

**ARE YOU
CURRENTLY
HOMELESS,
OR; ARE YOU
AT-RISK OF
BECOMING
HOMELESS?**

If your answer is “YES”...
Please read the next page...

Please READ this page before completing the attached application.

IFS is a 501(c)(3) non-profit organization providing: housing, supportive services, case-management, therapeutic counseling and mainstream resource linkage for homeless men, women and children and/or individuals and families at-risk of becoming homeless in Sonoma County. IFSN operates multiple housing programs throughout Sonoma County. **Our mission:** to provide housing and “a hand up” to men, women and children in Sonoma County, in an atmosphere of dignity, respect and kindness, towards an outcome of empowerment, self-sufficiency and independence!

Homeless Prevention & Rapid Re-housing:

Assessment, advocacy and assistance services are available to help individuals and families at-risk of becoming homeless to identify all available community resources, and facilitate housing placement as soon as possible.

Transitional Housing Services: Comprehensive services have been strategically developed to enhance independent living, communication and problem-solving skills. Basic necessities—such as telephone, cable, laundry facilities, toiletries, some food staples, cleaning supplies, bedding, linen and towels, and some bus passes are provided for participants. *Last year (2013) more than 70% of our clients graduated to permanent housing!*

If You Are Now Homeless: please read the following information carefully to determine whether or not you are eligible for transitional housing, and whether or not our program is right for you, and you are right for the program.

- **THE NUMBER ONE REQUIREMENT:** A SINCERE DESIRE TO CHANGE AND IMPROVE YOUR LIFE, AND A PERSONAL COMMITMENT TO DO WHATEVER IS NECESSARY TO ACCOMPLISH YOUR GOALS!!!
- **THE FIRST STEP:** ACCURATE COMPLETION and SUBMISSION of your application is the FIRST, IMPORTANT STEP!
- **TRANSITIONAL HOUSING PROGRAM INFORMATION:**
 1. Weekly attendance at House Meetings and weekly meetings with your Case Manager are MANDATORY.
 2. Participating in a minimum of three counseling sessions with a staff mental health care professional are MANDATORY.
 3. You must be CLEAN and SOBER NOW and at all times while in the program!
 4. Personal belongings are limited—TWO SUITCASES ONLY—STORAGE SPACE is NOT AVAILABLE and NOT INCLUDED.
 5. YOU WILL BE EXPECTED TO BE OUT OF BED and DRESSED by 9AM Monday thru Friday; ALL RESIDENTS do daily chores, and THERE IS A CURFEW (unless employment prevents it).
 6. We charge a PROGRAM FEE (maximum is \$600 a month) OR YOU MUST QUALIFY for SONOMA COUNTY GENERAL ASSISTANCE (GA*—see below).
 7. Smoking is permitted in designated areas ONLY! This is NOT NEGOTIABLE!
 8. PETS are not normally allowed!

FAX or mail your application to 3850 Montgomery Dr., Santa Rosa, 95405—THEN call 546-7907 for an assessment interview. Applicants are considered on a first-come, first-served basis. Veterans get first preference! Please be sure to include a reliable contact or message number so we can reach you.

PLEASE

DO NOT SHOW UP AT OUR OFFICES IF YOU DO NOT HAVE AN APPOINTMENT!
DO NOT FAX THE COVER PAGES BACK TO US
A FAX COVER SHEET IS NOT NECESSARY
FAX YOUR APPLICATION TO 546-1544.

*A number of beds in each house are dedicated to Sonoma County General Assistance (GA) clients. IF you do not have a source of income, you may qualify for GA, but it must be understood that if you are a GA client, we will expect you to secure employment/or a source of income before your GA is terminated (usually 90 days—unless a disability exists), and you will be required to work for GA for a certain number of hours each month.

*YOUR NAME:

PLEASE PRINT

*NAME of AGENCY/PERSON who referred you:

*If not referred—how did you find out about our program?

*HAVE YOU applied for or been in our program before? YES ___ NO ___ IF SO, when:

***It is VERY IMPORTANT that we have some way to contact you—and hear back from YOU promptly when housing is or becomes available. If we cannot reach you, or do not hear back from you within 72 hours of leaving you a message, you will lose your housing and go to bottom of the list.

CONTACT INFORMATION: PHONE #(S):

*Social Security Number: - - Date of Birth: Age:
Month) (Day) (Year)

*Ethnicity: [] Hispanic/Latino (1) [] Not Hispanic/Latino

*Race: (Check all that apply) [] American Indian or Alaska Native [] Asian [] Black or African-American
[] Native Hawaiian/Pacific Islander [] White [] Don't know

*Gender: [] Female [] Male *Veteran Status: [] No [] Yes

*Where did you stay last night: How long have you been there?

*Zip Code of Last Permanent Address: (where you last lived for 6 mos or more):

*If ZIP not known—Address: (number) (street) (city) (state)

First time homeless? (circle one: Y N) Number of times homeless?

*INCOME SOURCE: AVERAGE MONTHLY INCOME: \$

*Total income received last month: \$ Any changes expected in income:

*If Employed--Employer's Name/Address:

Physical Disability: [] No [] Yes [] Don't know Developmental Disability: [] No [] Yes [] Don't know

Please Explain Disabilities and Special Needs:

Health Status: [] Excellent [] Very Good [] Good [] Fair [] Poor

Pregnant: [] No [] Yes [] Don't know [] Not Applicable If yes, due date: / /

Children: [] No [] Yes Are Children in YOUR Custody: [] No [] Yes* *If YES, please provide

Names and Ages of Children:

Nearest Relative's Name: _____ Relation: _____ Phone: _____

Date of last physical: _____ Doctor's name: _____ Phone: _____

Please list all prescription medications you are currently taking, (or should be taking) and any prescription medications currently in your possession: _____

Please write a *brief* health history and description of your current *physical* and *mental* health and/health issues and challenges: _____
(Please use the back of this sheet if necessary)

Name of your Therapist(s) or Specialist: _____ Phone: _____

Social Worker(s): _____ Phone: _____

Are you now or have you ever been a substance abuser? _____ When? _____ What? _____

Are you now or have you ever been in recovery? _____ If so, how many times? _____ When? _____

Where? _____ Current length of time in sobriety and/or drug free _____

Have you ever been in an abusive relationship? _____ Please describe: _____

Please explain your criminal history? _____
(Please use the back of this sheet if necessary)

Are you on probation or parole? If so, please include the name and phone number of your probation or parole officer: _____
Name of probation/parole officer Phone number

What in your opinion has contributed to you being in your present state (homeless)? _____
(Please use the back of this sheet if necessary)

Please write a brief Personal History: _____
(Please attach a separate page or use the back of this sheet.)

What do you expect a transitional program to do for you, and how will you use this program to your best advantage? _____

Signature: _____ Date: _____

The information contained in this application is true, accurate and correct to the best of my knowledge.