



ABILENE HOPE HAVEN

APPLICATION FOR TRANSITIONAL HOUSING PROGRAM

Abilene Hope Haven offers a Transitional Housing Program for families and single adults. Please return this completed application to the Abilene Hope Haven Office.

**In order to qualify for the Abilene Hope Haven program, you must meet the following requirements:*

- All adult applicants must be age 18 or older
- Family applicants can be single parents or legally married couples with or without children. Children must be between the ages of birth and age 10.
- May not own, rent, or reside in a permanent shelter
- Pass a UA for drugs and alcohol (30 days clean & sober required)
- Pass a criminal background check with no violent offences. Other offenses are subject to review
- Be free of Hepatitis and Tuberculosis
- Be willing to obtain a GED (if needed) and full-time employment
- Individuals with mental illness and females who are pregnant will be handled on a case by case basis

Full Name: _____ **Date:** _____ **Phone:** _____

SSN# _____ - _____ - _____

<input type="checkbox"/> 1. Full SSN	<input type="checkbox"/> 2. Partial SSN	<input type="checkbox"/> 3. Do Not Know or Have SSN
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Birth Date: / /

<input type="checkbox"/> 1. Complete DOB	<input type="checkbox"/> 2. Approximate/Partial DOB	<input type="checkbox"/> 3. Do Not Know
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Race: (check all that apply)

<input type="checkbox"/> 1. American Indian or Alaskan Native	<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 3. White
<input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 5. Black or African American	

Ethnicity:

<input type="checkbox"/> 1. Non-Hispanic/Latino	<input type="checkbox"/> 2. Hispanic/Latino
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Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Transgendered Male to Female	<input type="checkbox"/> Transgendered Female to Male
If female, are you pregnant?*	No Yes If pregnant, what is the due date? / /

Are you a Veteran?

<input type="checkbox"/> No	<input type="checkbox"/> Yes Where was Active Service? _____
Dates of Service: _____	Discharge Type: _____

Do you have a disability of long duration? *

<input type="checkbox"/> No	<input type="checkbox"/> Yes*
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Where are you currently staying?*

<input type="checkbox"/> 1. Emergency shelter Name of Shelter: _____	<input type="checkbox"/> 2. Transitional housing Name of Shelter: _____
<input type="checkbox"/> 3. Family member's housing	<input type="checkbox"/> 4. Friend's housing
<input type="checkbox"/> 5. Jail/prison or juvenile detention center	<input type="checkbox"/> 6. Hotel Paid by a church or agency
<input type="checkbox"/> 7. Psychiatric facility	<input type="checkbox"/> 8. Foster care home or group home
<input type="checkbox"/> 9. Substance abuse facility	<input type="checkbox"/> 10. On the street
<input type="checkbox"/> 11. Hospital (non-psychiatric)	<input type="checkbox"/> 12. Other: _____

Abilene Hope Haven, Inc. 801 S. Treadaway Abilene, TX 79602
 Phone: 325-677-HOPE (4673), Fax 325-677-4674, Email: ahh@abilenehopehaven.com
 www.abilenehopehaven.com

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ STAFF INITIALS: _____ ELIGIBLE? YES NO IF NO, LIST REASON(S) _____



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Length of Stay -at location listed above?

<input type="checkbox"/> 1. One week or less	<input type="checkbox"/> 4. More than three months/less than one yr.
<input type="checkbox"/> 2. More than one week/less than one month	<input type="checkbox"/> 5. One year or longer
<input type="checkbox"/> 3. One to three months	

Zip Code of Last Permanent Address? _____

Please list the five-digit zip code of the apartment, room, or house, or location where you last lived for 90 consecutive days or more.

Please check any of the following that apply to you:

<input type="checkbox"/> 1. Alcohol Abuse*	<input type="checkbox"/> 10. No ID	<input type="checkbox"/> 19. Run away Youth
<input type="checkbox"/> 2. Domestic Violence	<input type="checkbox"/> 11. Paperwork	<input type="checkbox"/> 20. Elderly
<input type="checkbox"/> 3. HIV/AIDS	<input type="checkbox"/> 12. Tickets	<input type="checkbox"/> 21. Citizen Status
<input type="checkbox"/> 4. Physical Disability	<input type="checkbox"/> 13. Other	<input type="checkbox"/> 22. Immigration
<input type="checkbox"/> 5. Limited English	<input type="checkbox"/> 14. Developmental Disability	<input type="checkbox"/> 23. No SS#
<input type="checkbox"/> 6. Limited reading skills	<input type="checkbox"/> 16. Mental Illness	<input type="checkbox"/> 24. Parole / Probation
<input type="checkbox"/> 7. Drug Abuse*	<input type="checkbox"/> 17. Needs to finish high school	<input type="checkbox"/> 25. Warrants
<input type="checkbox"/> 8. Veteran	<input type="checkbox"/> 18. Evicted from home	<input type="checkbox"/> 26. Criminal Record*
<input type="checkbox"/> 9. Community Service		

Please answer the following for each member of your household*

Name:	1. Relationship (ie: spouse, child)
2. SS#:	7. Date of Birth:
5. Gender:	4 Ethnicity:
3. Primary Race:	8. Secondary Race:
6. Disability of Long Duration?	9. US Military Veteran? Y/N
If yes, please explain:	
Name:	Relationship (ie: spouse, child)
2. SS#:	7. Date of Birth:
5. Gender:	4 Ethnicity:
3. Primary Race:	8. Secondary Race:
6. Disability of Long Duration?	
If yes, please explain:	
Name:	Relationship (ie: spouse, child)
2. SS#:	7. Date of Birth:
5. Gender:	4 Ethnicity:
3. Primary Race:	8. Secondary Race:
6. Disability of Long Duration?	
If yes, please explain:	

Please use a separate piece of paper for additional household members.

Thank you for your application into Abilene Hope Haven's Transitional Housing Program. If space is available in our program when we receive this application, our Program Director will contact you to set up an interview. You will not be contacted if we do not immediately have space available. Please call our office on a weekly basis to check availability and your status. Once an interview is scheduled, it will take between 7-10 working days from the initial interview until a move-in date is scheduled.

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