

Supportive Housing Application

Applicant Full Name (including middle): _____ Date: _____

Applicant referred by: Name: _____ Agency: _____ Phone # _____

Current Living Situation:

At-Risk of Homelessness ___ Homeless ___ Couch surfing ___ Friends/Family Residence ___ Residential Program ___
Shelter ___ Transitional Living Program ___ Private Residence ___

Previous Living Situation: (Previous six months, circle all that apply)

Homeless ___ Couch Surfing ___ Friends/Family Residence ___ Residential Program ___ Shelter ___ Transitional Living Program ___
Private Residence ___

Date of Birth: _____ Birthplace: _____ US Citizen? _____

Social Security Number: _____ Medicaid Number: _____

Ethnicity: ___ Hispanic ___ Non-Hispanic Race: ___ Asian ___ Black or African American ___ Caucasian ___ Hispanic ___ Multiracial ___ Other: _____

Asthma: _____ (yes or no) Allergies: _____ (please list)

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Primary Spoken Language: _____ Primary Reading Language: _____

Parent/Guardian Information (if under 19):

Name(s): _____ Relationship: _____

Address: _____

Phone Numbers: _____

DHHS or Promiseship Contact Information (if under 19):

Name(s): _____ Relationship: _____

Email: _____

Phone Numbers: _____

Probation Contact Information (if applicable):

Name(s): _____ Relationship: _____

Email: _____

Phone Numbers: _____

Other Worker or Support Information:

Name(s): _____ Relationship: _____

Email: _____

Phone Numbers: _____

1. IDENTIFYING INFORMATION:

Age: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work: _____ Alt: _____

Sex: ___ Ht: ___ Wt: ___ Eyes: ___ Hair: _____

Are you currently or have you ever been in Foster Care? YES/ NO

When do/did you age out? _____

Do you have IL Specialist? ___ Worker name: _____ Phone: _____

Do you have Bridge to Independence Worker? ___ Worker name: _____ Phone: _____

2. CHILDREN:

Are you expecting? Yes / No If yes, estimated due date: _____

Do you have children? Yes / No How Many? _____

Please list the names of your children, age and the name of the other parent: _____

Do you have legal custody of your children? ___ Do they live with you? ___

If not, where do they live? _____ Do you have visitation rights? ___

3. EDUCATIONAL AND TRAINING INFORMATION:

Have you graduated high school/received GED? ___ What year? ___ What school? _____

If you are currently in school – what grade? _____ What school? _____

Are you currently attending college/vocational training/job training? YES NO

If yes, where? _____

4. FINANCIAL INFORMATION:

Do you receive (Circle all that apply) WIC / Medicaid / Food Stamps / SSI / SSA / B2I

5. EMPLOYMENT INFORMATION:

Employment Status:

Employed Part-time ___ Full time ___ Seasonal ___

Unemployed In school ___ Job seeking ___ Unable to work ___ Not searching at this this time ___

If Employed, where? _____ Start Date? _____ Wage? _____

6. PERSONAL HISTORY:

(Please circle if any of these topics apply to you or have at any time in the past)

Alcohol Abuse Mental Health Issue Victim of Domestic Abuse Drug Abuse Gang Affiliations

Victim of Sexual Abuse Victim of Physical Abuse Victim of Emotional Abuse Sexual Offender

Are you presently in counseling? ___ Therapist: _____ Phone: _____

(Please circle if you have experienced any of these out of home placements)

Group Home Foster Care Detention Residential Care YRTC Inpatient Treatment

7. LEGAL INFORMATION:

Have you ever been arrested? _____ Detained? _____

Are you currently on probation? _____ Probation Officer's Name? _____

Have you ever been *charged* with a Misdemeanor? _____ Felony? _____

Have you ever been *convicted* with a Misdemeanor? _____ Felony? _____

Date: _____ Charged: _____ Outcome: _____

Date: _____ Charged: _____ Outcome: _____

8. PERSONAL PLAN: SHORT TERM (1 TO 6 MONTHS)

9. PERSONAL PLAN CONTINUED: LONG TERM (6 MONTHS AND MORE)

I, the undersigned, understand that the above information is being considered for my acceptance into the Omaha Home for Boys – Supportive Housing Program. I also understand that this is only one part of the application process. Final acceptance into the program is based on all parts of the application process (interview, tour, proof of income, etc.).

Applicant Signature

Date

Return completed application to:

Mary Marrero

Email: mmarrero@omahahomeforboys.org

Address: 919 N 48th Street, Omaha, NE 68132

Phone: 402.558.0366