

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

JRI Health ~ Assisted Living Program

HOUSING AND SERVICES INTAKE

Case Manager/Agency	Date of intake
Other people present for intake	Subsidy

Part 1: APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Nickname
Social Security Number		Phone	
Current Address			

_____ OK to receive mail from ALP/MBHP? _____ OK to receive phone calls from ALP/MBHP?

Languages spoken (check all that apply):

_____ English _____ Spanish _____ French _____ Portuguese _____ Creole _____ Other

Please provide the address and/or phone number of a friend, family member or agency where you can be contacted in the event that we are unable to contact you at the above address:

Name	Relationship	Phone
Address		

Part 2: APPLICANT DEMOGRAPHIC INFORMATION *(for reporting purposes only)*

Race/Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Brazilian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Other	
Sexual Orientation: <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Other	
Mode of Transmission: <input type="checkbox"/> IDU <input type="checkbox"/> Opposite-sex sexual contact <input type="checkbox"/> Perinatal <input type="checkbox"/> Same-sex sexual contact <input type="checkbox"/> Transfusion <input type="checkbox"/> Undetermined/unknown Date of Dx: _____	

Part 3: HOUSEHOLD INFORMATION

NAME (last, first, and middle initial)	DOB & Age	Veteran? (Yes or No)	GENDER (M, F, T or Other)	RELATION TO APPLICANT
				Applicant

Part 4: DETERMINATION OF INCOME ELIGIBILITY OF HOUSEHOLD

	Household Member 1	Household Member 2	Household Member 3	Documentation which must be provided to regional housing agency
SSI	\$	\$	\$	Original printout from the Social Security Office which states award amount
SSDI	\$	\$	\$	
AFDC	\$	\$	\$	The original award letter or a signed letter from the Dept. Of Public Welfare
EAEDC	\$	\$	\$	
Disability Insurance	\$	\$	\$	A signed letter from the insurance company showing amount being paid
Unemployment	\$	\$	\$	Signed printout from the Division of Employment Security
Child Support	\$	\$	\$	The Court Order or notarized statement from payer
Alimony	\$	\$	\$	
Veteran's Benefits	\$	\$	\$	Award letter from VA or a signed letter from VA agent.
Salary, Wages, Tips	\$	\$	\$	5 most recent pay stubs or a letter from employer stating hours, wages, start date
Other	\$	\$	\$	
Total Annual Income Per Member				Combined annual household income: \$

INCOME LIMIT (for HOPWA use "low income", for all other subsidies, use "very low income" guidelines)	HOUSEHOLD INCOME	WITHIN CRITERIA?
"very low"=\$22,950 "low"=\$35,150	\$	____ Yes ____ No

Other documentation that will be required as part of the application process: When the applicant meets with the regional housing agency, MBHP, they will also need to provide a birth certificate and social security card for each household member, as well as documentation of assets, such as bank accounts. Other documentation that may be required: recent tax returns and/or bank statements. Assets above a certain amount may be calculated as part of the applicant's income. MBHP calculates this information.

Part 5: HOUSING HISTORY

(please use back of this page if you need additional space)

1. Please describe in detail your current living situation (type of housing, living conditions, household members).
2. If you have been in your current housing for less than two years, why did you leave your previous situations? (Refer to Housing History form that was submitted with pre-application forms.)
3. Have you ever broken your lease or been asked to leave housing? If so, for what reasons?
4. Are there any particular services or supports that you anticipate you would need or benefit from in order to live in your own apartment at this time (ie: home care, furniture assistance, etc.) ?
5. How do you hope your housing situation will be different if you receive a subsidy and services through this program?
6. Where do you want to live? What are your expectations around housing search and what your rental housing may be like (based on conversations with others, past experience, etc.)?
7. Are you currently on other wait lists for subsidized housing or working with other providers to obtain subsidized housing? Please explain (please obtain releases to talk with these other providers).

