Application for FRCS Transitional Shelter Program

at Fernridge Faith Center

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much do you receive each month?:\_\_\_\_\_\_\_

Where are you currently staying/living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List name(s) and ages of everyone who will live at the site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you find yourself in need of a transitional place to stay?

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How long have you been homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transportation/vehicle? \_\_\_\_\_\_\_\_\_\_ Type of vehicle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke Marijuana \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No Cigarettes? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Do you use Alcohol? \_\_\_\_\_ Yes \_\_\_\_\_\_ No Do you use any other drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you in recovery/sober/clean? \_\_\_\_\_ Yes \_\_\_\_\_No If Yes, for how long? \_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: (Name, Relationship, Phone number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the barriers that keep you from having housing?

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Do you have any arrest, convictions, or charges? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

If yes, list them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you registered as a sex offender? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

Do you have any employable skills? What are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This is a transitional shelter program. It is expected that the person(s) living in the shelter will be working toward permanent housing. What plan do you have in mind to be able to get into more permanent housing? Be specific and give a timeline.

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I have received and agree with the Code of Conduct for FRCS Transitional Shelter Program at FFC\_\_\_\_

I agree to pay the monthly utilities cost of $50.00 on the 3rd of each month \_\_\_\_\_\_\_\_\_\_\_

I understand that I am required to submit to a background check and drug screen prior to application approval. \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Print Name

Send the completed application and the initialed and signed Code of Conduct to

PO Box 308, Elmira Or, 97437 or email it as an attachment to venetawarmshelter@gmail.com

Applications will be reviewed in date order received after 10/1/2022