



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
Race: 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)

- | | | |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> No income | <input type="checkbox"/> \$251-500 | <input type="checkbox"/> \$1501-2000 |
| <input type="checkbox"/> \$1-150 | <input type="checkbox"/> \$501-1000 | <input type="checkbox"/> \$2001 + |
| <input type="checkbox"/> \$151-250 | <input type="checkbox"/> \$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
- emergency shelter
- transitional
- psychiatric facility*
- hospital*
- substance abuse treatment facility*
- jail/prison*
- domestic violence situation
- living with family/friends
- rental housing
- other (specify) _____

****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: (_____) _____ - _____

Address: _____

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