



# Admission Requirements

If I am accepted into the program at Compassion Ministries, I agree to (please check):

## Daily

- Keep my apartment orderly on a daily basis.
- Be in my apartment by 10:00 p.m. on the weekdays and 11:00 p.m. on the weekends unless I am working or on a pass.
- Keep all guests out of my apartment. I know that guests can come in the lobby or outside from 5:30-9:30 pm. Monday-Friday and noon-9:30 pm. on Saturday and Sunday.
- Do my assigned chore every weekday to keep the areas inside and outside the building clean. I know that by not completing my chore I will receive a written warning (3 warnings = dismissal from program).

## Weekly

- Report all money that I receive while staying at Compassion.
- Attend a budget meeting each week with my co-partners (volunteers from the community), and turn in receipts to them for everything I buy.
- Meet each week with a case manager. At these weekly meetings, I will turn in a copy of any letters for benefits or money, such as food stamps, Medicaid, pay stubs for employment, or other documents I receive while staying in the program. I will also turn in a copy of my work schedule (each week if it changes).
- Work on at least one life skill each week, to be determined by my case manager and myself. Life skills include such things as AA/NA meetings, counseling, parenting, GED or ESL classes.
- Follow a cleaning checklist and make sure I keep my apartment very clean so I can pass weekly inspection of my apartment.

## Monthly

- Find full-time employment (35 hours or more each week) within 30 days of entering the program. If I am looking for a job, I will attend Texas Workforce Commission classes and apply for at least 5 jobs per day.
- Pay one-time, non-refundable \$100 utility fee before any money is paid towards rent.
- Pay rent by the 1<sup>st</sup> of every month. Rent is based on income (minimum of \$400/month), and I agree to bring every paycheck or other income to the director. The director will expect  $\frac{1}{2}$  of my income received towards rent until rent is paid in full. (Once rent is fully paid, rent will only be about  $\frac{1}{3}$  of total income, and paid by the 1<sup>st</sup> of every month.)
- Attend a monthly meeting (in the evening) for all residents (unless I am sick or working).

## Upon move-in

- Pass an alcohol and drug screening.
- Pay \$100 for apartment security deposit.
- Bring homelessness verification document(s).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Compassion Ministries Application Intake

Rev. 12/2018

Date of Interview \_\_\_\_\_

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  Female  Male  
Head of household?  Yes  No If no, name of head of household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
ID or DL#: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_ Are you pregnant?  Yes  No  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Are you a veteran?  Yes  No

Do you have a car?:  Yes  No  
If Yes, Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

Referral:

Race: (Check all that apply to you)

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Hawaiian/ Other Pacific Islander  
 White

How did you learn about Compassion Ministries?

- Friend/family  
 Church  
 2-1-1/Another agency: \_\_\_\_\_  
 Online search  
 Previous resident: \_\_\_\_\_

Education:

1. Highest Grade Completed (check one): 6  7  8  9  10  11  12

Did you graduate from high school or receive a GED?  Yes  No

Name of high school: \_\_\_\_\_

2. College or Technical School Where? \_\_\_\_\_ When? \_\_\_\_\_

Years attended \_\_\_\_\_ Major \_\_\_\_\_

3. Special Training/Skills:

Housing:

Where did you sleep last night? \_\_\_\_\_ Length of stay: \_\_\_\_\_

Housing situation: (check one)

- Homeless  
 At-risk of losing housing/homelessness  
 Fleeing domestic violence

How long? (check one)

- 1 day to 1 week  
 More than 1 week, but less than 1 month  
 More than 3 months, but less than 1 year

Have you been homeless before?  Yes  No

Length of time on street, in an emergency shelter, or in a safe haven? \_\_\_\_\_

Number of times you have been homeless in the past 3 years? \_\_\_\_\_

Have you stayed at Compassion Ministries before?  Yes  No

If yes, when? \_\_\_\_\_

Have you lived in public housing before?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Did you leave owing money?  Yes  No Amount? \_\_\_\_\_

Have you ever broken a rental agreement or lease, or been evicted?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Did you leave owing money?  Yes  No Amount? \_\_\_\_\_

# Compassion Ministries

## Application Intake

**Income Sources:** (Check all that apply to you)

- |   |                |          |
|---|----------------|----------|
| <input type="checkbox"/> Earned Income      | Monthly Amount | \$ _____ |
| <input type="checkbox"/> TANF               | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Child Support      | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Veteran's Benefits | Monthly Amount | \$ _____ |
| <input type="checkbox"/> SSI/SSDI           | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Other (explain)    | Monthly Amount | \$ _____ |

Have you applied for SSI or SSDI?  Yes  No  
Date of application? \_\_\_\_\_

**Non-Cash Benefits:** (Check all that apply to you)

- SNAP (food stamps) Monthly Amount: \_\_\_\_\_  
 WIC (Women, Infants, Children)  
 CCS (Child Care Services)