Part 6: MEDICAL AND MENTAL HEALTH

1. Who do you currently identify as your primary medical provider? Hospital affiliation?
2. Who do you identify as your primary mental health worker/counselor/therapist?
3. Have you ever struggled with depression and/or anxiety? Have you received any treatment? Please explain.
4. Are you currently taking or have you ever taken any medications for medical and/or mental health issues? Please list:
5. Have you had any hospitalizations?
6. How would you describe your health at this time (ie: t-cell count, viral load, OI's, etc.)?
7. Given your medical/mental health issues, are there any special considerations that you may need to live independently (ie: first floor unit, near therapist, etc.)?

Part 7: LEGAL ISSUES AND CRIMINAL ACTIVITY

1. Do you have a criminal record? _____Yes _____No If yes, what is included in your criminal record? (Dates and types of offenses)
2. Do you have any open cases? _____Yes _____No
3. Do you have any outstanding warrants? _____Yes _____No_____ If yes, please describe:
4. Do you have any outstanding fines? _____Yes _____No If yes, please describe:
5. Are you presently on probation or parole? _____Yes _____No If yes, list name and phone number of officer (please obtain release):

Part 8: SUBSTANCE USE HISTORY

1. How do you describe your current and past use of alcohol and drugs? (i.e. types, frequency, amount, etc.)
2. When was the last time you used? What are typically your triggers?
3. How has alcohol/drug use affected your life (i.e. legal problems, relationship difficulties, health, etc.)?
4. Have you previously tried to change your pattern of substance use? _____ Yes _____ No If yes, what helped you to make these changes?
5. Do you presently receive or participate in any services to help manage your substance use? _____ Yes _____ No If yes, please describe:
6. In the past, how would others (providers and friends) know that you had been using or been thinking about using (i.e: becoming more isolated, not answering phone calls, changes in appearance, etc.)?

Part 9: SUPPORT SYSTEMS AND DAILY ACTIVITY

1. How do you spend your time? With whom?
2. How do you describe your relationship to family? To friends?
3. Do you have a primary relationship (partner, spouse)? _____ Yes _____ No
4. Do you work with any other organization, case manager, counselor, or therapist? If yes, with whom and for what type of issues?
5. Is there one particular provider whom you rely on for support (If you had something important to share, who would you call?)
6. Have you ever had paid employment or volunteered anywhere? Please explain.
7. Would you be interested in receiving guidance regarding employment, volunteer or educational goals?

Part 10: PROVIDER CONTACTS AND SUMMARY OF RELEASES

We ask applicants to provide ALP with the names and contact information of providers with whom they work. Please ask the applicant if there are any providers who have not been mentioned previously during the interview and list them below. We will call some or all of these providers to talk more about the applicant's history and current ability to manage situations so that we can establish an appropriate service plan from which the applicant and case manager will work.

Examples of provider contacts may include previous landlords, medical providers, probation officers, case managers, lawyers, methadone/substance use counselors, etc.

Please obtain releases for all contacts listed below and also those mentioned previously in the intake.

Name	Relationship	Agency	Telephone	Frequency of Contact

Part 11: CASE MANAGER'S SUMMARY AND RECOMMENDATION

Please use the following chart to help in your overall evaluation of whether the applicant should be recommended for the Assisted Living Program. Indicate your recommendation in the box at the bottom of this page.

Criteria	+	-	N/A	Staff Comments
Kept appointments or called to reschedule.				
Appears able to manage any mental health and addiction issues sufficiently to function responsibly.				
Realistic about need for and ability to effectively use appropriate supports.				
Gave accurate information during intake process.				
Signed Program Agreement.				
No threatening and/or violent behavior during intake process.				
References affirmed applicant's ability to manage in an independent living situation.				
Applicant appears to meet all eligibility criteria for housing subsidy (income, housing status, health status, and age).				

CASE MANAGER'S RECOMMENDATION

Applicant's name: _____

Based on the information provided during the housing intake process and discussions with collateral contacts

_____ **I do** _____ **I do not**

recommend this applicant for participation in the JRI Health Assisted Living Program.

Case Manager's Signature _____ Date _____

Part 12: FINAL DETERMINATION

☐ Approved for JRI Health ALP subsidy program

☐ Ineligible for JRI Health ALP subsidy program

Subsidy type _____

JRI Health Program Supervisor's Signature

Date _____

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A