



## Old Pueblo Community Services Families Program Requirements

### PLEASE READ BEFORE FILLING OUT APPLICATION

#### To apply for the program, you MUST meet ALL of the following:

- Be homeless and documented as such (eviction letter or letters from previous agencies verifying homeless status).
- Have a felony or other history with the criminal justice system.
- Have a substance abuse history.
- Have custody of child/children (and documentation of such) or within 1 month of reunification if CPS is involved before program entry.
- Must have minimum part-time work.

#### Additionally, to qualify for the program you must be willing and able to do the following if accepted:

- Work 32-40 hours per week.
- Attend at least 2 NA, CA, AA or SMART groups per week, providing documentation of such submitted to your case manager.
- Attend all meetings or appointments with your case manager. If you are unable to attend appointments, please contact your case manager 24 hours in advance to reschedule the appointment.
- Prepare monthly household budgets
- Pay court fines and/or restitution as we assist you.
- Obtain a credit report before entering program.
- Drug test as requested. **FAILURE to provide urinalysis or call in will result in termination from the program. DILUTED drops are considered to be dirty and could result in termination.**
- Maintain all receipts and check stubs to review with case manager during monthly budget planning.
- Permit NO roommates or overnight guests in your apartment at any time. **Please seek prior approval for out of town visitors.**
- Obtain a savings/checking account.
- Notify case manager of any changes in your programs with other social services such as CPS, parole, probation, etc.
- Review budget and discuss with case manager prior to making any major purchases and/or monthly obligations i.e., cable, car payments, etc..
- Agree to pay rent differential with property management company (ask case manager for clarification).
- Agree to pay programs fees if directed by case manager (ask case manager for clarification).
- Provide proper identification and social security documentation for all adults and children.
- Provide birth certificates of all children.
- Provide documentation of child custody.

#### INFORMATION NEEDED FOR FAMILY FILE:

- \_\_\_ Copy of parent's government picture I.D.
- \_\_\_ Copy of social security cards for children and parents
- \_\_\_ Copy of children's birth certificates
- \_\_\_ Verification of income (copy of check stub, DES award letter)
- \_\_\_ Documentation of homelessness (letter from shelter, treatment program, eviction notice, family member)



## Old Pueblo Community Services Families Application (4-10)

You are required to write a brief bio letter at the end of this application. We want to know who you are, where you came from, and where you want to go in life. This section is required to process application. If you have trouble writing, get help, or let us know.

### APPLICANT INFORMATION (Please Print)

Name: \_\_\_\_\_ Case/DOC#: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated Widowed  
 Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_  
 Gender: **(Circle)** M F Are you pregnant? **YES NO** Veteran? **YES NO** If Veteran, Type of Discharge \_\_\_\_\_ Hispanic? **Y N**  
 If Pregnant, how long? \_\_\_\_\_ Current Contact Phone ( ) \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Where did you grow up? \_\_\_\_\_ Do you have financial support for fees? **YES NO**  
**In case of emergency notify:** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 When I leave the program forward my mail to: \_\_\_\_\_

### SPOUSE INFORMATION (if any)

Name: \_\_\_\_\_ Case/DOC#: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_ **Circle One:** Single Married Divorced Separated Widowed  
 Identification: **(Circle)** Driver's License AZ ID Card DD-214 SS Card Birth Certificate Tribal Other: \_\_\_\_\_  
 Gender: **(Circle)** M F Are you pregnant? **YES NO** Veteran? **YES NO** If Veteran, Type of Discharge \_\_\_\_\_ Hispanic? **Y N**  
 If Pregnant, how long? \_\_\_\_\_ Current Contact Phone ( ) \_\_\_\_\_  
 How did you hear about our program? \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Where did you grow up? \_\_\_\_\_ Do you have financial support for fees? **YES NO**  
**In case of emergency notify:** Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 When I leave the program forward my mail to: \_\_\_\_\_

### ALCOHOL AND DRUG USE (if any)

Substance	Frequency of Use	Age First Used	Date Last Used	Route (oral, smoke, inhaled, injected, other)	Comments:
Alcohol					
Marijuana					
Methamphetamine					
Heroin					
Cocaine					
Designer Drugs					
Pain Medication					
Other					
Other					

Drug of Choice: \_\_\_\_\_ List names and dates of all treatment programs, outpatient programs, shelters, domestic violence shelters, and halfway houses attended. (Be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to detox if needed? **YES NO** Have you ever attended addiction support groups? **YES NO** How long? \_\_\_\_\_  
 Are you willing to attend three 12 step or SMART Recovery meetings a week? **YES NO**  
 If attending a 12 Step Group, are you willing to work with a 12-step sponsor each week? **YES NO**  
 How many attempts have you made to get clean and sober in the past? \_\_\_\_\_ Most clean/sober time attained? \_\_\_\_\_

