



## **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.)*

	\$ _____ . _____
	\$ _____ . _____
	\$ _____ . _____
	\$ _____ . _____
<b>TOTAL</b>	\$ _____ . _____

**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.

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Applicant's signature

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Date

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Applicant's name PRINTED