**Employment History:**

Are you employed?  Yes  No

1. If yes, Current Employment: \_\_\_\_\_  
Location: \_\_\_\_\_ Shift: \_\_\_\_\_

Full Time (>35 hrs/wk)     Part Time     Permanent     Temporary

2. Your Current Workplace pays you:  Weekly     Bi Weekly     Monthly

3. Current rate of pay: \_\_\_\_\_

If unemployed, where did you submit applications last week? \_\_\_\_\_

4. Previous Employment:

A. Company Name \_\_\_\_\_

Starting Date \_\_\_\_\_ End Date \_\_\_\_\_ Average number of hours worked each week \_\_\_\_\_

B. Company Name \_\_\_\_\_

Starting Date \_\_\_\_\_ End Date \_\_\_\_\_ Average number of hours worked each week \_\_\_\_\_

**Banking Information:**

Bank account:  Yes  No

If yes, (check all that apply):

- Checking     Debit card  
 Savings     Credit card

Name of bank: \_\_\_\_\_

# Compassion Ministries

## Application Intake

**Legal Situation:**

Have you been **arrested** in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

**Where did offense occur?**

**When?**

**Nature of offense:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on Probation or Parole?  Yes  No If Yes, name & phone of officer: \_\_\_\_\_

Do you have any open tickets or warrants?  Yes  No \_\_\_\_\_

Do you owe surcharges for any tickets or charges?  Yes  No If yes, how much do you owe? \_\_\_\_\_

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**Medical Information:**

**Health Insurance:** (Check all that apply to you)

None

Private Insurance

Adult Medicaid

Good Health Card

**Past and Current Medical Problems:**

1. List your current medications: \_\_\_\_\_
2. Have you ever been diagnosed with a mental illness?  Yes  No
3. If yes, when? \_\_\_\_\_ Diagnosis: \_\_\_\_\_
4. Have you ever been a client at MHMR ?  Yes  No When? \_\_\_\_\_
5. Have you been admitted to DePaul or Austin State Hospital?  Yes  No
6. If Yes, when were you admitted? \_\_\_\_\_

**Substance Abuse/Treatment**

1. When was the last time you used drugs or alcohol? \_\_\_\_\_  
What was it? \_\_\_\_\_

2. Have you ever been admitted to or completed a drug/alcohol treatment program?  Yes  No  
When? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

**Emergency Contact:**

Name/Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Next of Kin:**

Name/Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Do you have children moving in with you?**

Yes

No

**If yes, complete the following section:**

**Non Cash Benefits:** (Check all that apply to your children)

None

WIC (Women, Infants, Children)

CCS (Child Care Services)

Medicaid/CHIP (Children's Health Insurance)

Private Insurance

Have you ever had a CPS case?  Yes  No If Yes, when? \_\_\_\_\_

Is the case currently open at this time?  Yes  No

If yes, name and phone number of case worker: \_\_\_\_\_

**Compassion Ministries**  
**Application Intake**

**Children that are moving in with you:**

1. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Race:**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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2. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Race:**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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3. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Race:**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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# Compassion Ministries

## Application Intake

4. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

### Race:

American Indian/Alaskan Native

Asian

Black/African American

Hawaiian/ Other Pacific Islander

White

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### (Office use only)

Interviewer: \_\_\_\_\_

Staff Comments:

#### **Literally Homeless**

- Living in a place not meant for human habitation
- Living in a public or private shelter (incl. motels paid for by charitable organizations)
- Exiting an institution (90 days or less) and resided in shelter or place not for human habitation prior

#### **Imminent Risk of Homelessness**

- Formal eviction
- Family/friend eviction
- Exiting an institution where they resided more than 90 days
- Living in motel, paid by individuals

# Compassion Ministries Application Intake



## Public Information Request to Waco Police Department



Custodian of Records  
Waco Police Department  
P.O. Box 2570  
Waco, Texas 76702-2570

Compassion Ministries  
1421 Austin Ave.  
Waco, TX 76701

Date: \_\_\_\_\_

In accordance with Chapter 552, Public Information, of the *Texas Government Code*, I hereby request:

- copies of the following documents (there may be a charge for the copies)
- access to review the following documents

Fill in as Completely as Possible -- Please Write or Print Legibly

....Arrest form(s) for the following person: Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Driver Lic # & State \_\_\_\_\_

All arrest forms for the named person

Only the arrest forms for the following arrest(s):

Arrest Date \_\_\_\_\_ Offense \_\_\_\_\_

Arrest Date \_\_\_\_\_ Offense \_\_\_\_\_

.... Police narrative report(s) concerning (use back of form if more space needed):  
[give case number or describe incident and give date, location, and names of persons involved] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.... Other: [State the type of information requesting (reports, statements, photographs, etc.). If the information concerns a specific incident, describe the incident, the date it occurred, the location where it occurred, the persons involved (giving the name, sex, race, and date of birth of the persons), etc. Use back of form if more space needed.] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Under Chapter 552, Public Information, the governmental body has up to 10 business days to produce the information or explain why the information cannot be produced.**

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PRINT NAME OF PERSON REQUESTING

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE NO. HOME

\_\_\_\_\_  
TELEPHONE NO. WORK PUBLIC INFORMATION FORM 01/04/2000