



Holly House Transitional House Application

Date: _____

Legal Name: _____ Date of birth: _____

Social Security #: _____ Driver's License/CA ID # _____

Telephone #: _____ Message Phone#: _____

Are you currently Married Divorced Single

List any children ***currently in your custody*** that may enter the House with you.

- 1. Name _____ M/F _____ Age _____ DOB _____ SS# _____
- 2. Name _____ M/F _____ Age _____ DOB _____ SS# _____
- 3. Name _____ M/F _____ Age _____ DOB _____ SS# _____

Where were you born? _____

How long have you lived in California? _____

If you have relocated to the Chico area in the past year, please explain the reason for your move:

Are you currently in a program or shelter? Yes No If yes, which one? Check below:

Torres Shelter Skyway House Salvation Army Other _____

How long have you been a resident there? _____

Emergency Contact Information:

In case of serious accident, illness or emergency, notify:

1. Name: _____ Phone _____

Email address _____

Relationship: _____

2. Name: _____ Phone _____

Email address _____

Relationship: _____

What are your top three (3) goals to achieve while staying at Holly House?

1. _____
2. _____
3. _____

How do you plan achieving the above goals?

1. _____
2. _____

Drug History

Alcohol problem? Yes No Drug problem? Yes No

Drug of choice: Methamphetamine Heroin Cocaine Marijuana Benzodiazepines
 Ecstasy Oxycodone Alcohol Other: _____

Are you currently on? Methadone Suboxone

How long have you been sober? _____ Date of last use? _____

Are you currently involved in a 12-step recovery program? Yes No

If yes, how many meetings do you attend per week? _____

Sponsor's Name: _____ Phone: _____

Have you ever been in a treatment center for alcohol and drug rehabilitation? Yes No

If yes, please list name of the treatment center and the date of services:

Name: _____ Dates: _____

Did you complete the program? Yes No

What is the longest period of time you have remained clean and sober? _____

What changes have you made to ensure your sobriety after any relapses you may have had?

Describe your Relapse Preventive Plan?

Legal History:

Please list ALL criminal arrests, convictions, and sentences and the month/year of these incidents. You may use a computer printout or attach list to this application.

- 1. _____
- 2. _____
- 3. _____

Please list any unresolved legal problems you may have:

Probation: Yes No

Name of Probation Officer: _____ Phone: _____

Parole: Yes No

Name of Parole Officer: _____ Phone: _____

Please attach copies of your terms and conditions of probation or parole to this application.

Do you give us permission for a background check? Yes No

Physical Health:

Primary Care Doctor: _____

Medical Insurance: _____

Please list any history of serious illness:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

List any current medical problems:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. _____

6. _____

List any medications currently being taken:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do you have any physical limitations? Yes No

If yes, what are they?

Mental Health:

Have you ever been diagnosed with a mental health illness? Yes No

If yes, what diagnosis: _____

Are you taking medications for any mental health diagnosis? Yes No

If yes, please list the medication:

1. _____

2. _____

3. _____

Do you have a case manager or therapist? Yes No

Do you need a referral to mental health services? Yes No

Agency: _____ Name: _____ Phone: _____

What issues are you currently working on?

Have you ever attempted suicide? Yes No

If yes, please describe how and when?

Education:

Highest grade completed: _____ Diploma: Yes No

School: _____ Date Received: _____

Did you obtain a G.E.D.? Yes No

School: _____ Date Received: _____

Do you have plans for continued education? Yes No

If yes, please explain below:

Church Attendance:

Where do you fellowship? _____

Do you have a mentor? _____

Do you belong to any bible studies? Yes No

Are you interested in being connected with a mentor? Yes No

Family:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Supportive of you?</u>
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Father: _____

Mother: _____

Step Father: _____

Step Mother: _____

Siblings: _____

Children:

Do you have minor children?

Name: _____ Age: _____ Location: _____

Name: _____ Age: _____ Location: _____

Name: _____ Age: _____ Location: _____

Do you have contact/custody? Yes _____ No _____

Do you pay child support? Yes _____ No _____

If yes, how much are you required to pay? \$ _____ How often? _____

Applicant represents that all of the above information is true and complete and authorizes Holly House to verify the information and references. Any false information given may be grounds to terminate any housing agreement entered into. Applicant also understands that the housing being applied for is alcohol and drug-free and that any such use will result in immediate termination of housing.

Applicant Signature: _____ Date: _____

Income Form

In order to qualify for living at the Holly House you will need to be able to pay a monthly participation fee. Participation fee will be \$275 per month. You will also need to pay \$25 monthly for household supplies and \$35 towards utilities. Total cost for the month = \$335.

Holly House will have a rental savings program; you will be required to save 25% of your monthly income. The monies will be returned to you upon your move out time from the house.

Do you receive income? Yes _____ No _____

If yes, How much per month? \$ _____

Rental savings 25%: \$ _____

Where does your income come from? *Please circle one below*

Work

SSI

GA

Financial Aid

Other _____

Are you employed? Yes _____ No _____

Place of employment: _____

All participation fee payments will be paid to the Jesus Center, 1297 Park Ave Chico CA 95928. Please make check or money order payable to the Jesus Center. All participation payments need to be turned into the house manager by the 5th of each month. Failure to do so could jeopardize your stay.

All rental savings monies will be due by the 10th of each money. Please turn in your savings to the house manager at the Jesus Center. This money will be returned to you upon your departure from the Holly House. For us to help end your homelessness, it is mandatory for you to put 25% of all income received into Rental Savings.

Please sign below agreeing that you have read and are agreeing to the rules, terms, and conditions of paying a participation fee, utilities & supplies for the Holly House.

Signature

Date

Witness

Date