SAFE HAVEN
PERMANENT SUPPORTIVE HOUSING PROGRAM

The Safe Haven Permanent Housing Program is the latest endeavor by the Arundel House of Hope to provide housing and services to the homeless. This program will strive to provide a safe and restful place in which to establish trust, supply housing, and serve as a portal for other necessary services. Each Safe Haven resident will pay a subsidized (as defined by HUD) rent and abide by rules set out in their lease. The “Housing First” model will be utilized; this requires no immediate changes of the resident prior to entering the program, but the prospective resident must be independent and able to live in a group setting. Referrals for the program will generally come through Winter Relief or Day and Resource Center of Arundel House of Hope.

Applicants will be required to interview with a team of staff members to determine eligibility and appropriateness for entry to the program. Residents will be required to sign a truthfulness statement and to submit to a background check of criminal activity. Residents must be independent and capable of maintaining personal hygiene, cooking, and cleaning chores. Support services will be encouraged, but not required. Respect for staff, in-house neighbors and all community neighbors is required. A minimum of monthly meetings with a case manager will be conducted to assess needs and progress.

Some of the services offered by the Safe Haven Program are:
case management, referral to substance abuse treatment programs, arrangement for medical care and medications, arrangement for mental health care and medications, establishment of personal identification, application for eligible benefits, assistance with budget and financial issues, enrollment in GED and literacy programs, transportation assistance, and referral to work development programs.

Some of the goals for the residents of the Safe Haven Program are:
improved communication skills, good grooming and hygiene practices, anger management and social skills, appropriate leisure and recreational goals, and personal goal setting skills.
SAFE HAVEN
PERMANENT HOUSING APPLICATION

IDENTIFYING INFORMATION
(To ensure that this form can be processed make sure that you complete everything on this application)

Applicant’s name: ____________________________________________________________

First Name          Middle Initial          Last Name

Social Security number: _____ - _____ - ________
DOB: _____ / _____ / ________
Age: ______

Mailing address: ____________________________________________________________

Phone number: (______) ______ - ___________

Emergency contact:

Name: ____________________________________________________________

Address: ____________________________________________________________

Phone: (_____ _____ - ___________ Relationship: ________________________________

DEMOGRAPHICS

Gender: □ Male  □ Female

Marital status: □ Single  □ Married  □ Living together
□ Separated  □ Divorced  □ Widowed

Ethnicity: □ Hispanic  □ Non-Hispanic or Non-Latino
□ Black/African American & White  □ Asian & White American
□ Indian/Alaskan Native  □ Asian/Pacific Islander
□ Black/African American  □ Native Hawaiian/Other Pac. Islander
□ Amer. Indian/Alaskan Native & White  □ White
□ Other Multiracial  □ American Indian/Alaskan Native &
□ Black/African American
RESIDENCY

State of residency: ☐ MD ☐ Other: _____________ Date moved to MD (mo/yr) ____ / ____

City/County_______________________________

MILITARY SERVICE

Veteran: ☐ Yes ☐ No

Branch_________________________________ Yrs. Of service______________

Type of discharge: __________________________________________________________

FINANCIAL INFORMATION

(Your total gross monthly income including money from any and all sources)

☐ No income ☐ $251-500 ☐ $1501-2000
☐ $1-150 ☐ $501-1000 ☐ $2001 +
☐ $151-250 ☐ $1001-1500

Assistance sources (Enter the monthly amount next to the source)

$__________Supplemental Security Income (SSI)  $__________Social Security

$__________Social Security Disability Insurance (SSDI)  $__________Veterans’ Benefits

$__________General public assistance  $__________Food Stamps

$__________State Children’s Health Insurance Program (SCHIP)  $__________Medicaid

$__________Temporary Aid to Needy Families (TANF)  $__________Veterans’ Health Care

$__________Employment Income  $__________Unemployment

$__________No Financial resources

$__________Other (specify)_____________________________________________________________________

Total Monthly income and other benefits:

