

February 28, 2012

Dear...

As per your request I am enclosing an application for The Fouse Center. The application must be completed and returned to us at The Fouse Center, 6401 Ritchie Highway, Glen Burnie, MD 21061. It will be reviewed by our Case Manager, Brianne Adams and our staff. You will be notified as to their decision and if you are acceptable we will set up an appointment with you after you are released. You can not be interviewed until you have been released 24 hours and we can not let you know if you have been accepted until after the interview.

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 a 28 day inpatient treatment first, such as Hope House (410-923-6700)

If accepted into our program you will be allowed to look for work in the first 30 days, during which time you will also be indoctrinated into our program. 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.

You will also find information about the Arundel House of Hope and the many programs that are available through them. In 1992 we began with Winter Relief, an emergency shelter program for homeless men and women. In 2001, we opened The Fouse Center, the first transitional housing program for homeless men in AA County. We provide comprehensive support services, including substance abuse, mental health, healthcare, and employment support. In 2004 we opened a new permanent Supportive Housing Program for the homeless and disabled. In 2006 we opened our Resource and Day Center in Glen Burnie. This year we hope to have our health clinic and veterans housing open.

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

**The Fouse Center**  
6401 Ritchie Highway  
Glen Burnie, MD 21061  
Phone (410) 609-1224  
Fax (410) 609 1226  
**REFERRAL FORM**

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**The Fouse Center**  
6401 Ritchie Highway  
Glen Burnie, MD 21061  
Phone (410) 609-1224  
Fax (410) 609-1226

## **Application Form**

Date: \_\_\_\_\_

### Admittance Criteria for The Fouse Center:

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### 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. 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: \_\_\_\_\_

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 \_\_\_\_\_  
 Out of state Date moved to MD (mo/yr) \_\_\_\_\_  
Veteran:  Y  N Branch \_\_\_\_\_ Yrs of Service \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

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) \_\_\_\_\_

Primary Disability

Mental illness  Alcohol Abuse  Drug Abuse  
 HIV/AIDS and related diseases  Developmental Disability  Physical Disability  
 Domestic Violence  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
- \$1 – 150
- \$151 – 250
- \$251 – 500
- \$501 – 1,000
- \$1,000 – 1,500
- \$1,501 – 2,000
- \$2,000+

**Assistance Sources (Enter the monthly amount next to the source)**

\$ \_\_\_\_\_ Supplemental Security Income (SSI)      \$ \_\_\_\_\_ Social Security  
\$ \_\_\_\_\_ Social Security Disability Insurance (SSDI)      \$ \_\_\_\_\_ Veterans Benefits



Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

List any specialized job skills or training \_\_\_\_\_

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### **SUBSTANCE HISTORY**

When was the last time you consumed alcohol? \_\_\_\_\_

When was the last time you consumed illegal drugs? \_\_\_\_\_

List the drug(s) \_\_\_\_\_

When was the last time you consumed prescription drugs (prescribed to someone other than yourself)? \_\_\_\_\_

List the drug(s) \_\_\_\_\_

Are there any medications that you take on an ongoing bases?  Y  N

If yes, list all the medications? \_\_\_\_\_

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If yes, do you self-medicate?  Y  N

If accepted to The Fouse Center could you bring those medications with you?  Y  N

### **CRIMINAL RECORD**

Have you ever been arrested?  Y  N If yes, *explain*: \_\_\_\_\_

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Have you ever been convicted of a crime?  Y  N If yes, *explain*: \_\_\_\_\_

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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 and 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

## REFERENCES

*(A 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? \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

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

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**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. ICRA’s 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 ICRA’s.

“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 \_\_\_\_\_

**Background Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License\*\* \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Years at this address \_\_\_\_\_

Former Employer \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Prior Address One \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Years at this address \_\_\_\_\_

Prior Address Two \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Years at this address \_\_\_\_\_

# 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