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:	Secon	dary Phone: Email:		Email:		
Current address and program if applicable:						
City:	State:	Z		ZIP Code:		
Marital Status: (check one)		Do you have kids? Yes No		∃Yes □No		
□Engaged □Widowed		-	How many?			

EMPLOYMENT					
Employer 1:	Monthly Net Income:	Monthly Net Income: Hours/week P		Position/Length of employment	
Address:	City		State	Zip	
Supervisor:	Phone:	Ema	ail:		
Employer 2:	Monthly Net Income:	Hours/week	Position/Length	of employment	
Address:	City		State	Zip	
Supervisor:	Phone:	Ema	ail:		

LIST ALL SOURCES OF INCOME (savings, financial aid, government)						
Income 1 Source:	Monthly Net Income:	Proof of Income				
			□No			
Income 2 Source:	Monthly Net Income:	Proof of Income				
		🗆 Yes	□No			
Income 3 Source:	Monthly Net Income:	Proof of Income				
		□ Yes	□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)	State
Explain:		

TELL US ABOUT YOUR USE OF SUBSTANCES (past or present, if applicable) Do you use tobacco? What is/was your substance(s) of choice? (select one) Yes 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) <u>WE WANT TO GET TO KNOW YOU, NOT EXCLUDE YOU.</u>

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name of a person:			
Address:			
City:	State:		ZIP Code:
Primary Phone:	Secondary Phone:	Re	elationship to you:

DO YOU HAVE ANY DISABILITY OR SF	PECIAL NE	EDS?	
Do you have a disability/special needs?	□Yes	□No	Explain

BUDGET			
DESCRIPTION	CATEGORY	MONTHLY AMOUNT	The purpose of the budget sheet is to
Income 1	Income		assist you with your
Income 2	Income		financial goals to
Income 3	Income		find a place to live.
Savings	Income		This activity can
Total Income			assist you to
Child Support	Children		understand what
Extracurricular activities	Children		you can or can't
Medical	Children		afford.
School Supplies	Children		
School Tuition	Children		Welcome Homes
Concerts	Entertainment		has a variety of
Live Theater	Entertainment		price points to help
Movies	Entertainment		fit your budget.
Music (CDs, downloads, etc.)	Entertainment		All rental
Sporting Events	Entertainment		applications are
Games, DVD (Purchase)	Entertainment		subject to a credit
Dining Out	Food		report check.
Groceries	Food		
Charity 1	Gifts and Charity		Welcome Homes
Gift 1	Gifts and Charity		does not
Cable/Satellite	Housing		discriminate based
Electric	Housing		on income levels.
Gas	Housing		This is a tool to
Maintenance	Housing		help us assess your
Mortgage or Rent	Housing		ability to pay rent.
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		┥ │
Total Expenses			-
Net (Total income less expense			

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

RENTAL REFERENCE			
Name of previous landlord:		Relationship to yo	u:
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 H	lomes purposes:		
Received by:		Date	
Acceptance	□Yes □No	Date	
Next Steps:			