$__________ .____
RENTAL/HOUSING INFORMATION

Are you Homeless?    □ Yes    □ No

How long have you been homeless? __________________________________________

Where are you currently living? ____________________________________________

How long have you been there? ____________________________________________

Have you been on the street &/or emergency shelter for a continuous year or more?    □  □ Yes     □ No
Have you been on the street &/or emergency shelter 4 times or more within the last 3 years? □ Yes □ No

Have you ever applied to this housing program in the past?    □ Yes    □ No
    If yes, did you come into the program?    □ Yes    □ No
    If yes, what year?________________________

Have you been discharged from any facility?    □ Yes □ No
    If yes, list type of facility____________________________

Who was your last landlord? (Include relative if you paid rent):

Name:______________________________________________________________

Phone: (______) ______-___________

Address:____________________________________________________________

City:________________________________________ State: ______ Zip code:___________

If relative, state how you are related:__________________________________________

Rent $________.____ per month

Dates lived there: ____ / ____ / ________ to ____ / ____ / ________
Primary reason for current homelessness (check all that apply)
- [ ] evicted from rental housing
- [ ] left over crowded shared arrangements
- [ ] unemployed
- [ ] asked to leave by family/roommate
- [ ] fled abusive situation
- [ ] other
  (explain) ____________________________________________________________

Prior Living situation
- [ ] street
- [ ] psychiatric facility*
- [ ] jail/prison*
- [ ] rental housing
- [ ] emergency shelter
- [ ] hospital*
- [ ] domestic violence situation
- [ ] transitional
- [ ] substance abuse treatment facility*
- [ ] living with family/friends
*if you were in one of these facilities less than 30 days refer to living situation prior to entering the facility

Have you ever lived independently? □ Yes □ No
  If yes, type of housing ____________________________________________
  Length of time in that housing _____________________________________

Are you on the waiting list for permanent housing? □ Yes □ No

Have you ever lived in a group home? □ Yes □ No
  If yes, list names of group homes, length of stay, and reasons for leaving:
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

Outstanding debts (Mark all that apply and then list them along with the amount)
- [ ] Utilities (gas, electric, etc.)
- [ ] Phone (Verizon, AT&T, etc.)
- [ ] Credit cards (VISA, Discovery, Sears, MasterCard, etc.)
- [ ] Court ordered child support
- [ ] Delinquent rent (former landlords, etc.)
- [ ] Elder care
- [ ] Other
  (specify) _________________________________________________________

List all financial debts: including money you owe any individuals (family, friends, etc.)

____________________________________________________________________ $ _______. ___
____________________________________________________________________ $ _______. ___
____________________________________________________________________ $ _______. ___
____________________________________________________________________ $ _______. ___

TOTAL $ _______. ___
EMPLOYMENT HISTORY

Are you currently employed?  ☐ Yes  ☐ No

List your current employer or your last employer if not currently employed:

Company name:_____________________________ Phone: (_____ ) _____ - ________

Adress:________________________________________________________________________

Supervisor:___________________________________________________________

Shift:_____________________________ Wage: $_______.

Job Title:________________________________________________________________________

May we contact your employer?  ☐ Yes  ☐ No

MEDICAL HISTORY

Do you use a wheelchair or have access problems?  ☐ Yes  ☐  ☐ No

Do you currently take any medications?  ☐ Yes  ☐  ☐ No

If yes, please list-

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have health insurance or Medicare, Medicaid?  ☐ Yes  ☐ No

Describe: ______________________________

List any chronic medical problems/diagnosis:____________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
I understand that the preceding information is provided for the purpose of expressing my interest in the Arundel House of Hope Safe Haven program. I further understand that all of the information is subject to verification, and I will be required to provide other medical or special assessments as may be required by the program regulations. I also attest that all the information is truthful and accurate to the best of my knowledge.

_____________________________________________________________  ______________________________
Applicant’s signature                                      Date

_____________________________________________________________
Applicant’s name PRINTED