

- Shelter
- Case Management
- Aftercare
- Referral

## Hospitality Network Program Application

### Description of Program

This program offers shelter, meals, case management, financial literacy, job placement assistance and more to families with minor children experiencing homelessness. We serve families of all composition, keeping them together in a safe, private, home-like setting through our network of partners.

### Statement on Equality and Non-Discrimination

We welcome everyone in the community to be part of the solution to empower families experiencing homelessness and ultimately regain the safety, security, and opportunity that comes with having a home. It is the policy and commitment of Family Promise of Berks County that we do not discriminate on the basis of race, age, color, sex, national origin, physical or mental disability, or religion.

### Statement on Racism

It is impossible to separate systemic and structural racism from the reality that people of color, and Black people in particular, are disproportionately affected by homelessness and poverty. Family Promise is committed to being an anti-racist organization. We will educate and engage ourselves, our stakeholders, and the community to work towards overcoming racism, so that race no longer defines who has housing.

### Purpose of Data Collection

Data collected in this application is essential to providing services to the applicant. This information is not shared with outside parties or agencies and remains in a protected file at Family Promise. This data is not shared without client's permission or release. Information obtained by the application is protected by client/case worker privacy laws.

**Please fill out this application to the best of your ability. A complete application allows us to provide effective and comprehensive services that will help you succeed and achieve your goals.**

Date \_\_\_\_\_

Legal Name \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Partner/Spouse \_\_\_\_\_

If a partner/spouse will be residing with you in Family Promise, please have them complete a separate application.

Current Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ S.S.# \_\_\_\_\_

Gender \_\_\_\_\_ Are you part of the LGBTQ community? \_\_\_\_\_

Are you a citizen or lawful resident of the US?  Yes  No

Marital Status: \_\_\_\_\_ Current Relationship Status: \_\_\_\_\_

Birth Name(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

Do you have any disabilities that would require reasonable accommodations?  Yes  No

If so, please specify what accommodations will be needed: \_\_\_\_\_

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

Do you have any children?  Yes  No Who has custody? \_\_\_\_\_

Child's Name	Birth Date	Age	SS#

If yes, where are they living now? \_\_\_\_\_

Is this the first time you have experienced housing crisis/homeless?  Yes  No

What are the reasons for your housing crisis/homelessness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME**

Please list your monthly income:

Wages \_\_\_\_\_  
Public Assistance (Welfare) \_\_\_\_\_  
Child Support \_\_\_\_\_  
Supplemental Security Income (SSI) \_\_\_\_\_  
Social Security Disability Income (SSDI) \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Do you have current checking account?  Yes  No      Savings Account?  Yes  No  
Do you a driver's license?  Yes  No      Do you own a car?  Yes  No  
Do you have your birth certificate?  Yes  No  
Do you have a Social Security Card:  Yes  No

What personal household items do you have? \_\_\_\_\_

**HOUSING HISTORY**

When did you first leave the home of your parents or guardian?

\_\_\_\_\_

Are you a resident of Berks County?  Yes  No

If yes, for how long? \_\_\_\_\_

If no, why are interested in living in Berks County?

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

Begin with the address at which you lived 5 years ago. Please list all places you have lived. Include all shelters, homes of relatives, rented dwellings, living in cars, on the street, or any other living arrangement.

Address: _____ How Long? _____ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____
Address: _____ How Long? _____ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____
Address: _____ How Long? _____ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____
Address: _____ How Long? _____ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____
Address: _____ How Long? _____ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____

Do you have any outstanding debts to local housing authorities?  Yes  No

If yes, to whom? \_\_\_\_\_

How much? \_\_\_\_\_

When was debt incurred? \_\_\_\_\_ How was debt incurred? \_\_\_\_\_

Have you had financial or budget counseling in the past?  Yes  No

If yes, where? \_\_\_\_\_

Do you have any outstanding debts to any of the following:

Electric \$ \_\_\_\_\_  Gas \$ \_\_\_\_\_  Phone \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

Are you currently on the list for subsidized housing?  Yes  No

If yes, where? \_\_\_\_\_

Do you have any comments regarding any problems that you have had in keeping housing for yourself?

**EDUCATION AND TRAINING**

Please list all schools starting with the 7th grade. Include Vo-Tech, college, business school, technical school and any other school that you may have attended.

Name and Address of School	Years Attended	Program of Study

Do you have a high school diploma?       Yes       No       GED

Please list ALL special training courses that you have had such as Programs through PIC, on-the-job training, any courses that you may have taken.

Type of Training	Where	When

What do you feel was the biggest problem that you had while you were attending school?

---

In what areas will you need help in if you are accepted into the Family Promise Program?

---

What are your personal and career goals?

