



Dear Applicant:

Thank you for your interest in New Beginnings, Bluegrass! Our agency is dedicated to providing quality housing and support services to individuals with serious mental illness. To get on our waiting list, please complete the attached 3-page pre-application and return it our main office at 225 Walton Avenue, Suite 120, Lexington, KY 40502. You may also email your completed pre-application to our Assistant Director, Anita Lakes, at anita@newbeginningsbg.org.

We will review your information and be in touch in if further documentation is needed before being added to our waiting list. Applicants accepted to our waiting list will be placed according to the date and time the fully completed pre-application is received by New Beginnings. In order to select those most in need of housing, we have established the following priority categories that will be the basis of selecting residents from among all applicants:

1. Individuals being discharged from Eastern State Hospital or other psychiatric hospital.
2. Individuals being discharged from Central Kentucky Recovery Center or other personal care home.
3. Individuals who are experiencing homelessness who are diagnosed with a psychotic disorder or mood disorder with psychosis that impairs their ability to live independently without support services.

A letter of acceptance (or e-mail) for placement on the waiting list will be sent to the referring agency or, in the case of a self-referral, the applicant. Acceptance to the waiting list does not guarantee placement in our housing. Please note that our waiting list can be very long, so it is extremely important for you to keep us informed of your current telephone number and address. We will periodically send a letter to your last known address to see if you still wish to remain on our waiting list. Applicants who cannot be located will be removed from the waiting list without further notice.

When we have an opening, applicants will be contacted based on their waiting list placement. The referral agency and/or the applicant will be contacted to schedule an interview where a full application will be completed. A final decision regarding your eligibility cannot be made until the entire application has been received, verified, and reviewed.

Should you have any questions or concerns please give our office a call at the phone number below. All interested individuals have the right to complete and submit an application. We accommodate persons with disabilities who, as a result of their disabilities, cannot read or understand our documents by providing alternative methods of accepting applications.

It is the policy of New Beginnings, Bluegrass to promote nondiscrimination and ensure fair and equal housing opportunities for all. We are fully committed to promoting and engaging the participation of all people regardless of race, skin color, religion, sex, age, national or ethnic origin, familial status, disability, sexual orientation, or gender identity.

We look forward to serving you!
Christy Shuffett, M.Ed.
Executive Director

225 Walton Ave., Suite 120, Lexington, KY 40502
www.NewBeginningsBG.org



Office 859. 245. 2400
Fax 859. 245. 2443

PRELIMINARY APPLICATION FOR HOUSING

NEW BEGINNINGS, BLUEGRASS, INC.

225 Walton Avenue, Suite 120, Lexington, KY 40502

(859) 245-2400 | www.NewBeginningsBG.org

HEAD OF HOUSEHOLD INFORMATION

Name: _____ Phone Number: _____

Street Address: _____

City, State, and Zip Code: _____

Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Does Head of Household have a serious mental illness? Yes No

- If yes, list current mental health diagnoses: _____

Is Head of Household currently receiving behavioral health services? Yes No

- If yes, list your provider's name phone number, and address: _____

PRIORITY INFORMATION

You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that currently apply to you.

- Are you currently residing in a hospital, personal care home, or treatment facility? Yes No
 - If yes, list name of facility: _____
- Are you residing in a place not meant for sleeping such as a vehicle, an abandoned building, bus station, or anywhere outside? Yes No
 - If yes, list where you slept last night: _____
- Are you living in an emergency shelter? Yes No
 - If yes, which shelter? _____
- Are you residing in a transitional housing program for homeless persons? Yes No
 - If yes, which program? _____
- Are you facing imminent risk of losing your primary nighttime residence? Yes No
 - If yes, why? _____

DAILY LIVING ACTIVITIES

Rate each activity on a scale of 1-5. A rating of 1 indicates the applicant needs full support to complete the activity. A rating of 5 indicates that the applicant can completely manage the activity independently with no support required.

Activity	Explanation	Rating
Health Practices	Takes care of physical and behavioral health issues. Manages moods, infections. Takes medication as prescribed. Follows up on medical appointments.	
Housing Stability	Maintains stable housing. Organizes possessions. Cleans. Abides by rules and contributes to maintenance if living with others.	
Communication	Listens to people. Expresses opinions/feelings. Makes wishes known effectively.	
Safety	Safely moves about community-adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.	
Managing Time	Follows regular schedule for bedtime, wake-up, meal times. Rarely tardy or absent for work, day programs, appointments, scheduled activities.	
Managing Money	Manages money wisely. Has an independent source of funds.	
Nutrition	Eats at least 2 basically nutritious meals daily.	
Problem Solving	Resolves basic problems of daily living. Asks questions for clarity and setting expectations.	
Family Relationships	Gets along with family. Positive relationships as parent, sibling, child, significant other, family member.	
Alcohol/Drug Use	Avoids abuse or abstains from alcohol/drugs, cigarettes. Understands signs and symptoms of abuse or dependency. Avoids misuse or combining alcohol, drugs, medication.	
Leisure	Relaxes with a variety of activities. Attends/participates in sports or performing arts events. Reads newspapers, magazines, books. Recreational games with others. Involved with arts/crafts. Goes to movies.	
Community Resources	Uses other community services. Self-help groups. Telephone, public transportation, religious organizations, shopping.	
Social Network	Gets along with friends, neighbors, co-workers, other peers.	
Sexuality	Appropriate behavior towards others. Comfortable with gender. Respects privacy and rights of others. Practices safe sex or abstains.	
Productivity	Independently working, volunteering, homemaking, or learning skills for financial self-support.	
Coping Skills	Knows about nature of disability/illness, probable limitations, symptoms of relapse. Behaviors that cause relapse or make things worse. Options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control.	
Behavior Norms	Complies with community norms, probation/parole, court requirements, if applicable. Controls dangerous, violent, aggressive, bizarre or nuisance behaviors. Respects rights of others.	
Personal Hygiene	Care for personal cleanliness, such as bathing, brushing teeth.	
Grooming	Care for hair, hands, general appearance. Shaves.	
Dress	Dresses self. Wears clean clothes that are appropriate for weather, job, and other activities. Clothing is generally neat and intact.	

Current legal issues (describe charges, court dates, requirements, etc.):

HOUSEHOLD COMPOSITION

Please list all persons who will live with the Head of Household. Use additional pages if needed.

First Name	Last Name	Social Security Number	Date of Birth	Sex	Relationship to Head of Household

HOUSEHOLD INCOME

Please list the source and amount of all current income received by family members, including Head of Household. Include all earnings and benefits received from employment, SSI, SSDI, CIS, unemployment, worker’s compensation, VA, child support, TANF, etc.

Use additional pages if needed.

Family Member’s Name	Source of Income	Monthly Income Amount

APPLICANT CERTIFICATION

I understand that when my name reaches the top of the waiting list, I will be contacted by New Beginnings, Bluegrass to complete the full application process. I also understand that this pre-application provides only preliminary information and that no final determination of eligibility will be made until the full application process is completed.

I certify that the information provided on this pre-application is true and accurate. I authorize New Beginnings to verify this information. I understand that false information will result in my application being cancelled or denied.

I understand that it is my responsibility to inform New Beginnings, Bluegrass of any changes to my address or telephone number and understand that my application may be cancelled if I fail to do so.

Applicant’s Signature Date

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FOR OFFICE USE

Date Received: _____
Time Received: _____