

Community Action Agency of Butte County, Inc.
Esplanade House Supportive Housing Program

Program Application

Important! Please read this before completing the application.

Applicants are reviewed for program eligibility requirements including; homelessness, family composition, level of income, and disability status. Person ('s) meeting our program eligibility requirements are not discriminated against based on race, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Requests for reasonable accommodations are made at intake.

I hereby acknowledge that the information below is true and correct. I am aware that falsification of this application and/or withholding information may be grounds for non-acceptance into the program and /or program termination. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals.

Adult Signature _____ **Date** _____

Adult Signature _____ **Date** _____

Adults

Name _____ AGE _____ DOB _____ Last 4 of SS# _____

Name _____ AGE _____ DOB _____ Last 4 of SS# _____

Current Address _____

Phone Number _____ Message Phone _____

Children currently in your custody. Include unborn & due date

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

3. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

4. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

Children in placement elsewhere that you expect to reunify with.

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

3. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

4. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

Adult children or children who live elsewhere who will not live with you.

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

3. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

FOR OFFICE USE ONLY

Date _____ **Phone** _____ **Staff** _____ **Date** _____ **Phone** _____

Date _____ **Phone** _____ **Staff** _____ **Date** _____ **Phone** _____

Panel scheduled _____

Release of Authorization

Community Action Agency of Butte County, Inc./Esplanade House has my permission to discuss my case with the following agencies for the purpose of placement into the Esplanade House Transitional Shelter Program and for any needed services. Please initial all that apply

Fill in Contact Names
Below

_____ Attorney's Name	_____	Phone _____
_____ Better Babies	_____	Phone _____
_____ Butte County Behavioral Health Counselor	_____	Phone _____
_____ Butte County Children's Services Division	_____	Phone _____
_____ Cal-Works/Eligibility Worker	_____	Phone _____
_____ Catalyst	_____	Phone _____
_____ Children ('s) School	_____	Phone _____
_____ Counseling Solutions	_____	Phone _____
_____ Doctor ('s)	_____	Phone _____
_____ Drug Court/Prop 36	_____	Phone _____
_____ Early Head Start/Head Start/Caregiver	_____	Phone _____
_____ Employer	_____	Phone _____
_____ Hospital ('s)	_____	Phone _____
_____ Northern Valley Catholic Social Services	_____	Phone _____
_____ Probation/Parole Officer	_____	Phone _____
_____ Sabbath House	_____	Phone _____
_____ Salvation Army	_____	Phone _____
_____ Sarah Home/The Well	_____	Phone _____
_____ Skyway House	_____	Phone _____
_____ Torres Shelter	_____	Phone _____
_____ Touchstone	_____	Phone _____
_____ Tri-Counties Treatment	_____	Phone _____
_____ VECTORS	_____	Phone _____
_____ Other	_____	Phone _____
_____ Other	_____	Phone _____

Signature

Date

Signature

Date

Tenant Eligibility List

In order to verify eligibility into our program applicants must provide:

- Homeless Verification (a letter confirming your homeless status from a third party)
- Birth Certificates for all family members
- Social Security Cards for all family members
- State Issued Drivers License or Identification Card
- Proof of Income; passport to service, SSI/SSA/SDI award letter, tribal benefits, etc. **If employed you must provide three consecutive paystubs.**
- Proof of property; including checking/savings accounts.
- TB Test Results and Head Check verification
- Citizenship status (if applicable)
- Proof of Work or School Status if applicable
- Child Care Funding? If applicable (if Applicant does not have funding and is eligible for Valley Oak Services sign up as soon as possible.)
- Registration & Insurance paperwork for all vehicles.
- 2 References (1 Personal & 1 Rental)
- Proof of Pregnancy – If applicable
- Evidence of reunification – If children are in placement elsewhere we will need confirmation that they will be returned home upon your entrance into the program

This information must be provided for all members of the home.



Community Action Agency of Butte County Inc.
Esplanade House

Affirmative Marketing Policy

Community Action Agency of Butte County Inc. and Esplanade House follow Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person on the basis of race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Esplanade House Displays the Equal Opportunity logo and Fair Housing poster in an area that is accessible to the public. We also display these logos on housing information and marketing materials.

Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and disability status. Persons meeting our program eligibility requirements are not discriminated against based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants and referrals for our supportive housing program are acquired through targeted outreach with other social service agencies, community organizations, and religious organizations.

- Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
- Substance abuse treatment facility or detox center
- Apartment or house that you rent
- Hospital (non-psychiatric)
- Staying or living in family members home
- Staying or living in friends home
- Apartment or house that you own
- Psychiatric facility
- Jail or prison
- Hotel/Motel paid for without emergency shelter voucher
- Place not meant for habitation (the streets, a vehicle, an abandoned building, anywhere outside, etc.)
- Transitional Shelter

6. What is the zip code of where you stayed last night?

7. How long have you been in this place?

- One week or less
- More than one week, less than one month
- One-three months
- More than three months, less than one year
- One year or longer

8. Do you have any previous evictions? Yes No (please use back of sheet if necessary)
If yes, (date)_____ (address)_____
(date)_____ (address)_____

9. Have you used Welfare Homeless Funds? Yes No
If so, when: _____

10. Have you applied for Section 8? Yes No If so, when? _____

11. Have you applied with other low income/subsidized housing agencies? Yes No
If yes, please list _____

12. Who referred you to the Esplanade House? _____

13. Have you previously applied to Esplanade House? Yes No
If so, when _____

14. Do you know anyone who is or has been involved with the Esplanade House? Yes No
If so, who: _____

15. Are you a citizen of the United States or eligible to work or attend school in the U.S.? Yes No

16. Do you have a valid Drivers License? Yes No
Drivers License # _____ State _____ Exp. Date _____

17. Do you have a State Issued I.D.? Yes No
I. D. # _____ State _____ Exp. Date _____

18. Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race: African-American White Other _____
Native American Asian
19. Veteran Status: Veteran (non-disabled) Disabled Veteran
Conditional Veteran (currently on Active Duty / Pending Discharge)
20. Do you have a high school diploma? Yes No
21. Do you have a GED? Yes No
22. What is the highest grade level completed in school? _____
23. Are you currently employed? Yes No
If so, who is your employer? _____
If so, how long have you been employed? _____
If so, how many hours did you work last week? _____
If so, is this permanent, temporary, or seasonal work? _____
If unemployed, are you currently seeking employment? Yes No
24. List your last 3 places of employment and their dates.

<u>Name of Employer:</u>	<u>Date From / To:</u>
a. _____	_____
b. _____	_____
c. _____	_____

25. Please list all sources and amounts of income for **ALL adults and children** in the home:

Source of Income:	For Who:	\$ Amount:
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Earned Income (employment)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Social Sec. Disability Inc. (SSDI)		
<input type="checkbox"/> Supplemental Sec. Income (SSI)		
<input type="checkbox"/> Temp Asst for Needy Families (TANF)		
<input type="checkbox"/> CalWorks		
<input type="checkbox"/> CalLearn		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Workers compensation		
<input type="checkbox"/> Tribal Benefits		
<input type="checkbox"/> Lottery Winnings		
<input type="checkbox"/> Friends, Family, etc.		
<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> Mileage Reimbursement		

<input type="checkbox"/> Other Source		
<input type="checkbox"/> No financial resources		
	Total of all income:	\$

26. Do you have a physical disability? Yes No

If so, what is the nature of the disability?

27. Do you have a mental health diagnosis? Yes No

If so, what is your diagnosis?

28. Do you think you have a need for mental health services? Yes No

If so, please describe your needs:

29. Are you currently using any over-the-counter medication? Yes No

If yes, please list:

Over-the-Counter Medication:	Medication taken For:

30. Are you currently on ANY prescribed medication? Yes No

If so, what medications are you taking?