**EMPLOYMENT HISTORY (List Most Recent Employer First - Do NOT List DOC Employment)**

Employer Name	Phone	Date Started	Date Ended	Position	Supervisor Name	Hourly Pay Rate

Do you have any vocational training (If yes please list) \_\_\_\_\_

Do you have any job prospects? **YES NO** What are they? \_\_\_\_\_

What are your job interests? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

Are you able to work? **YES NO** What are your short term employment goals? \_\_\_\_\_

**EDUCATION HISTORY**

Highest Grade Completed \_\_\_\_\_ Education Completed (**Circle all that apply**) High School GED Vocational School Junior College University Other \_\_\_\_\_ Last year in school? \_\_\_\_\_

School or other formal training from age 14 (e.g. high school, technical school, apprenticeships, on-the-job training, computer, etc)

Name and Place	From (Year)	To (Year)	Certificates, Diplomas Obtained	Type or Main Subject

**BRIEF MEDICAL HISTORY**

Are you under physician's care? **YES NO** If yes, why? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

List all past and current physical medical issues: \_\_\_\_\_

List all past and current psychiatric encounters: \_\_\_\_\_

Are you under the care of a behavior health facility: **YES NO** Agency Name \_\_\_\_\_ How long? \_\_\_\_\_

Caseworker/Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

List ALL Medications Prescribed: \_\_\_\_\_

Will your doctor prepare a work release letter? **YES NO**

Have you ever attempted suicide? **YES NO** If yes, explain: Date: \_\_\_\_\_ Where: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Are you a survivor of sexual assault, domestic violence, or stalking? **YES NO** Explain: \_\_\_\_\_

**LEGAL HISTORY (if any)**

Do you have current charges? **YES NO** If yes, what? \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

Explain: \_\_\_\_\_

Are you on supervision? (Circle One) **IPS Direct Regular Parole Fed Probation Pre-Trial CPS Other Drug Court No Supervision**

Supervision Agency: \_\_\_\_\_

PO Name \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location \_\_\_\_\_

Are you a parole violator? **YES NO** Reason for Violation: \_\_\_\_\_ Anticipated Release Date: \_\_\_\_\_

Do you have court fines? **YES NO** How much? \_\_\_\_\_ Do you have community service? **YES NO** How Many Hours? \_\_\_\_\_

If court fines, explain: \_\_\_\_\_

Do you have restitution fines? **YES NO** How much? \_\_\_\_\_ Monthly Payments? \_\_\_\_\_

Do you have child support payments? **YES NO** How much? \_\_\_\_\_ Monthly Payments? \_\_\_\_\_

If restitution, explain: \_\_\_\_\_

List all arrests, convictions, sentences, prior prison or jail commitments, and probation history. (list places and dates – use blank paper if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for any sex crimes? **YES NO** If yes, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been to prison? \_\_\_\_\_ How Many Times? \_\_\_\_\_ Released When? \_\_\_\_\_

Where? \_\_\_\_\_ When: \_\_\_\_\_

Arrest Warrants: **YES NO** Where: \_\_\_\_\_ What for: \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CPS INVOLVEMENT (if any)**

**Circle One: YES NO** If yes, Why \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Involvement: \_\_\_\_\_ Case Worker Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Describe Circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ETHNICITY (Circle One)**

Hispanic or Latino Non-Hispanic or Non-Latino

**RACE (Circle One)**

American Indian or Alaskan Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White or Caucasian

**CURRENT MONTHLY BENEFITS RECEIVED: (Circle all that apply)**

Type	Amount	Type	Amount
Employment Income		DES Food Stamps	
Unemployment Income		SSI	
Child Support		TANF	
General Assistance		SSD	
Veterans		Bus Pass	
Other		<b>Total</b>	
<b>Total</b>		<b>Total Value of Services Received</b>	

Other Benefits explained: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN INFORMATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: **M** **F**

SS#: \_\_\_\_\_ SS Card: **Y** **N** Custody: **Y** **N** Birth Certificate: **Y** **N** Will have custody when? \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: **M** **F**

SS#: \_\_\_\_\_ SS Card: **Y** **N** Custody: **Y** **N** Birth Certificate: **Y** **N** Will have custody when? \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: **M** **F**

SS#: \_\_\_\_\_ SS Card: **Y** **N** Custody: **Y** **N** Birth Certificate: **Y** **N** Will have custody when? \_\_\_\_\_

