

# Supportive Community Living Program 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 Contact Information (if under 19):**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

**Probation Contact Information (if applicable):**

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? \_\_\_\_\_

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

If not, where do they live? \_\_\_\_\_ Do you have visitation? \_\_\_\_\_

Please complete the following information for each of your children:

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **US Citizen? YES/NO** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Ethnicity:**     \_\_\_ Hispanic                                     **Race:**     \_\_\_ Asian  
                  \_\_\_ Non-Hispanic                                 \_\_\_ Black or African American  
  \_\_\_ Caucasian  
  \_\_\_ Hispanic  
  \_\_\_ Multiracial  
  \_\_\_ Other: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **US Citizen? YES/NO** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Ethnicity:**     \_\_\_ Hispanic                                     **Race:**     \_\_\_ Asian  
                  \_\_\_ Non-Hispanic                                 \_\_\_ Black or African American  
  \_\_\_ Caucasian  
  \_\_\_ Hispanic  
  \_\_\_ Multiracial  
  \_\_\_ Other: \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **US Citizen? YES/NO** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Ethnicity:**     \_\_\_ Hispanic                                     **Race:**     \_\_\_ Asian  
                  \_\_\_ Non-Hispanic                                 \_\_\_ Black or African American  
  \_\_\_ Caucasian  
  \_\_\_ Hispanic  
  \_\_\_ Multiracial  
  \_\_\_ Other: \_\_\_\_\_

## 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:**

**Employed:** Part-time \_\_\_\_ Full time \_\_\_\_ Seasonal \_\_\_\_

**Unemployed:** In school \_\_\_\_ Job seeking \_\_\_\_ Unable to work \_\_\_\_

If Employed, where? \_\_\_\_\_ Start Date? \_\_\_\_\_

Wage? \_\_\_\_\_ How many hours do you work per week? \_\_\_\_\_

#### **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 GOALS: SHORT TERM (1-6 MONTHS) AND LONG TERM (6+ MONTHS)**

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*I, the undersigned, understand that the above information is being considered for my acceptance into the Omaha Home for Boys – Supportive Community Living 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.).*

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**Applicant Signature**

**Date**