

Completed apps may be submitted:



By website/email/fax/drop-off/online

Website: www.driveoutaddiction.com

Fax to: 360-397-7477

Mail to: PO Box 1299
Battle Ground, WA 98604

Drop off: Xchange Recovery Center – 21810 NE 37th Ave, Ridgefield, WA

98642 Online: <http://housingapp.driveoutaddiction.com/>

Phone or email questions to: 360.687.8500 or info@driveoutaddiction.com

***Please complete this application honestly and thoroughly –
incomplete applications will not be considered. Program fee required upon entry.***

APPLICATION FOR SUPPORTIVE HOUSING PROGRAM

Date: _____

Applicant: _____ DOB _____ SSN _____ - _____ - _____

Race: _____ Gender: Male Female

Phone: _____ Cell #: _____

Treatment/
Correctional facility: _____ Anticipated Release date: _____

Counselor’s Name _____ Contact Info: _____

Last Permanent Address _____

Dates lived at this address _____

Have you stayed at a shelter in the past 2 years? []yes []no

Name of shelter(s) _____

City _____ Dates _____

Reason(s) you need housing – Check all that apply. Provide explanation when necessary.

Circle primary reason

- [] Unemployed
- [] Drug/Alcohol Use
- [] Domestic Violence
- [] Eviction
- [] Medical Reason
- [] Victim of Crime
- [] Other (explain) _____
- [] Employed (low wages)
- [] Mental Illness
- [] Family Crisis
- [] Legal reason
- [] Natural Disaster (fire, etc...)
- [] Waiting for assistance from DSHS

FOR HOUSING STAFF ONLY:

Interview Date: _____ Accepted into housing program: Yes or No Move in Date: _____

If no, referred to: _____

Comments: _____

How long have you lived in Vancouver? _____
 Are you an American citizen? Yes No If no, specify status _____

EMERGENCY CONTACT INFORMATION

Who should we contact in case of emergency? (please list three)

Name _____ Relationship to you _____

Address _____

Phone number _____

Name _____ Relationship to you _____

Address _____

Phone number _____

Name _____ Relationship to you _____

Address _____

Phone number _____

FAMILY HISTORY:

Did any of the following occur in your household while you were growing up? (Check all that apply.)

- you were physically abused household members were frequently involved w/law
 you were sexually abused other children in the home were abused/neglected
 you were emotionally abused you were chronically truant
 you were neglected one or more parents incarcerated
 your parents were involved in substance abuse
 family experienced homelessness
 you were involved in substance abuse
 household members changed frequently
 chronic unemployment of adult household members
 you/family had multiple living situations
 death of a family member

Who did you live with most often while growing up? _____

Do you have siblings? _____ # of sisters _____ # of brothers

Please list the relative who lives closest to you (name, relationship, phone number, email address, city and state)

Briefly describe your family history: (For example, father's or mother's occupation, divorces, supportive parents, abuse [physical or emotional], most positive things about your family, most difficult times for your family, was there any drinking, alcoholism, drug abuse, mental illness or physical illness?)

HOUSEHOLD INFORMATION

Are you pregnant? Yes No Due Date: _____
 Are you the legal guardian of your children? Yes No

Do you have children who do not live with you? Yes No
 (If you have children who do not live with you, please tell us where they are and why they are not with you)

Name(s)	Age(s)	Where are they?	Why not with you?
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Have you ever been married/divorced? (Specify spouse(s) name(s) & marriage/divorce date(s).

Briefly describe reasons for separation/divorce:

Are you anticipating reconciliation? yes no

Do you have a significant other? yes no

If yes, please provide name & location _____

How long have you been in your current relationship? _____

How do you identify your sexual orientation? (heterosexual, homosexual, bi-sexual, transgender, questioning, decline to answer) _____

CHILD PROTECTIVE SERVICES:

Has Child Protective Services been involved with your family? yes no

Date _____

Caseworker name & number _____

What was the reason for your involvement:

County _____ Children removed? _____

Name(s) _____

Age(s) _____

Court ordered services _____

Mandatory parenting classes? Yes (Date completed) _____ No

Do you currently have an ongoing CPS case? Yes No

DOMESTIC VIOLENCE

Have you ever experienced domestic violence? _____

Name of abuser _____ When _____

Address _____

Restraining order in affect? Yes No County _____

WHO DO YOU USE FOR EMOTIONAL/SOCIAL SUPPORT? (Check all that apply)

Mother Friends Probation officer
 Father Mentor Counselor
 Other relative _____ Sponsor Clergy
 Social service provider Other (Specify) _____

INCOME INFORMATION

What are your sources of financial support? _____

Other? _____

Amount per month _____

Have you ever used Access to Recovery funds for housing before? (yes/no) _____

What other funding have you used for recovery housing before? (please list) _____

Do you receive any of the following?	YES	NO	Amount	Application/pending date	Have not applied
TANF					
Food Stamps					
ADATSA					
SSI/SSDI/SSA					
GAU/GAX					
Unemployment Insurance					
Child Support					

Case worker _____ Phone _____

Client ID # _____ State _____

[] Other cash assistance (specify) _____

EMPLOYMENT HISTORY

Are you currently employed? [] Yes [] No

Employer name & address _____

Hours per week _____ Wages _____

How long have you been at your current job? _____

Are you looking for work? [] Yes [] No

If no, specify reason _____

How long have you been unemployed? _____

What type of work are you looking for? _____

Please list your last 4 employers:

Employer	Dates of employment	Reason for leaving

Which was your most enjoyable job? Why did you like it?

What is your best job skill?

What are your goals for employment?

