



Empowering People.
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Supportive Housing & Outreach Services Application

- Housing Support (previously GRH)
- Delancey Apartments
- Demonstration Project
- 260 Emerson
- HART
- Dak HSS
- PATH
- Bridges RTC

Referral Source:

Date Referral Received:

Name: _____

Last

First

Middle

Date of Birth: ____/____/____

Social Security #: ____/____/____

Current Physical Address:

Current Mailing Address (if different than above):



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Current Phone Number: _____

Cell: _____

OK to receive text messages? Yes No

Emergency Contact: _____

Emergency Contract Phone Number: (_____) _____

Case Manager: _____

Agency: _____

Address: _____

_ Phone Number: (_____) _____

Case Manager Email: _____

County of Financial Responsibility (please confirm worker):

County Case Number: _____

Financial Worker Name: _____

Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Legal Gender	
<input type="checkbox"/> Female	<input type="checkbox"/> Male
Identified Gender (Please check)	



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Agender	Demigender	Polygender
Aporagender	Gender Neutral	Transgender
Bigender	Gender Queer	Other (please list):
Female to Male	Genderfluid	
Cisgender	Intergender	
Male to Female	Nonbinary	
Marital Status		
<input type="checkbox"/> Divorced	<input type="checkbox"/> Single with partner	
<input type="checkbox"/> Married	<input type="checkbox"/> Single without partner	
<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	
Race (check all that apply)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White or Caucasian	
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Refuse to answer	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Ethnicity		
<input type="checkbox"/> Cuban	<input type="checkbox"/> Other Specific Hispanic	
<input type="checkbox"/> Hispanic Origin	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> Mexican	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Not of Hispanic Origin	<input type="checkbox"/> Refuse to answer	
Veteran Status (have you ever served?)		
<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	
<input type="checkbox"/> No	<input type="checkbox"/> Refuse to answer	
Do you reside on a reservation?		Do you have tribal enrollment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a rep-payee?		Are you on commitment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a guardian or conservator?		Are you on a waiver?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a housing subsidy?		What type? (please write below)
<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Currently homeless?	Long-term Homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe housing history for the last 3 years, current living situation, and the events leading up to current situation.

Have you been in treatment for chemical dependency and/or mental health? If so, where and when.

Please check all factors that apply either past or present:	
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Alcohol Dependency / Abuse
<input type="checkbox"/> Chronic Health Conditions	<input type="checkbox"/> Drug Dependency / Abuse



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<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Other (please specify): (TBI, hearing loss, vision loss, etc.)	

Please list any services that are already in place or are expected to be in place for this client (case management, psychiatrist, therapist, substance abuse services, ARMHS, education, employment assistance, child care, transportation, legal, other ongoing healthcare services, probation/parole officer, etc.):

Type of Service	Name of Provider	Agency / Clinic	Phone Number

Please list all types of income and support, noting the amount of each item:

Income or Support Type	Amount	Income or Support Type	Amount
General Assistance (GA)		Veteran's Benefits	
Supplemental Security Income (SSI)		Unemployment Income	
Social Security Disability Income (SSDI)		Employment Income	
Social Security (Retirement) (RSDI)		Other Benefits or Income Please specify:	
Non Cash Benefits			



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SNAP Benefits (Food Stamps)	Amount: \$_____	Other: Please specify: Amount \$_____
Health Insurance		
Medical Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider Name: _____ ID #: _____	
Spend down: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$_____	
Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare #: _____	
Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium amount (Part B): \$_____	
Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran's Health Care: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education		
What is your highest level of education completed? _____		
Are you: <input type="checkbox"/> Getting/working on getting your GED <input type="checkbox"/> Attending college (check one) <input type="checkbox"/> Not involved in Education <input type="checkbox"/> Attending vocation school/program		
Employment		
Are you employed? Yes No	Are you interested in working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of hours worked in past 30 days: _____		



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I certify that the information on this application is accurate to the best of my knowledge. I understand that inaccurate information may invalidate my application.

Referring Provider Signature: _____

Date: _____

Client Signature: _____

Date: _____

Legal History

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

Please list the year convicted, the location, and the offense:

Year Convicted	Location	Offense

Are you currently on probation or parole? Yes No

Date: ____/____/____

Probation/Parole Officer Name: _____

Phone Number: (____)_____



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Do you have any pending legal charges? Yes No

What are the charges? Felony Gross Misdemeanor Misdemeanor

Do you have any unlawful detainers or evictions? Yes No

Do you owe to any previous landlords? Yes No

Do you have any outstanding utility bills? Yes No

Signature and Date

I, _____, understand that Guild will check public records to verify that the information I have provided is accurate and so that they can assist me in finding and keeping housing.

Client Signature: _____

Date: _____