuse Treatment: _____

___ Ex-Offender / Parole Program: _____

___ Shelter Day Services: _____

___ Clinic / Medicine Services: _____

___ Community Services Board: _____

___ RRHA: _____

___ Other Community Programs: _____

CRIMINAL HISTORY

Describe any recent or past:

Arrests: _____

Court Dates: _____

Criminal Charges: _____

Felony Convictions: _____

Have you ever:

Lost services, benefits, or income due to criminal history: _____

Lost employment, housing or shelter due to criminal history: _____

Are you or have you ever been on probation? _____

HEALTH PROBLEMS

Are you experiencing and/or receiving treatment for:

___ Diabetes (Type): _____	___ Blood Disorder(s): _____
___ Hepatitis (Type): _____	___ Mobility Problems: _____
___ HIV or AIDS: _____	___ Respiratory Problems: _____
___ Cancer (Type): _____	___ Developmental Disorder(s): _____
___ Drugs or Alcohol: _____	___ Heart Disease: _____
___ Vision Problems: _____	___ Mental Health Issues: _____
___ Hearing Problems: _____	___ Other: _____
___ Any Hospitalizations: _____	

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Current Medications/Treatment: _____

ALCOHOL AND DRUG USE

Have you ever:

Used or possessed alcohol or drugs (Date Last Used): _____

Sold or purchased alcohol or drugs (Date Last Used): _____

Lost services, benefits, or income due to alcohol or drugs: _____

Lost employment, housing or shelter for violating alcohol or drug policies: _____

Been hospitalized, incarcerated or in a treatment program for alcohol or drugs: _____

NON-HOUSEHOLD FRIENDS, RELATIVES AND EMERGENCY CONTACTS

NAME	RELATIONSHIP	ADDRESS/PHONE

MONTHLY INCOME	EXPENSES		Current	Changes (Anticipated)
	Current	Changes (Anticipated)		
Employment Related:	Housing			
Wages:	Apartment/Room		\$ _____	\$ _____
Workman's Comp	Hotel/Motel		\$ _____	\$ _____
Unemployment	Other: _____		\$ _____	\$ _____
Pension (VA, 401k, etc)	Utilities			
Other: _____	Electricity		\$ _____	\$ _____
	Water		\$ _____	\$ _____
	Gas		\$ _____	\$ _____
Social Security Benefits:	Phone (cell, landline)		\$ _____	\$ _____
Retirement	Transportation			
Disability	Car (note, insurance, gas)		\$ _____	\$ _____
Survivors	Bus (Tickets, pass)		\$ _____	\$ _____
Dependents	Other: _____		\$ _____	\$ _____
Other: _____				
Support:	Food			
Child (court ordered)	Groceries		\$ _____	\$ _____
Spousal (alimony)	Eating Out/Delivery		\$ _____	\$ _____
Family	Other: _____		\$ _____	\$ _____
Friends				
Organizations (churches)	Grooming & Hygiene			
Other: _____	Barbershop/Salon (hair, nails)		\$ _____	\$ _____
	Baby Products (diapers, wipes, etc)		\$ _____	\$ _____
Rewards:	Other Grooming/Hygiene		\$ _____	\$ _____
Court Awards				
Inheritance	Household			

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Have you filed bankruptcy?

Y

N

If yes, when?: _____

I CERTIFY THAT THE ANSWERS GIVEN HERIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF, AT ANY TIME, IT BECOMES APPARENT THAT THIS INFORMATION IS NOT ACCURATE, I MAY BE DISCHARGED FROM THIS SERVICE.

Signature: _____ Date: _____

Return Application To:

St. Joseph's Villa
Flagler Family Services
8000 Brook Road
Richmond, VA 23227

Phone: (804) 553-3258

Fax: (804) 553-3271

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DHCD Shelter Grant Programs HOMELESS CERTIFICATION

Applicant Name and Unique Identifier: _____

Staff Member Name: _____

- Household without dependent children (complete one form for each adult in the household)
 Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Complete only one section with information on the primary cause of homelessness

Living Situation: A place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks) or a domestic violence situation:

- The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

- The person(s) named above is/are fleeing from a domestic violence situation and has no subsequent appropriate residence that has been identified and lacks the resources and support networks needed to obtain housing.

Third Party Verification:

Street Outreach Program Name (if applicable):

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date:

Domestic Violence Service Provider Name (police, hospital, etc.- if applicable):

- Copy of relevant documentation attached (protective order, hospital discharge information, etc.-if applicable)

Authorized Agency Representative Signature: _____

Date: _____

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Self Declaration of Housing Status (Shelter Staff Certification must be completed):

I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse

I certify that the information above and any other information I have provided in applying for housing assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

Shelter Program Staff Certification

I understand that third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Shelter Staff Signature: _____ Date: _____

Living Situation: Eviction

- The person(s) named about is/are facing eviction within 7 days from current housing
 Copy of eviction notice is attached (required)

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name:

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: _____

Date: _____

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Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Authorized Agency Representative Signature: _____

Date: _____

Living Situation: Institution (hospital, prison or other)

The person named above is being discharged from an institution after a stay of less than 30 days and was living immediately prior to admission in:

- A place not meant for human habitation (see above definition)
- A domestic violence situation (see above definition)
- An emergency shelter (see above definition)

The person is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks to obtain housing

Third Party Verification:

Homeless Services Program Accessed Prior to Institutionalization (if applicable, for persons being discharged after a stay of less than 30 days): _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____

Date: _____

Name of Institution person is being discharged from: _____

Authorized Agency Representative Signature: _____

Date: _____

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Self Declaration of Housing Status (For persons being discharged after a stay of less than 30 days. Shelter Staff Certification must be completed):

I [and my children] were homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground) prior to my institutionalization

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse

I certify that the information above and any other information I have provided in applying for housing assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

Shelter Program Staff Certification

I understand that third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Shelter Staff Signature: _____ Date _____