EDUCATION

Do you have a high school diploma? Yes No Year of graduation _____

Do you have a GED? Yes No

Do you have any college education? _____ Degree? _____

If yes, name & location of college(s) _____

Degree(s) and date(s) received _____

Other education? _____

Do you have a learning disability? yes no not sure

Are you interested in getting your GED? yes no

Do you plan to go back to school or to any other educational institution? yes no

If yes, please tell us your plans:

SUBSTANCE ABUSE (use back of paper if necessary)

Describe your substance abuse history and how you plan to stay clean and sober:

Do you currently drink alcohol or use drugs? (Specify) _____

Date of last use/drink: _____

Do you attend 12-step meetings? []Yes – how often _____

[]No – why not? _____

List treatment dates and locations:

LEGAL HISTORY

DATE	OFFENSE	OUTCOME (sentence, fines, diversion, drug court, etc...)	Probation/Parole officer's name & number

Please explain your criminal history and describe ***what you plan to do differently this time*** to avoid further involvement with the criminal justice system?

Have you ever been convicted of a sex offense or arson? **(this question is required, if YES please explain below)**

Do you have any current/pending legal issues or law suits? (list each and current status)

Do you have court/probation/parole requirements? Specify

Do you have legal financial obligations? []Yes []No Amount \$_____

Name of probation Officer:_____

If currently incarcerated, what is your release date?_____

List incarcerations

MEDICAL HISTORY

List any current medications (prescription/non-prescription):

Are you on a MAT (Medicated Assisted Treatment) program?

If yes, circle one: Suboxone Vivitrol

Dose?_____

Doctor:_____

Hospitalizations: (briefly describe reason for admission and dates)

List any mental or physical problems that prevent you from working:

MENTAL HEALTH HISTORY

Have you thought of or attempted suicide? Yes No

Dates _____

Last time you thought about suicide? _____

Treatment/hospitalization? (please give dates and briefly describe the situation)

Have you ever seen a counselor for anything? If so , what were you seeing them for?

Have you ever been diagnosed with any mental health issues? (Depression, anxiety, ADHD, Bipolar, schizophrenia, etc.)

Are you currently participating in mental health treatment? Yes No

Name & location of treatment provider _____

Have you ever taken mental health medication(s)? _____

What have you taken? _____

Are you taking medications currently? _____

If yes, please list below:

TRANSPORTATION:

Do you have a valid driver’s license? Yes No
License number & state of issue _____

Do you own a vehicle? Yes No
Make _____ Model _____ Year _____

Do you have liability insurance: Yes No
Name of insurance agent _____ Policy # _____

If you do not have a valid driver’s license, **what do you need to do to obtain one?**

RESIDENCES:

List your residences in the last five years: (begin with most current residence – include address, city, state and length of stay)

- 1.
- 2.
- 3.
- 4.
- 5.

HOUSING

Do you plan to stay in Clark County? Yes NO If no; why not? _____

How did you hear about Xchange Recovery/Grace Ministries? (Check all that apply)

- Shelter provider
- Friends
- Website
- DSHS Agency
- Flyers, brochures
- Other (Specify): _____

Do you have friends or family who currently live in Grace Ministries' housing or are affiliated with Grace Ministries, Xchange Recovery or Faith Center Church?

- Yes - specify _____
- No

GOALS AND OBJECTIVES:

Briefly describe your goals for yourself and your family:

How do you think Xchange Recovery/Grace Ministries can help you achieve these goals?

Applicant Certification:

I certify that the information given to Xchange Recovery/Grace Ministries on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my knowledge and belief. It is further understood I must immediately report changes in household composition or household income to Xchange Recovery/Grace Ministries. It is understood and agreed that failure to report changes, and/or submitting false statements of information, is grounds for termination of tenancy with Xchange Recovery/Grace Ministries.

I have read, or have had read aloud by Xchange Recovery/Grace Ministries staff, and do understand this applicant certification statement.

Applicant's Signature

Date

Xchange Recovery/Grace Ministries can only accept completed applications. **Please be sure to attach proof of homelessness and income verification.** Proof of homelessness can include a letter from a family member or friend stating that you are staying with them temporarily, a letter from shelter staff, or discharge paperwork from a treatment facility or correctional institution. If another person cannot verify homelessness then you must complete the Self Disclosure of Homelessness form in the application packet.

Income verification must be attached. If you have no money and no income, you may complete the Self Disclosure of Income form in the application packet. If you receive income from employment, or any type of government program including TANF, GAU, SSI/SSDI, or Child Support you must attach documentation from your income source

Re-entry applicants do not need to provide homelessness & income verification

**Xchange Recovery/Grace Ministries
Authorization for the Release of Information/Waiver of Liability**

I, _____, authorize the release and receipt of information about me including documentation and other materials pertinent to participation in the Xchange Recovery/Grace Ministries programs from the following agencies:

- | | | | |
|---------------------------|----------------------|------------|-------------------------------------|
| Department of Corrections | Lifeline Connections | Share | Community Services Northwest |
| DSHS | DCFS | SafeChoice | Open House |
| CPS | CCSO | CCJC | Clark County Therapeutic Drug Court |
| | | | Columbia River Mental Health |

(Current Landlord)

The following is a list of others from whom information may be requested: (Please initial entries)

I understand that my information is being secured on database.

Client initials

I agree that photocopies of this authorization may be used for the purposes stated above. This release/waiver shall be valid for one year.

I, the undersigned, hereby release Xchange Recovery/Grace Ministries, and all individuals connected with this organization, from any liability for acts performed in assisting and advising me in good faith. Xchange Recovery/Grace Ministries will not be liable for any personal injury or loss of property during my program participation.

In signing this release, I recognize that Xchange Recovery/Grace Ministries is a non-profit agency, which is providing a service and assistance to me at my request.

Client Signature

Date

Xchange Recovery/Grace Ministries Staff Signature

Date