---



---

**MILITARY HISTORY**

Have you ever been in the military?     Yes         No

If yes, which branch? \_\_\_\_\_ When? \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**LEGAL HISTORY**

Have you ever been convicted of a crime?     Yes         No

If yes, on what charge?

Are you involved in any way with the court system at present?     Yes         No

If yes, explain:

---

---

---

---

---

In the past?     Yes         No

If yes, explain: \_\_\_\_\_

Are you on file for child abuse or have you ever been convicted of a child abuse crime?     Yes         No

If yes, explain:

---

---

Have you ever been accused or investigated of any child neglect and/or abuse?     Yes         No

If yes, explain:

---

---

### EMPLOYMENT HISTORY

Please list ALL employers beginning with the most recent job you've held:

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary Per Hour: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary Per Hour: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary Per Hour: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Title: \_\_\_\_\_  
Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary Per Hour: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

Which job did you like the best and why?

**MEDICAL HISTORY**

Describe the present state of your health:       Good       Fair       Poor

List below any outstanding medical or health problems:

---

---

Allergies:      Food or Medications?       Yes       No

If yes, please list: \_\_\_\_\_

Have you ever been a victim of domestic violence?       Yes       No

Have you ever been a victim of sexual abuse?       Yes       No

Have you ever had any psychiatric treatment or counseling?       Yes       No

Have you ever inflicted self-injury such as cutting, bingeing, purging, etc.?       Yes       No

If yes, explain: \_\_\_\_\_

If history of psychiatric treatment or counseling, what is your current mental health diagnosis?

---

Who made this diagnosis and when was it made?

---

Describe your feeling about your mental health treatment experience:

---



Are there any medical problems that would limit your ability to work?  Yes  No

If yes, explain: \_\_\_\_\_

Any history of attempted suicides by you?  Yes  No

If yes, explain: \_\_\_\_\_

Are you pregnant ?  Yes  No If so, due date ? \_\_\_\_\_

Status of pregnancy: \_\_\_\_\_

Pregnancy history: \_\_\_\_\_

Are you presently taking any medication?  Yes  No

Name of Medication(s): \_\_\_\_\_

Reason: \_\_\_\_\_

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

When was last time you had medical care? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you had a TB test?  Yes  No

If yes, when? \_\_\_\_\_ Results

If no, would you like to receive a TB test?  Yes  No

List all hospitalizations:

Name of Hospital	Date	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHILDREN'S HEALTH:**

Description of present state of health:  Good  Fair  Poor

List below any outstanding medical or health problems: \_\_\_\_\_

Allergies: Food or Medications?  Yes  No

If yes, please list: \_\_\_\_\_

Has the child(ren) ever been a victim of domestic violence?  Yes  No

Has the child(ren) ever been a victim of sexual abuse?  Yes  No

Has the child(ren) ever had any psychiatric treatment or counseling?  Yes  No

Has the child(ren) ever inflicted self-injury such as cutting, bingeing, purging, etc.?  Yes  No

If yes, explain: \_\_\_\_\_

Is the child(ren) presently taking any medication?  Yes  No

Name of Medication(s):

Reason:

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

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

When was last time the child(ren) had medical care? \_\_\_\_\_

For what reason? \_\_\_\_\_

Does the child(ren) have all required immunization shots?  Yes  No

Has the child(ren) had a TB test?  Yes  No

If yes, when? \_\_\_\_\_ Results

If no, would you like the child(ren) to receive a TB test?  Yes  No

List all hospitalizations:

Name of Hospital

Date

Reason

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

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

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

Are there any medical problems that would limit the child(ren)'s ability to be in child care or school?  Yes  No

If yes, explain: \_\_\_\_\_

Any history of attempted suicides by the child(ren)?  Yes  No

If yes, explain: \_\_\_\_\_

**FAMILY HISTORY:**

Number and ages of brothers: \_\_\_\_\_

Number and ages of sisters: \_\_\_\_\_

Were you raised by your parent(s) or someone else? \_\_\_\_\_

Describe your past and current relationship with your mother:

---

---

---

Describe your past and current relationship with your father:

---

---

Describe your support system:

---

---

**ALCOHOL AND DRUG USE HISTORY:**

Have you ever used any drugs and/or alcohol?       Yes       No

If yes, explain: \_\_\_\_\_

If diagnosed as chemically dependent, are you in active recovery?       Yes       No

Explain:

---

---

Describe your recovery process:

---

---

---

What is your drug of choice?

