Admittance Criteria

For The Fouse Center:

§ If on medication, able and willing to self-medicate.
§ Currently homeless.
§ Negative drug and alcohol screening prior to admission.
§ Male 18 years of age or older.
§ Unemployed or underemployed.
§ Ability to live in a group environment and share a room.

Additional requirements of The Fouse Center:

§ Willing to submit to random alcohol and drug testing.
§ Willing to participate in all mandatory program activities.
§ Willing to submit to a criminal background check and reference check.
§ Willing to be truthful and honest with all staff.
§ Willing and able to save money (80% of total monthly income).
§ Have the ability to follow staff directions.
§ Have the ability to communicate with staff.

Client’s applications will be reviewed in the order they were received. Clients that are deemed eligible will be housed on a first come first serve basis.

If you have not had any treatment for substance abuse recently we recommend you complete an inpatient drug and alcohol treatment first, such as Hope House (410-923-6700)

Eighty per cent (80%) of your pay must be put into a savings account in preparation for going out on your own. After three (3) months in the program you will also be required to pay Fifty Dollars ($50) per month toward your upkeep here and after six (6) months you will be required to pay One Hundred Dollars ($100) per month.

The mission of Arundel House of Hope is to provide housing and supportive services to men and women experiencing homelessness in Anne Arundel County in a professional and dignified manner. Supported by a membership of over 75 community churches and organizations and over 3,500 volunteers, Arundel House of Hope is a premier homeless services group in Anne Arundel County with the goal of offering a continuum of assistance including an emergency shelter, transitional housing, and permanent housing to individuals from the moment they become homeless through their reintegration into independent living. Through these efforts, Arundel House of Hope serves approximately sixty percent of the county’s homeless population—or over 600 individuals annually—with programs designed to improve the quality of lives of the poor and homeless, as well as to support the residents and business communities in Anne Arundel County.

Should you have any further questions, please feel free to give us a call.

___________________________________________________                          _____________________
Signature                                                                                Date
FOUSE CENTER

Policy for Clients Personal Medication and Self Administration

All clients in Arundel House of Hope programs including but not limited to Winter Relief, all Safe Haven Programs, all Community House Programs, The Fouse Center and The Patriot House must be psychically and mentally able to self-administer medications. For the purposes of this policy, "self-administration" means carrying and taking medication without the intervention of an Arundel House of Hope Staff member. Clients unable to self-administer medications will not be admitted to the above named programs. At the clients request staff will provide a secure and locked location for medication to be stored. Both client and staff with have key access to this location. At the clients request, a staff member may help in the organization of medication (pill box), ordering of medication, doctor appointment scheduling and pharmaceutical pick up. At no time will a staff member administer medications to a client, willing or unwilling. Over the counter medication may be kept on site and given to clients to self-administer at their request.

*For purposes of this policy, "medication" means any prescription drug or over-the-counter medicine or nutritional supplement.

**For the purposes of this policy, "self-administration" means carrying and taking medication without the intervention of an Arundel House of Hope Staff member.

______________________________________________
Signature

_______________________
Date
Date:______________

Applicant’s name: _________________________________________________

Mailing Address: _________________________________________________

________________________________________________________________________

Email Address: ________________________________________________________

Phone number: ___________________________ Social Security Number:______-____-____

Age: _____________ Date of Birth: _______________________

Driver’s License: Yes No State Issued: ___ Class: ___ License #:_________________________

Do you have a vehicle now that you will be bringing to the Fouse Center Yes No Plate:______

Are you now, or have you ever been known by any other name, or have you changed your name (first or last)? Yes No

Referral Source: Name: _________________________________________________

Organization/Agency: _________________________________________________

Address: ___________________________________________________________

Phone #: __________________________________________________________

Income Sources □SSI $____ □SSDI $____ □AFDC $____ □WIC $____
□Food Stamps $____ □Temp Cash Asst (TCA) $____ □Other(specify)_________ $_______

GED/H.S. GRAD □Y □N Transportation Used:__________________# of Child(en) ________

Check all that apply:
□Single □Married □Significant Other □Separated □Divorced □Widowed □Drugs □Alcohol
□Counseling □Other (specify)_______________________________________________

Present Situation: _______________________________________________________

Prior Living Situation: □Street □Emergency Shelter □Transitional □Psychiatric Facility* □Hospital*
□Substance Abuse Treatment Facility* □Domestic-violence Situation □Living with relatives/friends
□Rental Housing □Other (specify)___________________________________________

*If applicant was in one of these less than 30 days refer to living situation prior to entering the facility.