**WHY ARE YOU HOMELESS? (Circle all that apply)**

- |                       |                       |                            |
|-----------------------|-----------------------|----------------------------|
| Choose Not to Work    | Loss of Employment    | Poor Health                |
| Emotional Problems    | Lost Marriage/Divorce | Substance Abuse            |
| Eviction              | Mentally Ill          | Transient Life             |
| Incarceration         | Minimal Skills        | Lack of Affordable Housing |
| Lack of Clothes/Boots | No Work Skills        | Personal Crisis            |
| Loss of Benefits      | <b>Not Homeless</b>   |                            |

Explain: \_\_\_\_\_

\_\_\_\_\_

**REASONS FOR LEAVING PRIOR HOUSING (Circle all that apply)**

- |                    |                                       |                            |
|--------------------|---------------------------------------|----------------------------|
| Substance Abuse    | Discharged                            | Parole/Probation Violation |
| Marital Separation | Non-payment of rent/occupancy charge  | Destruction of Property    |
| Loss of Employment | Non-compliance with housing authority | Arrested                   |
| Completed Program  | Criminal activity/violence            | Other: _____               |

Explain: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT BARRIERS (Circle all that apply)**

- |                     |                        |                    |
|---------------------|------------------------|--------------------|
| Choose Not to Work  | Lack of Identification | No Tools           |
| Need Detoxification | Loss of Benefits       | No Transportation  |
| Dependent Children  | Psychiatric Diagnosis  | No Work Skills     |
| Emotional Problems  | Minimal Skills         | Personal Crisis    |
| Felony Conviction   | No Clothes             | Poor Health        |
| Incarceration       | No Day Care            | Poor Work History  |
| Lack Clothes        | No Skills              | Pregnant           |
| Transient Life      | Substance Abuse        | <b>No Barriers</b> |

Explain: \_\_\_\_\_

\_\_\_\_\_

**VERIFICATION**

***Application forms require this information to process.*** Who can we call to verify this application? (Circle One) Parole/Probation Public Defender Attorney Case Manager COIII Pretrial SACASA Rep Vet Rep Other \_\_\_\_\_

Contact #1 \_\_\_\_\_ Agency: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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Contact #1 \_\_\_\_\_ Agency: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Fax (Required) (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Did you read and understand program guidelines? **YES** **NO** Are you clear on what is expected of you? **YES** **NO**

**HOUSING DEPOSIT:** All residents are **required** to pay a \$250.00 housing deposit. *If you are unable to pay the deposit, please sign below*

providing OPCS authorization to review your bank account.

**By signing below I provide OPCS authorization to review my banking account for the purposes of verifying indigent status:**

(Sign here) \_\_\_\_\_ Date: \_\_\_\_\_

**By signing below I provide OPCS authorization to share information included in this application with referring agencies:**

(Sign here) \_\_\_\_\_ Date: \_\_\_\_\_

All information on this application is true to the best of my ability:

Client Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Name (Print) \_\_\_\_\_ Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**SPECIAL NEEDS (To be filled out by Case Manager)**

HIV/AIDS \_\_\_\_\_

Psychiatric Diagnosis \_\_\_\_\_

Alcohol Abuse \_\_\_\_\_

Drug Abuse \_\_\_\_\_

Physical Disability \_\_\_\_\_

Developmental Disability \_\_\_\_\_

Domestic Violence \_\_\_\_\_

Other: \_\_\_\_\_

**APPLICATION DISPOSITION**

Pre-Screen/Intake Specialist: \_\_\_\_\_ APPROVED FOR HOUSE ON \_\_\_\_\_

DENIED FOR HOUSE AND REASON WHY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit History**

\_\_\_\_\_ Has Applicant called TEP to obtain account number and verify amount owed: \_\_\_\_\_

\_\_\_\_\_ Has Applicant called Southwest Gas to obtain account number and verify amount owed: \_\_\_\_\_

**Note: Resident must pay off all over due utility bills prior to approval for apartment and/or check request.**

\_\_\_\_\_ Information verified by: \_\_\_\_\_

\_\_\_\_\_ Verified outstanding debt by credit report: \_\_\_\_\_

\_\_\_\_\_ Verified information of CPS involvement and/or supervision by outside agencies: \_\_\_\_\_

**INFORMATION NEEDED FOR FAMILY FILE BEFORE APPROVAL & ENTRY:**

\_\_\_\_\_ Copy of parent's government picture ID.

\_\_\_\_\_ Copy of social security cards for children and parents.

\_\_\_\_\_ Copy of children's birth certificates

\_\_\_\_\_ Verification of income (copy of check stub, DES award letter, etc.)

\_\_\_\_\_ Documentation of homelessness (letter from shelter, treatment program, eviction notice, family member, etc.)

Intake Notes:

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**What abilities do you think you possess that will help you be successful at in our Families program?**

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**What are your reasons for applying to the Family Housing Program?**

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**What actions do you think you will need to take in order to accomplish the goal of independent living?**

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**What are your other options if Family Housing is denied?**

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