

# 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.

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Signature

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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.

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**Signature**

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**Date**

6401 Ritchie Highway  
Glen Burnie Maryland 21061  
Phone (410) 863-4888, 410-609-1224  
Fax (410) 306-1226  
Email: [badams@arundelhoh.org](mailto:badams@arundelhoh.org)

### REFERRAL FORM

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:

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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 \_\_\_\_\_

Out of state      Date moved to MD (mo/yr) \_\_\_\_\_

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**

Veteran:  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?  
Yes No

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 \_\_\_\_\_

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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): \_\_\_\_\_

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## Dealing with Conflict and Relationships



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

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

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3. How do you cope with frustration and stress?

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

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

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### 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.

Homicidal Ideas/Attempts	Yes	No
Assaultive Behavior	Yes	No
Delusions	Yes	No
Severe Depression	Yes	No
Severe Thought Disorder	Yes	No
Cognitive Impairment	Yes	No
Suicidal Attempts	Yes	No
Hallucinations	Yes	No
Arson/Fire Setting	Yes	No
Victim of Sexual Abuse/Assault	Yes	No
Victim of Trauma	Yes	No
Other (Specify)	Yes	No

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 program(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 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

What are your plans for the future? And, where do you see yourself in a year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**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? \_\_\_\_\_

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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. 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 \_\_\_\_\_

**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