Has applicant ever lived independently? □Y □N If yes, type of housing__________________________

Length of time in housing___________ Is applicant on waiting list for permanent housing? □Y □N

Has applicant ever lived in a group home? □Y □N
If yes, list names of group homes, length of stay, and reasons for leaving:

______________________________________________________________________________________

______________________________________________________________________________________

Applicant possesses (check all that apply): ___Birth Certificate ___Social Security Card ___MD ID ___Checking/Saving Account ___Valid Driver’s License

Client’s applications will be reviewed in the order they were received. All eligible clients must meet the above criteria as well as being homeless and sober upon admittance.

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

Applicant’s Name: ______________________________________________________
Mailing Address: ______________________________________________________
Email Address: _______________________________________________________
Phone Number: ______________________ Social Security Number: ____-____-_____ 
Age: ___________ Date of Birth: ____________________________
Emergency Contact: Name: _____________________________________________
                    Address: ________________________________________________
                    Phone #: ________________________________________________
                    Relationship: ______________________________
Referral Source: Name/Agency: __________________________________________
                 Address: ________________________________________________
                 Phone #: ________________________________________________

DEMOGRAPHICS

Gender: □ M □ F
Marital Status □ Single □ Married □ Living Together
□ Separated □ Divorced □ Widowed
Ethnicity: □ Hispanic □ Non-Hispanic or Non-Latino
Race: □ American Indian/Alaskan Native □ Asian/Pacific Islander
□ Black/African American □ Asian & White
□ Native Hawaiian/Other Pacific Islander □ White
□ American Indian/Alaskan Native & White
□ Black/African American & White □ Other Multiracial
□ American Indian/Alaskan Native & Black/African American

State of Residency: □ MD City/County__________________________________
Referral Source
□ Self          □ Alcohol and drug program          □ Police
□ Street outreach worker          □ Other social service staff          □ Church staff
□ Psychiatric hospital staff          □ PHA waiting list          □ Unknown
□ Mental Health outpatient Clinic          □ Emergency or transitional shelter staff
□ Other (specify)          

RENTAL/HOUSING INFORMATION
Current Living Situation
Are you Homeless?  □ Y  □ N  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?  □ Y  □ N
Have you been on the street &/or emergency shelter 4 times or more within the last three years:  □ Y  □ N
Have you ever applied to The Fouse Center in the past?  □ Y  □ N
If yes, did you come into the program?  □ Y  □ N  If yes, what year ___________
Have you been discharged from any facility?  □ Y  □ N
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
□ Asked to leave by family/roommate          □ Unemployed          □ 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 relatives/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? □ Y  □ N  If yes, type of housing ____________________
____________________________________________________________________________

Length of time in that housing ________________________________________________

Are you on a waiting list for permanent housing? □ Y  □ N

Have you ever lived in a group home? □ Y  □ N

If yes, list names of group homes, length of stay, and reasons for leaving:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

FINANCIAL INFORMATION (Your total gross monthly income including money from any assistance sources)

□ No income                      □ $251 – 500                      □ $1,501 – 2,000
□ $1 – 150                      □ $501 – 1,000                      □ $2,000+
□ $151 – 250                    □ $1,000 – 1,500

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: $______________________________

Banking Information
Do you have a savings account? □ Y □ N
Do you have a checking account? □ Y □ N

If yes:
Where is this account? _______________________________________________________
What type of account? _______________________________________________________
How much saved? ____________________________________________________________

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, etc.)
□ Court Ordered Child Support
□ Delinquent Rent (Former landlords, etc.)
□ Elder Care
□ Other (specify) ___________________________________________________________

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

Total $ __________________

EMPLOYMENT AND EDUCATION HISTORY
Vetern: □ Y □ N Branch__________ Yrs of Service__________
What was your rank? ________________________________________________
Where and when did you serve? _________________________________________
Were you honorable discharged? If not, what type, explain. Yes  No
_________________________________________________________________________

Are you able to work? Yes  No
How many full time jobs have you had in the past 3 years? 1 or fewer  2-3  4-5  6 or more
Have you ever been disciplined by an employer for either poor attendance or performance
problems? Yes  No

Do you have any employment experience – including part time, full time or volunteer experience?
□ Y □ N

Are you currently employed? □ Y □ N
List your current employer or your last employer if not currently employed:

Company Name: ___________________________ Phone #: _______________
Address: ____________________________________________________________
Supervisor: ___________________________ Shift: ________________________
Wage: ___________________ Job Title: ________________________________
List any specialized job skills or training ________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Are you currently attending any type of schooling? Yes No
If yes, Where:________________________________________________________________
What for: ___________________________________________________________________
How many years of high school have you complete? 0-1 2 3 4 or more
Did you graduate from high school or get a GED? Yes No
Did you attend college or university Yes No
Major or Course of Study: ________________________________________________
Name of School: _______________________________________________________
City: _____________________ State: ________________________________
Did you attend any other type of school (vocational, trade school)? Yes No
Name of School: _______________________________________________________
City: _____________________ State: ________________________________
Have you graduated, received a certificate or a degree from this school: Yes No
Major or Course of Study: ________________________________________________
Do you have any special license(s) or certifications? Yes No
License(s) or Certification held: __________________________________________
List any other skills you have (typing, computers, driving, forklift, etc): __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dealing with Conflict and Relationships
1. How comfortable are you, in general with dealing with differences of opinion and disagreement?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________.

2. Can you live with someone who dislike, but live together constructively?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________.

3. How do you cope with frustration and stress?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________.

4. Have you ever been the victim, perpetrator, or witness to domestic abuse or violence? Please explain as appropriate?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________.

5. Are there any relationships that you would like to repair or work on before you move out of the program?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________.

**Personal Health Information**

Do you have a disability of a long duration? Yes No Don’t Know Refused

Do you currently have or ever been diagnosed with any of the following?

- a. Mental Illness Yes No Currently
- b. Alcohol Abuse Yes No Currently
- c. Drug Abuse Yes No Currently
- d. HIV/AIDS and Related Diseases Yes No Currently
- e. Tuberculosis Yes No Currently
- e. Developmental Disability Yes No Currently
- f. Physical Disability Yes No Currently

Do you have a history of any psychiatric conditions? Yes No
Please check all that apply.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicidal Ideas/Attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assaultive Behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delusions</td>
<td></td>
<td></td>
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<tr>
<td>Severe Depression</td>
<td></td>
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<tr>
<td>Severe Thought Disorder</td>
<td></td>
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<tr>
<td>Cognitive Impairment</td>
<td></td>
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<tr>
<td>Suicidal Attempts</td>
<td></td>
<td></td>
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<tr>
<td>Hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arson/Fire Setting</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Victim of Sexual Abuse/Assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim of Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you receive psychiatric care? Yes No
a. If yes, please list name, address and phone number of all psychiatric care providers.
__________________________________________________________________________

Do you have a history of any substance abuse disorder? Yes No
a. If yes, please list drug(s) of choice, frequency of use, approximate date of last use.
__________________________________________________________________________

Do you have any current or past history of substance abuse treatment? Yes No
a. If yes, please list name, address and phone number of all substance abuse providers.
__________________________________________________________________________

Are you involved in any 12 step or other self-help recovery programs? Yes No
a. If yes, which programs(s)? _______________________________________________

If you are substance free, for how long have you been substance free? ________________

Do you have a history of any Alcohol abuse disorder? Yes No
a. If yes, please list alcohol of choice, frequency of use, approximate date of last use.
__________________________________________________________________________

Do you have any current or past history of alcohol abuse treatment? Yes No
a. If yes, please list name, address and phone number of all alcohol abuse providers.
__________________________________________________________________________
Are you involved in any 12 step or other self-help recovery programs: Yes No
a. If yes, which programs(s)? ____________________________________________

If you are alcohol free, for how long have you been alcohol free? ______________________

Have you ever received detox? No Yes
If yes, How many times________________

Have you ever been in a rehab? No Yes
If yes, How many times________________

When (year) Where (Place) Detox / Rehab. How Long ________________

Have you or anyone in your family ever been a victim of domestic violence? Yes No
☐ Within the past three months ☐ Three to six months ago
☐ From six to twelve months ago ☐ More than a year ago
☐ Don’t Know ☐ Refused

Has there been counseling? Yes No

CRIMINAL RECORD

Have you ever been arrested? ☐ Y ☐ N If yes, explain: ____________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you ever been convicted of a crime? ☐ Y ☐ N If yes, explain: ___________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are you currently on parole or probation? ☐ Y ☐ N If yes, list your parole/probation officer’s name, address, and phone number.
Name: ___________________________________________ Phone: ____________________
Address: ____________________________________________
City: __________________________________ State: _______ Zip Code: _____________

Do you have any open Warrants? ☐ Y ☐ N

ADDITIONAL INFORMATION

Do you have any disabilities that may prevent you from communicating with the staff? ☐ Y ☐ N