RELEASE FORM FOR YOUR SUPERVISING AGENT OR CORRECTIONS OFFICER

Primary Phone Date of Birth I hereby give consent and authorize: You Have The Power & Welcome Homes 1360 University Ave, #104420 X To release information to: 1360 University Ave, #104420 X Obtain Information from: Information can be communicated: X verbally X written X electronically Agency/Contact Name:	First Name:	Middle:		Last Name:				
You Have The Power & Welcome Homes 1360 University Ave. #104-420 X Obtain information to: 1360 University Ave. #104-420 X Obtain information from: Information can be communicated: X verbally X written X electronically Agency/Contact Name:	Primary Phone	imary Phone Date of Birth						
1360 University Ave. #104-420	I hereby give consent and a	authorize:						
communicated: X verbally X written X electronically Agency/Contact Name:	1360 University Av	ve. #104-420						
Phone:			ally <u>X</u>	written X electronically				
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 Assessment/Admission Intake X Chemical Dependency Evaluation X Treatment/Plan/recommendations X Acknowledgement of Client's access of service X Psychological/Psychiatric Consults X Doctor's Consult Results X Other: Other: Effective this date	Agency/Contact Na	me:						
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 Assessment/Admission Intake X Chemical Dependency Evaluation X Treatment Plan/recommendations X Acknowledgement of Client's access of service X Discharge Screens X Doctor's Consult Results X Other: Communications X History and Physical X Other: Communications X History and Physical X Other: Communications Y Inderstand that information in confidential records cannot be released without my written consent unless otherwise provide 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	Phone:	Email:						
X Discharge summary X Assessment/Admission Intake X Progress in Treatment/Progress Notes X Lab: Urine Drug Screens X Acknowledgement of Client's access of service X Psychological/Psychiatric Consults X Mistory and Physical X Psychological/Psychiatric Consults X History and Physical X Other: Communications X History and Physical X Other: Effective this date				ning ad discharge planning regarding the client				
X Chemical Dependency Evaluation X Treatment Plan/recommendations X Progress in Treatment/Progress Notes X Lab: Urine Drug Screens X Doctor's Consult Results X Psychological/Psychiatric Consults X History and Physical X Other: Communications Effective this date	I understand the specific ir	formation to be disclosed includ	es information on th	ne items marked with an X below:				
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 provide 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 yo from records protected by Federal Confidentiality Rules 42 CFR Part 2. The Federal Rules prohibits you from making any furthe 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.	X Chemical X Progress in X Acknowled X Doctor's C	Dependency Evaluation n Treatment/Progress Notes Igement of Client's access of ser onsult Results	vice X X X	Treatment Plan/recommendations Lab: Urine Drug Screens Psychological/Psychiatric Consults Other: Communications				
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	DO NOT WRITE BELOW THI	S LINE UNLESS YOU ARE REVOK	ING THIS RELEASE					
Signature Witness Initials	I revoke this authorization	for Release of Information on	20	for the above designated person or persons.				
	Signature		Witness Initi	als				

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First Name:	Middle:		Last Name:			
Primary Phone	Date of Birth					
I hereby give consent and	d authorize:					
You Have The Po 1360 University / St. Paul, MN 551		<u> </u>		information to: formation from:		
Information can I communicated:		erbally <u>X</u>	written	X electronically	,	
Agency/Contact I	Name:				_	
Phone:	Emai	:				
who has accessed Welco	e of this is to facilitate the assess ome Homes house for treatment	services.	-		the client	
X Discharg X Chemica X Progress X Acknowl X Doctor's	information to be disclosed incl se summary al Dependency Evaluation in Treatment/Progress Notes edgement of Client's access of s Consult Results and Physical	x x x	Assessmer Treatment Lab: Urine Psychologic Other: Com	ked with an X below: tt/Admission Intake Plan/recommendations Drug Screens cal/Psychiatric Consults munications		
Effective this date	to expire except for action already taken, o	can be revoked at a		evoked by me.		
	nation in confidential records ca udicial orders. My signature belo untarily.					
Signature		Date				
prohibited by state and for NOTICE TO WHOM EVER from records protected by discloser of this informat or as otherwise permitted	DISCLOSURE IS MADE CONCERN by Federal Confidentiality Rules 4 ion unless further discloser is ex d by 42 CFR Part 2. A general au e. The Federal Rules restrict any	NING ADDICTION RE 2 CFR Part 2. The F pressly permitted b thorization for the r	CORDS: this in Federal Rules provide the second record of the second second second second second second second second second second second second second sec	formation has been discle ohibits you from making nt of the person to whom cal or other information is	osed to you any further i it pertains s NOT	
<u>DO NOT WRITE BELOW T</u>	HIS LINE UNLESS YOU ARE REVO	KING THIS RELEAS	F			
I revoke this authorizati	on for Release of Information on	20	for the abov	e designated person or p	ersons.	