



Requirements

If I am accepted into the program at Compassion Waco, 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 p.m. Monday-Friday and noon-9:30 p.m. 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 1st 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 1/2 of my income received towards rent until rent is paid in full. (Once rent is fully paid, rent will only be about 1/3 of total income and paid by the 1st 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 Waco
Application Intake**

Rev. 08/20

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 _____

<p><u>Race/Ethnicity:</u> (Check only one)</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Multi Racial</p>	<p><u>Referral:</u></p> <p>How did you learn about Compassion Waco?</p> <p><input type="checkbox"/> Friend/family</p> <p><input type="checkbox"/> Church</p> <p><input type="checkbox"/> 2-1-1/Another agency</p> <p><input type="checkbox"/> Online search</p> <p><input type="checkbox"/> Previous resident: _____</p>
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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: _____

<p>Housing situation: (check one)</p> <p><input type="checkbox"/> Literally Homeless</p> <p><input type="checkbox"/> Imminent Risk of Homelessness</p> <p><input type="checkbox"/> Homeless under other Federal statutes</p> <p><input type="checkbox"/> Fleeing/Attempting to Flee Domestic Violence</p>	<p>How long? (check one)</p> <p><input type="checkbox"/> 1 day to 1 week</p> <p><input type="checkbox"/> More than 1 week, but less than 1 month</p> <p><input type="checkbox"/> More than 3 months, but less than 1 year</p>
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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 Waco 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: _____

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

If yes, when? _____ Where? _____

Did you leave owing money? Yes No Amount? _____

Income Sources: (Check all that apply 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. Your Current Rate of Pay: _____

If unemployed, where did you submit applications last week? _____

4. Previous Employment:

A. Company Name: _____

Starting Date ____ End Date ____ Average # of hours worked each week ____

B. Company Name: _____

Starting Date ____ End Date ____ Average # of hours worked each week ____

Banking Information:

Bank account: Yes No

If yes, (check all that apply): Checking Savings Debit card Credit card

Name of bank: _____

Legal Situation:

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

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Where did offense occur?	When?	Nature of offense:

Legal Situation(cont.):

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? _____

Medical Information:

Health Insurance: (Check all that apply to you)

<input type="checkbox"/> None	<input type="checkbox"/> Adult Medicaid
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Good Health Card

Past and Current Medical Problems:

1. Any medical problem or accommodation? Yes No

If yes, describe: _____

2. List your current medications: _____

3. Have you ever been diagnosed with a mental illness? Yes No

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

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:

Next of Kin:

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____
_____	_____

Do you have children moving in with you? Yes No

If yes, complete the following section:

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

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid/CHIP (Children's Health Insurance)
<input type="checkbox"/> WIC	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> CCS	

Have you ever had a CPS case? Yes No If yes, when? _____

Is the case currently open? Yes No

If yes, name & phone number of case worker: _____

Children that are moving in with you:

1. Full name: _____

<input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: _____ Age: _____ Social Security Number: _____ Any medical problem or accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Medications: _____ School/Day Care: _____ Phone: _____ Grade: _____ Last school attended: _____ Any special educational needs: _____	<u>Race/Ethnicity:</u> (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi Racial
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2. Full name: _____

<input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: _____ Age: _____ Social Security Number: _____ Any medical problem or accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ Medications: _____ School/Day Care: _____ Phone: _____ Grade: _____ Last school attended: _____ Any special educational needs: _____	<u>Race/Ethnicity:</u> (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi Racial
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3. Full name: _____

<input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: _____ Age: _____	<u>Race/Ethnicity:</u> (Check only one) <input type="checkbox"/> American Indian/Alaskan Native
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Date of Interview _____

<p>Social Security Number: _____</p> <p>Any medical problem or accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe: _____</p> <p>Medications: _____</p> <p>School/Day Care: _____</p> <p>Phone: _____ Grade: _____</p> <p>Last school attended: _____</p> <p>Any special educational needs: _____</p>	<p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Multi Racial</p>
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4. Full name _____

<p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Date of Birth: _____ Age: _____</p> <p>Social Security Number: _____</p> <p>Any medical problem or accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe: _____</p> <p>Medications: _____</p> <p>School/Day Care: _____</p> <p>Phone: _____ Grade: _____</p> <p>Last school attended: _____</p> <p>Any special educational needs: _____ _____</p>	<p><u>Race/Ethnicity:</u> (Check only one)</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Multi Racial</p>
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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 a motel, paid by individuals

Homeless Under Other Federal Statutes

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- Unaccompanied youth under 25 years of age
- Families with children and youth defined as homeless under other Federal statutes, e.g. Families doubled up in rentals

Fleeing or Attempting to Flee Domestic Violence



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