---

---

Have you been an IV drug user?       Yes       No

If yes,

explain: \_\_\_\_\_  
\_\_\_\_\_

How old were you the first time drugs and/or alcohol were used? \_\_\_\_\_

Have you used drugs and/or alcohol regularly? \_\_\_\_\_

Date of last use: \_\_\_\_\_ Chemical Substance: \_\_\_\_\_

Longest time chemically free: \_\_\_\_\_

Have you ever been in residential treatment for alcohol/drugs?     Yes     No    How many times? \_\_\_\_\_

Detox?       Yes     No    How many times? \_\_\_\_\_

If yes to treatment, how long was the Program? Explain:

\_\_\_\_\_

Did you complete Program(s)?       Yes       No

Have you ever experienced a blackout, hallucinations, tremors or shakes?       Yes       No

If yes, explain:

\_\_\_\_\_

Describe your feelings about your or other's drinking or drug use:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL ASSESSMENT:**

Please identify your strengths and limitations in achieving your goals toward self-sufficiency:

**Strengths**

**Limitations**

_____	_____
_____	_____
_____	_____
_____	_____

What are the circumstances leading up to your application to the Family Promise Program?

---

---

---

What are your current circumstances regarding (a) food, (b) clothing, (c) employment, (d) transportation, and (e) other elements relevant to your ability to achieve independence? \_\_\_\_\_

---

---

---

Would you be willing to use the social welfare system within this area to better your circumstances?

Yes  No. What do you expect from them?

---

---

If admitted to residency, what do you expect from the Family Promise Program staff?

---

---

---

Would you be willing to meet with staff individually once a week to review the status of your goals?

---

---

---

How do you feel about following directions in a situation of need?

---

---

---

What do you expect to accomplish while in residency at the Family Promise Program? Be specific!

Would you be willing to develop a self-sufficiency plan?  Yes  No

---

---

---

---

---

---

**EMERGENCY CONTACT**

You are required to name an emergency contact person. This must be a person who will be available in the event that you have a medical or other emergency that will interfere with your ability to be the responsible guardian for your children. In the event that you are unable to care for your children while you are a resident in the Family Promise program, this contact person must be permitted by you to assume temporary guardianship of your children in their own place of residence.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Does this contact person have their own transportation?  Yes  No

Please make your emergency contact person aware of your application to the Family Promise program and their responsibilities. Please have your emergency contact person read and sign below:

I, (name of contact person) \_\_\_\_\_ understand that I am listed as the emergency contact person for the person making this application to Family Promise of Berks County, Inc. I understand that I may be requested to assume temporary responsibility of this person's child(ren) in the event of a medical or other emergency that interferes with this person's ability to be the responsible guardian. I understand that this responsibility ONLY applies if this person is accepted into the Family Promise program and is in effect ONLY during their time of residency in the Family Promise program.

\_\_\_\_\_  
Signature Date

**ASSURANCE**

I, (applicant) \_\_\_\_\_, verify that the information on my application is accurate and truthful. In addition, I understand that at anytime during the application and interviewing process or after acceptance into the Family Promise Program, if it is determined/discovered that I have lied on my application, I may become ineligible to apply or participate in the Family Promise Program.

\_\_\_\_\_  
Signature Date

You may add any additional comments to support your application:

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

Date (Fecha): \_\_\_\_\_

Staff Person: \_\_\_\_\_

Name: (Nombre) \_\_\_\_\_

Address: (Direccion) \_\_\_\_\_

Telephone: (Telefono) (H) \_\_\_\_\_ (C) \_\_\_\_\_

Gender: (Sexo) \_\_\_\_\_

Disabled:  Yes (Si)  No (No)

Head of Household (Cabeza de Familia):  Yes (Si)  No (No)

Single Parent of Household (Solo padres de familia):  Yes (Si)  No (No)

Total # of person in your family: \_\_\_\_\_

Total annual income in your family: \_\_\_\_\_

**RACE/ETHNICITY OF HOUSEHOLD**  
**RAZA / ETNIA DEL HOGAR**

Non-  
Hispanic  
(No Hispano)

Hispanic  
or Latino  
(Hispano o Latino)

- 1. American Indian or Alaska Native .....    
(Indio Americano o Nativo de Alaska)
- 2. Asian .....    
(Asia)
- 3. Black or African American .....    
(Negro o Africano Americano)
- 4. Native Hawaiian or Other Pacific Islander.....    
(Nativo de Hawai u otras Islas del Pacifico)
- 5. White .....    
(Blanco)
- 6. American Indian or Alaska Native and White.....    
(Indio Americano o Nativo de Alaska y Blanco)
- 7. Asian and White.....    
(Asia y Blanco)
- 8. Black or African American and White.....    
(Negro o Blanco y Africano Americano)
- 9. American Indian or Alaska Native and Black or African American.....    
(Indio Americano o Nativo de Alaska y Negro o Africano Americano)

I hereby certify that the information provided on this form is true and accurate.

Por la presente certifico que la información proporcionada en este formulario es verdadera y exacta

\_\_\_\_\_  
Client Signature (Firma del Cliente)

\_\_\_\_\_  
Date (Fecha)