



## Gardens at Greenup Referral/Application Form

### STAFF USE ONLY

Receiving Staff Name: \_\_\_\_\_ Referral Received on: \_\_\_\_\_

Application:    APPROVED    DENIED

If Denied, reason explained:

\_\_\_\_\_

\_\_\_\_\_

### APPLICANT TO FILL OUT:

Referral Agency or Person: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Co-Applicant (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child Info: \_\_\_\_\_ School/Daycare: \_\_\_\_\_ DOB: \_\_\_\_\_

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Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ Due Date: \_\_\_\_\_

Number of bedrooms requested: \_\_\_\_\_ *\*The number of bedrooms requested may not be available.*

Current Living Situation: \_\_\_\_\_

Reason for Homelessness (if applicable): \_\_\_\_\_

Length of time Homeless: \_\_\_\_\_ Current County of Residence: \_\_\_\_\_

In 1-2 sentences explain your self-sufficiency goal. *How will you put yourself in a position to provide all your family's needs? Are you planning to get a degree or trade, fix your credit, purchase a home, start work, etc?*

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Income:      Employment \$ \_\_\_\_\_      TANF/KTAP/OWF \$ \_\_\_\_\_      Child Support \$ \_\_\_\_\_

Food Stamps/SNAP \$ \_\_\_\_\_      Unemployment \$ \_\_\_\_\_      Other Income \$ \_\_\_\_\_

Money from Friends/Family \$ \_\_\_\_\_      SSDI/SSI Disability \$ \_\_\_\_\_

SSDI/SSI Recipient: \_\_\_\_\_      Disability: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

Single ☐    Married ☐    Divorced ☐    Widowed ☐

What is the relationship like with child(ren)'s other parent? \_\_\_\_\_

Who is in your support network? \_\_\_\_\_

Are there any drug or alcohol issues?      Yes \_\_\_\_\_ No \_\_\_\_\_

Alcohol ☐    Drugs ☐

If "Yes", please explain: \_\_\_\_\_

Treatment: \_\_\_\_\_

Any Mental Health or Physical Health challenges?    Mental Health ☐    Physical Health ☐

Mental Health Diagnoses: \_\_\_\_\_

Physical Health Diagnoses: \_\_\_\_\_

Explain: \_\_\_\_\_

Treatment: \_\_\_\_\_

Agency/Provider Name: \_\_\_\_\_

Have you had a previous eviction?    Yes \_\_\_\_\_ No \_\_\_\_\_    If Yes, # of evictions?: \_\_\_\_\_

Month/Year: \_\_\_\_\_    Property Name/Location: \_\_\_\_\_

Reasons for evictions: \_\_\_\_\_

If "Yes" were you ever evicted from Section 8?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you owe money to ANY Section 8 project or subsidized housing agency?      Yes \_\_\_\_\_ No \_\_\_\_\_

Amount? \_\_\_\_\_

Last permanent address? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Number of places lived in last year: \_\_\_\_\_      Last 5 years: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

High School Diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" Intervention Attempt: \_\_\_\_\_

Post-Secondary Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" what degree, certificate or skill area: \_\_\_\_\_

Completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Completion Date/Expected Completion Date? \_\_\_\_\_

Do you own a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Make/Model/Color: \_\_\_\_\_

Custody Disputes? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Explain: \_\_\_\_\_

Are your child(ren) facing any challenges in school/daycare? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Explain: \_\_\_\_\_

Any Child Protective Services Involvement? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Explain: \_\_\_\_\_

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

Any safety/legal concerns or criminal history? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

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

Do you have any past arrests/charges of ANY kind? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

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

Is there anything concerning that would show on a drug screen or background check? (This does not mean placement will not occur) Is there anything else you would like to share?

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