

St. Paul

To: Prospective Applicant
From: YWCA St. Paul Transitional Housing Program
Re: Application for admission to the YWCA Transitional Housing Program

The mission of the program is to provide opportunities for women to achieve self-sufficiency by building strong life skills and acquiring marketable job skills while living with their family in a safe and supportive, affordable, chemical-free home environment.

You will only be contacted for an admission interview, if you meet the eligibility requirements and have sent the necessary documentation (listed below).

Applicants who wish to apply must meet the following eligibility requirements:

- Female, 18 years or older with 1-5 minor children (under 18)
- Homeless as defined by HUD
- Established regular source of income
- Chemically-free at least 3 months prior to program entry
- Committed to:
 - Making positive changes in her life
 - Maintaining a chemical-free lifestyle
 - Developing and working toward employment goals (30-40 hrs/week)

INCLUDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:

1. Homeless Statement – 3rd party verification from case worker/advocate, shelter verification letter, etc. **See attached form*
2. Release of Information – This will allow open communication between your shelter and the THP program. It is especially important for trying to contact you in shelter. **See attached form.*
3. Picture ID (Such as Driver's License or EBS card with photo)
4. Health coverage cards for mother and all children (Insurance provider cards or Medical Assistance cards)
5. Social Security Cards for mother and all children
6. Birth Certificates for mother and all children
7. Income Verification:
 - a. MFIP Verification
 - b. Child Support Statement
 - c. A month of pay stubs, if employed

Documents preferred, but not required are:

- Two letters of reference
- Letter verifying employment (if employed)

If you have questions regarding your application, please call (651)293-9296.



St. Paul

transitional housing program application

Please complete and return by mail, fax, or in person to:

375 Selby Avenue, St. Paul, MN 55102
Phone: 651-293-9296 | Fax: 651-291-5196

Date: _____

Name: _____
Last First Middle

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____

Do you have a driver's license? Yes No Driver's License # _____

Do you own a vehicle? Yes No Do you have insurance? Yes No

Marital Status (please circle one): Married Separated Divorced Widowed Single

Have you ever been known by any other name? Yes No

If yes, what name: _____

Emergency Contact: _____
Name Phone Number Relationship

Family Composition – list all members of your family beginning with yourself

Name	Sex	Date of Birth	Age	Social Security #	Race

Which children will be living with you in the transitional program?

Are you a citizen of the United States by birth? Yes No

If no, please explain: _____

Primary Language: _____ Registered Voter? Yes No Veteran? Yes No

Are you a resident of Minnesota? Yes No

Where did you live before Minnesota? _____

Do your children have a relationship with their father(s)? Yes No

Do the father(s) pay child support? Yes No

Father's Name & Address _____

Custody Arrangement (circle one): Sole Custody Shared with Father

Do you have a daycare provide for your children? Yes No

If yes, please give name, address, and phone number of provider:

housing background

Starting with your current address, list the last three places you have lived

Address	Dates you lived there	Why did you leave?	U.D.? Do you owe money?
	to		
	to		
	to		

Have you ever lived in transitional housing? Yes No

If yes, where: _____ when: _____ for how long: _____

Have you ever been evicted from any federally subsidized housing program? Yes No

(ex: Public Housing, Section 8, Subsidized Housing, Transitional Housing, etc.)

Have you ever been found ineligible for rent assistance by another housing authority? Yes No

If yes to either of the above, please explain: _____

income

Check all sources and list the amount you receive each month

Employment \$ _____ SSI/SSDI \$ _____

MFIP \$ _____ Unemployment \$ _____

Child Support \$ _____ Food Stamps \$ _____

Alimony \$ _____ Other (explain) \$ _____

employment/education

Do you have a high school diploma or a GED? Yes No Highest grade completed? _____

Are you currently employed? Yes No Hours per week: _____ Rate of pay: _____

Starting with your current employment, list the last three places you worked

Employer Name	Position	Dates you worked there	Why did you leave?
		to	
		to	
		to	

Are you currently enrolled in school? Yes No

If yes, what school: _____ course of study: _____ FT or PT? (circle one)

health background

Do you have any special health care needs or require special accommodations? Yes No

If yes, please explain: _____

Do you have health care insurance? Yes No Type: _____

Your doctor or clinic: _____

Do your children have any special health care needs or require special accommodations? Yes No

If yes, please explain: _____

Do your children have health care insurance? Yes No Type: _____

Children's doctor or clinic: _____

Chemical Health

When was the last time you used alcohol? _____ drugs? _____

Have you ever been in treatment or assessed for alcohol and/or chemical abuse? Yes No

If yes, where: _____ when: _____

legal background

Have you ever been arrested for any type of criminal activity? Yes No Convicted? Y N

Incarcerated? Y N If yes, for how long: _____ offense: _____

Are you on probation? Y N If yes, probation officer name/number: _____

Please explain: _____

Do you currently have an Order for Protection? Yes No

If yes, who is the order against: _____ when does it expire: _____

Do you have any other legal needs or concerns? (Ex: custody, divorce, harassment, etc.)

St. Paul does not discriminate against any applicant or participant on the basis of race, color, religion, creed, national origin, marital status, familial status with regard to receipt of public assistance, physical handicap, mental handicap, or affectional preference.

The YWCA St. Paul does provide reasonable accommodations for persons with disabilities. Reasonable accommodations in rules, policies, practices, and services will be allowed to give persons with disabilities an equal program, provided such accommodations do not impose an undue hardship. Applicants or program participants with disabilities seeking reasonable accommodations must contact the Director of Housing & Supportive Services to make an accommodation request.

Please read the following statement and sign below:

The information in this application is true and correct. I hereby grant permission to the YWCA St. Paul to seek the release of information from sources reported in this application.

Signature _____ Date _____



This form is to be completed by Applicant or Case Manager.

St. Paul

Agency

Case Manager's Name

Telephone Number

Permission for Release of Information:

I authorize the above case manager to furnish information requested on this form.

Signature of Applicant

Date

Last Name

First Name

Date of Birth

Homeless Status: (check the sentence that most appropriately describes current situation)

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In emergency shelter or temporary shelter
If yes, please name _____
- In Battered Women's Shelter
If yes, please name _____
- In transitional housing or supportive housing for homeless persons who originally came from the street or emergency shelters.
- Fleeing domestic abuse.
- Leaving a short-term treatment center (up to 30 consecutive days) with no housing resources.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing (additional supporting documents needed).

I hereby verify that the information contained on this Homeless Certification Statement is true.

Case Manager/Applicant

Date