Prescribed Medication:	Medication taken For:

31. Do you drink alcohol? Yes No If so, how often? _____

32. Have you **ever** drunk alcohol? Yes No

33. When did you drink your last alcoholic beverage? _____

34. Do you use tobacco? Yes No If so, how often? _____

35. Have you ever used drugs? Yes No

- If so, what kind(s) _____
36. When was the last time you used drugs? _____
37. What drug(s) did you last use? _____
38. Are you willing to be alcohol/drug tested? Yes No
39. Have you ever been enrolled in a drug rehab or treatment program? Yes No

Name of Program: _____ Location: _____
 Date: _____ How long: _____ Did you complete the program? Yes No

Name of Program: _____ Location: _____
 Date: _____ How long: _____ Did you complete the program? Yes No

40. Have you ever been *arrested* or convicted of a crime? Yes No
 If so, Please explain _____

41. Are you currently on probation or parole? Yes No If yes, for what charge?

42. If yes, who is your probation or parole officer? _____
 Phone number _____

43. Do you currently have a restraining order? Yes No
 If yes, who is the restrained person? _____
 Expiration Date: _____

44. Are you fleeing a domestic violence situation? Yes No

45. Do you need referral to domestic violence services? Yes No

46. Do you currently have an open case with Children's Services? Yes No
 If yes, please explain _____

If yes, who is your Case Worker? _____
 Phone Number _____

47. Do you have legal custody of your children? Yes No
 (Legal custody means you have been to court and have paperwork. As proof, you will need to bring your court paperwork to your interview with Esplanade House).

48. Do you have Valley Oak Childcare Services? Yes No

49. Have you ever had Valley Oak Childcare Services? Yes No

If yes, when? _____

50. Are you participating in the Cal-Works program? Yes No
If yes, who is your Cal-Works Case Manager? _____
Phone Number _____

51. Have you ever participated in the Cal-Works program? Yes No
If yes, when? From _____ To _____

52. Do you have Cal-Works Childcare Services? Yes No

53. Are your children immunized? Yes No

54. Is/Are your child(ren) enrolled in school? Yes No
If yes, where are they enrolled? _____

55. If your child(ren) are not enrolled in school, when was last date of enrollment? _____

56. Do you have any outstanding PG&E bills? Yes No
If yes, what is the approximate amount of outstanding bill? _____

57. Do you need credit counseling? Yes No
If yes, what credit issues are you experiencing? _____

58. List 3 references that are not related to you who we can contact:

	<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>TELEPHONE</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Dear Applicant,

Thank you for your interest in the Esplanade House Transitional Shelter Program. Esplanade House has 24 Transitional Units, where families may stay and participate in the program for up to eighteen months. Depending on their needs and strengths, they may be invited to participate in the Phase II Program. Due to the length of the program, and the amount of homeless families in the area, the waitlist period can last six months or longer. **Esplanade House is a program. Families are required to participate** in all groups and workshops as scheduled in their Family Action Plan. Families **are required** to pay 20% of their income for Participation Fees and 30 %

towards savings for future housing while in Phase I. Staff conducts random drug testing on residents and their visitors as Esplanade House has a no drugs or alcohol policy. There is also zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

1. Do you understand that absolutely **NO DRUGS and ALCOHOL** are allowed at Esplanade House? YES NO
2. Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be terminated from the Program? YES NO
3. Do you have the desire, ambition and drive to want to change your life and better yourself? YES NO

Please complete the entire application. Completing this application does not guarantee that you will be accepted into the Esplanade House Program. If you do not have a current telephone number listed, we will be unable to contact you. It is **YOUR RESPONSIBILITY to alert us to any change in your contact information.**

ADMISSION STATUS

You will only be contacted if you move forward in the intake process. If you are selected for an Interview, you will receive a telephone call **when there is an appropriate-sized unit available.** You may check the status of your application **no more than once a week and at least once every three months.**

If you do not call within three months of applying, staff will assume you are no longer interested in the program and your application will be removed from the list. It is **YOUR RESPONSIBILITY to alert us to any change in your contact information.** Thank you for your interest in Esplanade House. We look forward to reviewing your application as soon as possible.

My signature below certifies that all information on this application is true, and contains no willful falsifications or misrepresentations. All information provided is used by Community Action Agency of Butte County Inc., The Esplanade House to determine eligibility and is kept confidential. By signing below, I authorize Esplanade House to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the Esplanade House Program.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____