

# THE H.O.P.E. Institute Pre-Screening Form

The H.O.P.E. Institute is taking residential applications for participation in The Sisters Sanctuary Interdependent Living Program at the Rutherford House of Peace. This program is specifically designed for Women Veterans who are recovering from MST and PTSD.

## General applicant information

Name (last, first, middle initial) \_\_\_\_\_

SSN \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_\_

Race/ethnicity (write in): \_\_\_\_\_

Marital status (circle one): Single Married Separated Divorced Widow(er)

Dependents (circle one): 0 1 2 3 4+

Referral source (write in): \_\_\_\_\_

Current living situation (check one):

- Streets, etc.       Emergency shelter       Transitional housing
- Family/Friends       Psychiatric facility       Hospital (non-psychiatric)       Correctional facility
- Substance abuse treatment facility
- House/Apt./Room       Domestic violence situation

Address (if applicable): \_\_\_\_\_

Emergency contact (Last name, first name, relationship)

\_\_\_\_\_

Phone Number of POC: \_\_\_\_\_

Contact's city and state of residency \_\_\_\_\_

# THE H.O.P.E. Institute Pre-Screening Form

## Military/Veteran information

Are you a military veteran? Yes No

Branch of Service \_\_\_\_\_

Length of Service \_\_\_\_\_ years/months

## Employment Information

Are you employed? Yes No

If you are not employed, are you actively looking for work? Yes No (circle one):

If you are unemployed, do you have a physical or mental disability preventing you from working? Yes No

Gross (pre-tax) household income from all sources (jobs, VA compensation, GI Bill/vocational rehabilitation stipends, social security, pensions, other): \$ \_\_\_\_\_

## Criminal history

Have you ever been convicted of a misdemeanor or felony? Yes No

I, (print name) \_\_\_\_\_, hereby certify that all the above information is true and accurate and will be used in determining my eligibility for tenancy at the Rutherford House of Peace and participation in the Transitional Living Program. I understand this information may be verified at a later date.

Sign \_\_\_\_\_ Date \_\_\_\_\_