

APPLICATION/REFERRAL

TRANSITIONAL PROGRAMS

GENERAL INFORMATION

Admissions Criteria:

- A. Families should be referred by current case manager or other service providers.
- B. Adults must be at least 21 years of age.
- C. Adults must be willing to become independent of all public assistance programs if applicable.
- D. Family must be secure with assistance for any psychological or physical needs.
- E. All facilities are **smoke, drug, and alcohol free**; therefore, all family members must be willing to submit to random drug & alcohol screens.
- F. Adults must commit to working on family goals.
- G. Families need to identify their own personal, educational and vocational goals and agree to work towards these goals while in the program.
- H. Families must agree to keep a savings account and save toward their goals.
- I. Adults must be working either full or part time, or be receiving Social Security Disability (documented).
- J. Adult must be in the process or already have daycare or school for their children.
- K. Two pay stubs or proof of income through SSI and a picture ID must accompany application.
- L. Each adult in household needs to fill out an application, please return together for consideration.

Name, Address & Phone Number

1. Parent Name _____
(Last) (First) (MI)

Social Security Number _____

2. Parent Name _____
(Last) (First) (MI)

Social Security Number _____

Current Address

Apartment/House _____
Street _____ Landlord _____
City _____ State _____ Zip _____ Phone # _____
How long have you lived at this address? _____

Contact Number

Phone number for contact: _____ Cell: _____

Prior Address

Apartment/House _____
Street _____ Landlord _____
City _____ State _____ Zip _____ Phone # _____
How long did you live at this address? _____

Type of last residence (please check one)

House _____ Apartment _____ Single Room _____

With family/friends _____

Other Shelter _____ Public Area _____

Are you a veteran of the US Military? _____ If Yes, ID # _____

Emergency Contact

Name _____
Relationship _____
Address _____ City _____ State _____ Zip _____
Phone _____

Name _____
Relationship _____
Address _____ City _____ State _____ Zip _____
Phone _____

Transportation

Do you have a driver's license? _____ Do you own a vehicle? _____
Make/Model _____ License plate # _____
Insurance Co. _____ Policy # _____
Are you familiar with IndyGo bus system? _____

Family History

Marital Statue: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Other household members

First and Last name:	DOB	M/F	Race	SSN
Child #1 _____	_____	___	_____	_____
Child #2 _____	_____	___	_____	_____
Child #3 _____	_____	___	_____	_____
Child #4 _____	_____	___	_____	_____

Are there any children not living with you now? _____

Names _____	Age _____
_____	Age _____
_____	Age _____

With whom are these children living? _____ Relationship _____

Employment and Training

Please check the following appropriate information

Parent

- _____ Employed full time, permanent (40 hrs a week or more)
- _____ Employed part time, permanent (less than 40 hrs a week)
- _____ Employed full time, seasonally
- _____ Employed part time, seasonally
- _____ **Not** employed and **not** in training/academic program
- _____ Enrolled in a training/academic program but **not** employed
- _____ Enrolled in a training/academic program and employed
- _____ Participating in an unpaid internship
- _____ Homemaker
- _____ Unable to work (complete reason below)

Do you have restrictions or limitations that keep you from working? Do you have documentation by a Physician? (Please list details) _____

Employment

Present Employer _____ Position _____
Address _____
Supervisor _____ Phone _____
Hire Date _____ to _____ Reason for leaving _____
Beginning Wage _____ Ending Wage _____

Previous Employer _____ Position _____
Address _____
Supervisor _____ Phone _____
Hire Date _____ to _____ Reason for leaving _____
Beginning Wage _____ Ending Wage _____

Income

Please list gross income from all sources. If you are currently receiving any of the following list date last received.

	Amount	Date last received
Wages from employment	_____	_____
Unemployment	_____	_____
AFDC	_____	_____
Social Security Benefits	_____	_____
Child Support	_____	_____
Food Stamps	_____	_____
WIC	_____	_____
List any other form of income _____		

Banking

Please provide the following
Bank Name _____ Address _____
Do you have a checking account _____ Savings account _____

Legal

Have you ever been convicted of a crime? _____ If yes, list charges _____
Have you ever been in jail/juvenile ? _____ If yes, when _____ how long _____
Are you on probation? _____ Parole? _____ If yes, give ending date _____
Probation/Parole officer Name _____ Phone _____

Medical

Do you have a family Doctor? _____
Name _____ Phone _____
Address _____

Hospital _____ Phone _____
Address _____

Are you currently taking any medication? _____ If yes, please list: _____

Do you have Medical Insurance? _____ Company _____ Phone _____
Medicaid _____ Medicare _____ HIP _____

Have you or any child in household ever been involved in any of the following types of counseling?
If yes, please give dates.

Crises Intervention	_____	Dates	_____	Continuing	_____
Group Psychological	_____	Dates	_____	Continuing	_____
Medication Monitoring	_____	Dates	_____	Continuing	_____
Individual Psychological	_____	Dates	_____	Continuing	_____
Support Group	_____	Dates	_____	Continuing	_____

Have you or any child in household had problems with any of the following? If yes, provide brief description and how you are handling it now, how long sober.

Drug Abuse Only	_____	Alcohol Abuse Only	_____
Alcohol & Drug Abuse	_____	Severe Mental Illness	_____
Domestic Violence	_____	Developmentally Disabled	_____
Dual Diagnosis	_____	Chronic Health Problems	_____
HIV/AIDS	_____	Other	_____

Details _____

Support Services

Check the services you of any child in household are currently involved in **OR** feel that you need have.

Physical Rehabilitation	_____	Transportation Training	_____
Housing Assistance	_____	Money Management	_____
Parenting Skills	_____	Household Management	_____
Nutritional Classes	_____	Personal Counseling	_____
Drug/Alcohol Abuse	_____	Domestic Violence Counsel	_____

Other _____

Have you or any child in the household been referred to or are currently participating in:

Vocational Rehabilitation	_____	Contact Person	_____	Phone	_____
Public Assistance	_____	Case Worker	_____	Phone	_____
IMPACT/JOBS Program	_____	Case Manager	_____	Phone	_____
iNET	_____	Contact Person	_____	Phone	_____
Training Inc.	_____	Contact Person	_____	Phone	_____

Goals

State why you believe is the reason that you are homeless _____

If you were accepted into the Quest for Excellence program, what would your family's short term goals be? _____

What are your family's long term goals? _____

Comments

Is there anything else that you would like to add or anything that you would like us to know concerning your household, or feel might help us in making a decision to help you?

References:

Who referred you to Quest for Excellence, Inc.? _____

List 2 references:

Name _____ Phone _____
Address _____ City _____

Name _____ Phone _____
Address _____ City _____

Applicant Signature:

I hereby authorize Quest for Excellence, to investigate my history in determining approval or disapproval of my application. This consent shall include any history such as medical, criminal, psychological or vocational. If accepted, I agree to be placed on the waiting list, if need be. I understand that I will be notified when my apartment/efficiency is ready for occupancy. I hereby certify that the above information is true and complete to the best of my knowledge.

I understand that all above information is completely confidential and will not be released to any other party out side Quest for Excellence.

Applicant (1)

Date

Applicant (2) if applicable

Date