Do you have the ability to follow staff directions? ☐ Y ☐ N

Do you know how to read? ☐ Y ☐ N

Do you know how to write? ☐ Y ☐ N
What are your plans for the future? And, where do you see yourself in a year?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

REFERENCES

Reference without a phone number is not a valid reference because we cannot contact the person

List two personal references:

Name: _______________________________ Phone#: __________________________
Address: ___________________________________________________________________

Relationship: ___________________________ How long has this person known you? ______

Name: _______________________________ Phone#: __________________________
Address: ___________________________________________________________________

Relationship: ___________________________ How long has this person known you? ______

List two employment references:

Name: _______________________________ Phone#: __________________________
Address: ___________________________________________________________________

Relationship: ___________________________ How long has this person known you? ______

TRUTHFULNESS STATEMENT

To the best of my knowledge, I have filled out this application as truthfully, correctly, and completely as possible. I understand that this information will be used to determine my eligibility for admittance into The Fouse Center and if it is false, incorrect, or incomplete my application may be rejected or my stay at the center terminated.

I agree to allow The Fouse Center’s employees or their designated agent to verify the information on this application by interviewing my references and representatives of other agencies, verifying my income and asset information, obtaining my rental history and other information as necessary.

Signature ___________________________ Date _________________________
FOR STAFF USE ONLY

☐ A  ☐ D  ☐ I

- Specifics:
  ☐ RP
  ☐ NT
  ☐ NMR (specify): _______________________________________________________
  ☐ NV
  ☐ NK
  ☐ Other (specify): _____________________________________________________
NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW

[Employer] (the “Company”) intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) or any credit report information will be Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

• In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

• A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

• By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.
DISCLOSURE AND AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] (“the Company”) may obtain information about you for employment purposes from a third party consumer
reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may
include information about your character, general reputation, personal characteristics, and/or mode of living, and which can
involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain
information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”),
verification of your education or employment history, or other background checks. You have the right, upon written request
made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative
consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report
obtained with regard to applicants for employment is an investigation into your education and/or employment history
conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, or
another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer]
to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and
throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether
to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative
consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR
RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.
I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time
after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without
reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or
private), information service bureau, employer, or insurance company to furnish any and all background information requested
by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, another
outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or
photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York
Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a
consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING
BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive
a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company
whenever you have a right to receive such a copy under California law. ☐

Signature__________________________________________ Date__________________________________
<table>
<thead>
<tr>
<th><strong>Background Information</strong></th>
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<tbody>
<tr>
<td><strong>Last Name</strong></td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>Other Names/Alias</strong></td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>Social Security</strong> #</td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>Driver’s License</strong> #</td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>Present Address</strong></td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>City/State/Zip</strong></td>
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<tr>
<td>____________________________________________________________</td>
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<tr>
<td><strong>Former Employer</strong></td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>Prior Address One</strong></td>
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<td>____________________________________________________________</td>
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<tr>
<td><strong>City/State/Zip</strong></td>
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<tr>
<td><strong>Prior Address Two</strong></td>
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<tr>
<td><strong>City/State/Zip</strong></td>
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<td>____________________________________________________________</td>
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</tbody>
</table>
Memo

To: To Whom It May Concern
From: Case Manager
CC: Case File
Date: ________________
Re: Verification of Homelessness

Name of Applicant:_______________________________________________

This memo is to verify that ___________________________ is homeless because of the following reasons:

☐ Homeless living on the street
☐ Was in a residential program for more than 30 days
☐ Was/will be evicted
☐ Incarcerated for more than 30 days
☐ Domestic violence situation
☐ Emergency shelter
☐ Hospital/psychiatric facility for more than 30 days

Additional Comments:
______________________________________________________________
______________________________________________________________

______________________________________________________________

___________________________  _________________________
Signature of Verifying Staff  Date
Memo

To: To Whom It May Concern

From: __________________________

CC: __________________________

Date: _________________

Re: ___________________________________________________________________

Name of applicant: _____________________________________________________

Address: The Fouse Center, 6401 Ritchie Highway, Glen Burnie, MD 21061

I hereby certify that I am unemployed, homeless and living at

________________________________________________________________________

_________________________________________       __________
SIGNATURE OF APPLICANT                   DATE

_________________________________________       __________
SIGNATURE OF SUPPORTER (CASE MANAGER)    DATE

_________________________________________
SOCIAL SECURITY NUMBER