

# APPLICATION



Date: \_\_\_\_\_

Applying for which house? \_\_\_\_\_

When do you need a place? \_\_\_\_\_

## TELL US ABOUT YOURSELF

First Name:		Middle Name:		Last Name:	
Date of birth:		SSN:		OID:	
Primary Phone:		Secondary Phone:		Email:	
Current address and program if applicable:					
City:		State:		ZIP Code:	
Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> Widowed				Do you have kids? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				How many?	

## EMPLOYMENT

<b>Employer 1:</b>		Monthly Net Income:	Hours/week	Position/Length of employment	
Address:		City		State	Zip
Supervisor:		Phone:		Email:	
<b>Employer 2:</b>		Monthly Net Income:	Hours/week	Position/Length of employment	
Address:		City		State	Zip
Supervisor:		Phone:		Email:	

## LIST ALL SOURCES OF INCOME (savings, financial aid, government...)

<b>Income 1 Source:</b>	Monthly Net Income:	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income 2 Source:</b>	Monthly Net Income:	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income 3 Source:</b>	Monthly Net Income:	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No

**TELL US ABOUT YOUR CRIMINAL BACKGROUND** (if applicable) (if you need more space to write use a separate piece of paper)

**WE WANT TO GET TO KNOW YOU, NOT EXCLUDE YOU.**

**BECAUSE OF HOUSING RESTRICTIONS HAVE YOU EVER BEEN CLASSIFIED AS A SEX OFFENDER UNDER ANY STATE LAW?**

Yes  No

Level (select one)

1  2  3  None

**State**

Explain:

**TELL US ABOUT YOUR USE OF SUBSTANCES** (past or present, if applicable)

Do you use tobacco?

(select one)  Yes  No

What is/was your substance(s) of choice?

How long have you been sober?

**WHO IS YOUR CORRECTIONS AGENT?** (if applicable)

Name:

Phone:

County:

Email:

TELL US ABOUT YOUR YOURSELF, HOPES, DREAMS AND GOALS FOR YOUR CAREER, EDUCATION, FAMILY, PERSONALLY, OR SPIRITUALLY. WHAT ARE YOUR STRENGTHS/WEAKNESSES? (if you need more space to write use a separate piece of paper)

WE WANT TO GET TO KNOW YOU, NOT EXCLUDE YOU.

**WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?**

Name of a person:

Address:

City:

State:

ZIP Code:

Primary Phone:

Secondary Phone:

Relationship to you:

**DO YOU HAVE ANY DISABILITY OR SPECIAL NEEDS?**

Do you have a disability/special needs?

Yes  No

Explain

## BUDGET

DESCRIPTION	CATEGORY	MONTHLY AMOUNT
Income 1	Income	
Income 2	Income	
Income 3	Income	
Savings	Income	
<b>Total Income</b>		
Child Support	Children	
Extracurricular activities	Children	
Medical	Children	
School Supplies	Children	
School Tuition	Children	
Concerts	Entertainment	
Live Theater	Entertainment	
Movies	Entertainment	
Music (CDs, downloads, etc.)	Entertainment	
Sporting Events	Entertainment	
Games, DVD (Purchase)	Entertainment	
Dining Out	Food	
Groceries	Food	
Charity 1	Gifts and Charity	
Gift 1	Gifts and Charity	
Cable/Satellite	Housing	
Electric	Housing	
Gas	Housing	
Maintenance	Housing	
Mortgage or Rent	Housing	
Internet Service	Housing	
Phone	Housing	
Supplies	Housing	
Waste Removal and Recycle	Housing	
Water and Sewer	Housing	
Health	Insurance	
Life	Insurance	
Credit Card 1	Loans	
Credit Card 2	Loans	
Personal/Student	Loans	
Debt 1	Debt	
Debt 2	Debt	
Clothing	Personal Care	
Health/Beauty/Miscellaneous	Personal Care	
Medical/Mental Health	Personal Care	
Savings	Savings or Investments	
Federal/State/Local	Taxes	
Car payment	Transportation	
Bus/Taxi fare	Transportation	
Fuel	Transportation	
Insurance	Transportation	
Maintenance	Transportation	
<b>Total Expenses</b>		
<b>Net (Total income less expenses)</b>		

The purpose of the budget sheet is to assist you with your financial goals to find a place to live. This activity can assist you to understand what you can or can't afford.

Welcome Homes has a variety of price points to help fit your budget.

All rental applications are subject to a credit report check.

Welcome Homes does not discriminate based on income levels. This is a tool to help us assess your ability to pay rent.

