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

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Female  Male**

**Head of household? If no, name of head of Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_**

** Yes  No household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:\_\_\_\_\_\_\_\_\_\_**

**Ethinicity:  Hispanic  Non-Hispanic**

|  |  |
| --- | --- |
| Race/Ethnicity: (Check only one)  ▢ American Indian/Alaskan Native  ▢ Asian  ▢ Black/African American  ▢ Hawaiian/Other Pacific Islander  ▢ Hispanic  ▢ White  ▢ Multi Racial | Referral:  How did you learn about Compassion Waco?  ▢ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Special Training/Skills:

**Housing:**

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

|  |  |
| --- | --- |
| Housing situation: (check one)  ▢ Literally Homeless  ▢ Imminent Risk of Homelessness  ▢ Homeless under other Federal statutes  ▢ Fleeing/Attempting to Flee 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you impacted by COVID prior to applying to Compassion Waco?  Yes  No**

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

|  |  |
| --- | --- |
| ▢ Earned Income  ▢ TANF  ▢ Child Support  ▢ Veteran’s Benefits  ▢ SSI/SSDI  ▢ Other (explain) | Monthly Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  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

1. Your Current Workplace pays you: ▢ Weekly ▢ Bi Weekly ▢ Monthly
2. Your Current Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Previous Employment:
2. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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

|  |  |  |
| --- | --- | --- |
| 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)

|  |  |
| --- | --- |
| ▢ None  ▢ Private Insurance | ▢ Adult Medicaid  ▢ Good Health Card |

Past and Current Medical Problems:

1. Any medical problem or accommodation? ▢ Yes ▢ No

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

1. List your current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever been diagnosed with a mental illness? ▢ Yes ▢ No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been a client at MHMR? ▢ Yes ▢ No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  ▢ CCS | ▢ 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? ▢ Yes ▢ No

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

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

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

|  |  |
| --- | --- |
| ▢ Female ▢ Male  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_  Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any medical problem or accommodation? ▢ Yes ▢ No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Day Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_  Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any special educational needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnicity: (Check only one)  ▢ American Indian/Alaskan Native  ▢ Asian  ▢ Black/African American  ▢ Hawaiian/Other Pacific Islander  ▢ Hispanic  ▢ White  ▢ Multi Racial |

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

|  |  |
| --- | --- |
| ▢ Female ▢ Male  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_  Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any medical problem or accommodation? ▢ Yes ▢ No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Day Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_  Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any special educational needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnicity: (Check only one)  ▢ American Indian/Alaskan Native  ▢ Asian  ▢ Black/African American  ▢ Hawaiian/Other Pacific Islander  ▢ Hispanic  ▢ White  ▢ Multi Racial |

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

|  |  |
| --- | --- |
| ▢ Female ▢ Male  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_  Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any medical problem or accommodation? ▢ Yes ▢ No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Day Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_  Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any special educational needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnicity: (Check only one)  ▢ American Indian/Alaskan Native  ▢ Asian  ▢ Black/African American  ▢ Hawaiian/Other Pacific Islander  ▢ Hispanic  ▢ White  ▢ Multi Racial |

1. **Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| ▢ Female ▢ Male  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_  Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any medical problem or accommodation? ▢ Yes ▢ No  If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Day Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_  Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any special educational needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnicity: (Check only one)  ▢ American Indian/Alaskan Native  ▢ Asian  ▢ Black/African American  ▢ Hawaiian/Other Pacific Islander  ▢ Hispanic  ▢ White  ▢ Multi Racial |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(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**

* 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**