



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

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

Income 1 Source:	Monthly Net Income:	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Income 2 Source:	Monthly Net Income:	Proof of Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Income 3 Source:	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	<p>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.</p> <p>Welcome Homes has a variety of price points to help fit your budget.</p> <p>All rental applications are subject to a credit report check.</p> <p>Welcome Homes does not discriminate based on income levels. This is a tool to help us assess your ability to pay rent.</p>
Income 1	Income		
Income 2	Income		
Income 3	Income		
Savings	Income		
Total Income			
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		
Total Expenses			
Net (Total income less expenses)			

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:

You Have The Power & Welcome Homes
1360 University Ave. #104-420
St. Paul, MN 55104

 X

To release information to:

 X

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 and 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

Progress in Treatment/Progress Notes

 X

Lab: Urine Drug Screens

 X

Acknowledgement of Client's access of service

 X

Psychological/Psychiatric Consults

 X

Doctor's Consult Results

 X

Other: Communications

 X

History and Physical

 X

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 statutes 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 disclosure of confidential information without the specific written consent of the person to whom it pertains is prohibited by state and federal 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 disclosure of this information unless further disclosure 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 or 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:

You Have The Power & Welcome Homes
1360 University Ave. #104-420
St. Paul, MN 55104

 X

To release information to:

 X

Obtain information from:

Information can be
communicated:

 X

verbally

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written

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electronically

Agency/Contact Name: _____

Phone: _____ Email: _____

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 X

Lab: Urine Drug Screens

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 X

Psychological/Psychiatric Consults

 X

Doctor's Consult Results

 X

Other: Communications

 X

History and Physical

 X

Other:

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