PERSONAL REFERENCE		
Name of a person not residing with you:	Relationship to you:	
Address:		
City:	State:	ZIP Code:
Primary Phone:	Secondary Phone:	How long have you known this person?

RENTAL REFERENCE		
Name of previous landlord:	Relationship to you:	
Address:		
City:	State:	ZIP Code:
Primary Phone:	Secondary Phone:	How long at that address?

In addition to completing this application, you may need to have a health physical, a urinalysis, a criminal background check and a credit check. When the required documents have been completed and returned to Welcome Homes, the Program Manager and Director will review your application and you will be contacted regarding your acceptance/non-acceptance into a Welcome Homes house. Thank you for your interest in Welcome Homes and a positive lifestyle choice.

**I authorize Welcome Homes staff to contact individuals named in this application. Also, I authorize Welcome Homes staff to exchange information with the Board and Circle Members regarding application and acceptance.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dismissal:**

I understand that any violation of Welcome Homes guidelines and failure to pay rent could result in my immediate discharge and/or eviction from the home. No financial refund will be given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Welcomes Homes purposes: \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Acceptance Yes No \_\_\_\_\_ Date \_\_\_\_\_

**Next Steps:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RELEASE FORM FOR YOUR SUPERVISING AGENT OR CORRECTIONS OFFICER**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Primary Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

I hereby give consent and authorize:

Welcome Homes  
1360 University Ave. #104-420  
St. Paul, MN 55104

X   
 X

**To release information to:**  
**Obtain information from:**

**Information can be communicated:**  X  verbally  X  written  X  electronically

**Agency/Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I understand the purpose of this is to facilitate the assessment, treatment planning ad discharge planning regarding the client who has accessed Welcome Homes house for treatment services.

I understand the specific information to be disclosed includes information on the items marked with an X below:

- |  |   |
|--|---|
| <u> X </u> Discharge summary                             | <u> X </u> Assessment/Admission Intake        |
| <u> X </u> Chemical Dependency Evaluation                | <u> X </u> Treatment Plan/recommendations     |
| <u> X </u> Progress in Treatment/Progress Notes          | <u> X </u> Lab: Urine Drug Screens            |
| <u> X </u> Acknowledgement of Client's access of service | <u> X </u> Psychological/Psychiatric Consults |
| <u> X </u> Doctor's Consult Results                      | <u> X </u> Other: Communications              |
| <u> X </u> History and Physical                          | <u> X </u> Other:                             |

Effective this date \_\_\_\_\_ to expire \_\_\_\_\_ unless revoked by me.  
Note: This authorization except for action already taken, can be revoked at any time.

\*I understand that information in confidential records cannot be released without my written consent unless otherwise provided for in legal statues and judicial orders. My signature below indicates that I understand the condition of this release and that I give my authorization voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notice: Further discloser of confidential information without the specific written consent of the person to whom it pertains is prohibited by state and feudal statutes.

NOTICE TO WHOM EVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS: this information has been disclosed to you from records protected by Federal Confidentiality Rules 42 CFR Part 2. The Federal Rules prohibits you from making any further discloser of this information unless further discloser is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol o drug abuse patient.

**DO NOT WRITE BELOW THIS LINE UNLESS YOU ARE REVOKING THIS RELEASE**

I revoke this authorization for Release of Information on \_\_\_\_\_ 20 \_\_\_\_ for the above designated person or persons.

Signature \_\_\_\_\_ Witness Initials \_\_\_\_\_

RELEASE FROM FOR YOUR REFERRING AGENCY

First Name: Middle: Last Name:
Primary Phone Date of Birth

I hereby give consent and authorize:

Welcome Homes
1360 University Ave. #104-420
St. Paul, MN 55104

X
X

To release information to:

Obtain information from:

Information can be communicated: X verbally X written X electronically

Agency/Contact Name:

Phone: Email:

I understand the purpose of this is to facilitate the assessment, treatment planning ad discharge planning regarding the client who has accessed Welcome Homes house for treatment services.

I understand the specific information to be disclosed includes information on the items marked with an X below:

- X Discharge summary
X Chemical Dependency Evaluation
X Progress in Treatment/Progress Notes
X Acknowledgement of Client's access of service
X Doctor's Consult Results
X History and Physical
X Assessment/Admission Intake
X Treatment Plan/recommendations
X Lab: Urine Drug Screens
X Psychological/Psychiatric Consults
X Other: Communications
X Other:

Effective this date to expire unless revoked by me.

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Signature Date

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