

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

The H.O.P.E. Institute is currently taking residential applications for tenancy at the Rutherford House of Peace and participation in Phase II of the Transitional Living Program. Single women who are low to moderate-level income are eligible for the program. All women are eligible, but due to limited resources first priority is given to women veterans. The H.O.P.E. Institute maintains a waiting list of applicants and as resources become available applicants will be contacted based on their Application Entry Date (AED).

## 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):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Streets, etc.   | <input type="checkbox"/> Emergency shelter                  | <input type="checkbox"/> Transitional housing  |
| <input type="checkbox"/> Family/Friends  | <input type="checkbox"/> Psychiatric facility               | <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Correctional facility |
|  | <input type="checkbox"/> Substance abuse treatment facility |  |
| <input type="checkbox"/> House/Apt./Room | <input type="checkbox"/> Domestic violence situation        |  |

**Address** (If applicable): \_\_\_\_\_

**Emergency contact** (Last name, first name, relationship)

\_\_\_\_\_

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

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

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## General health information

**General health status** (circle one):

Very good    Good    Fair    Poor    Frail

**Are you aware of any physiological, physical, mental, emotional, or developmental conditions, to include disabilities, HIV/AIDS, diabetes, kidney failure, suicidal/homicidal tendencies, and diagnosable substance abuse problems?**    Yes    No

## 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 working how many hours per week do you work on average?** \_\_\_\_\_

**If unemployed how long have you been so?** \_\_\_\_\_ months \_\_\_\_\_ years

**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): \$ \_\_\_\_\_

**Are these sources a long-term source of income** (job, pension, VA compensation, etc.) Yes    No

**If not, how long will you be receiving this source of income?** \_\_\_\_\_

## 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 \_\_\_\_\_