



AFL-CIO
Affiliated

LABOR S COMMUNITY SERVICE AGENCY



Primary Partner
Agency

3117 North 16th Street, Suite 100 • Phoenix, Arizona 85016
Phone: (602) 263-5741 • Fax: (602) 263-0815 • Web: www.lcsaphx.org

Transitional Housing Intake Procedure and Application

1. Requirements

- A. Must be homeless or in process of being evicted (need to be able to provide verification, i.e. letter of recommendation from shelter, eviction notice, judgment, letter from relative/friend).
- B. Must have minor children (children must be able to move in at same time as adult)
- C. All adults in home must be willing to work full time unless disabled and currently receiving social security or have a note from a Doctor. (LCSA's transitional housing program is a work program. Applicants have a better chance of being selected if they are working full time at date of application.)

If all 3 requirements are met, we encourage an application to be filled out at this time *

We are not emergency housing. The intake process for transitional housing can take several weeks.

2. The Application

Applications will be reviewed within one week. At least three case managers or qualified LCSA staff will review each application. LCSA receives more applications than there are houses available. **We strongly encourage each applicant to take their time and fill out the application as thoroughly as possible.** After each application is reviewed a decision is made whether the applicant appears to be a good candidate for the program (if not, a denial letter will be sent to the "current address" listed on the application). If the applicants appear to meet the "program profile" a staff member will call to schedule an interview. This determination will be based on each case manager's assessment of the answers provided, what services may be needed, and whether or not the agency can provide those services.

3. The Interview

LCSA tries to accommodate applicants work schedules as much as possible. Interviews are usually scheduled Monday through Friday, 8 am to 5 pm. Three case managers or qualified LCSA staff will sit in on each interview. At the time of the interview each applicant will be told what to expect during the interview process. Don't worry, this is a relaxed atmosphere.

** There are other program requirements that may not apply to everyone and can be gone over in more detail as needed. Contact case management at 263-5741 if you have any further questions.

DATE OF APPLICATION: _____ REFERRED BY: _____

This section for office use only.

Date Received _____ Date Interviewed: _____

Interviewed by: _____ Disposition _____

LCSA IS A DRUG AND ALCOHOL FREE PROGRAM. IN ORDER TO ENSURE AND MAINTAIN THIS STANDARD, PROGRAM PARTICIPANTS WILL BE SUBJECT TO RANDOM DRUG TESTING THROUGHOUT THE PROGRAM. _____(INITIAL)

INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. LABOR'S COMMUNITY SERVICE AGENCY HAS MY PERMISSION TO VERIFY ALL REFERENCES AND INFORMATION PROVIDED.

IN ORDER TO BETTER SERVE OUR CLIENTS AND COORDINATE WITH THE MARICOPA COUNTY CONTINUUM OF CARE, LCSA WILL BE PARTICIPATING IN THE HMIS, OR HOMELESS MANGEMENT INFORMAITON SYSTEM. CASE MANGERS WILL BE ENTERING INFORMATION ABOUT YOU AND YOUR FAMILY INTO THIS DATABASE. BASIC INFORMATION , SUCH AS YOUR NAME, WILL BE VISIBLE TO OTHER SOCIAL SERVICE AGENCIES. ALL OTHER INFORMATION WILL REQUIRE A SINGNED RELEASE FROM YOU.

SIGNATURE

DATE

SIGNATURE

DATE

NAME: _____ HISPANIC Y / N

RACE:
____ White ____ Black ____ Asian ____ American Indian/Alaskan Native
____ Native Hawaiian/Pacific Islander ____ Asian/White ____ Black/White
____ American Indian/Black

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY#: _____

NAME OF SIGNIFICANT OTHER: _____ HISPANIC Y / N

RACE:
____ White ____ Black ____ Asian ____ American Indian/Alaskan Native
____ Native Hawaiian/Pacific Islander ____ Asian/White ____ Black/White ____ American Indian/Black

BIRTHDATE: _____ AGE: _____ SOCIALSECURITY#: _____

CURRENT ADDRESS: _____ CITY _____

ZIP CODE: _____ LENGTH OF RESIDENCY: _____

CURRENT PHONE #: _____ MESSAGE PHONE #: _____

TOTAL NUMBER OF PEOPLE TO LIVE IN HOUSEHOLD _____

PREVIOUS ADDRESS: _____ CITY _____

ARE YOU BEING: EVICTED _____ HOMELESS _____ HOW LONG _____

DATE MOVED TO ARIZONA _____ REASON _____

HAVE YOU EVER BEEN EVICTED BEFORE? YES NO

HOW MANY TIMES HAVE YOU BEEN HOMELESS IN THE LAST FIVE YEARS? _____ EXPLAIN: _____

HAVE YOU EVER APPLIED FOR SUBSIDIZED HOUSING? YES NO
WHERE _____ WHEN _____

HAVE YOU EVER APPLIED FOR HOUSING ASSISTANCE WITH THIS AGENCY BEFORE? YES NO DATE: _____

DO YOU KNOW ANYONE THAT HAS BEEN / IS IN OUR PROGRAM? YES NO

WHERE HAVE YOU SOUGHT HOUSING PRIOR TO COMING HERE?

WHAT DO YOU BELIEVE IS THE CAUSE OF YOUR HOMELESSNESS OR POTENTIAL HOMELESSNESS? _____

DO YOU BELIEVE THE CAUSE OF YOUR HOMELESSNESS IS DIRECTLY RELATED TO LOSS OF WELFARE BENEFITS? YES NO

PERSON/ PLACE TO CONTACT IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____ PHONE: _____

EDUCATION, JOB HISTORY, & INCOME

SELF: YEARS OF COMPLETED EDUCATION: _____ DEGREE: _____

SIGNF. OTHER: YEARS OF COMPLETED EDUCATION: _____ DEGREE: _____

ARE YOU ABLE TO WORK? YES NO

CURRENTLY EMPLOYED? YES NO EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ PHONE #: _____

DATE STARTED: _____ HOURS A WEEK: _____ SALARY: _____

PREVIOUS EMPLOYER: _____ PHONE #: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

SIGNIFICANT OTHER ABLE TO WORK? YES NO

CURRENTLY EMPLOYED? YES NO EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ PHONE #: _____

DATE STARTED: _____ HOURS A WEEK: _____ SALARY: _____

PREVIOUS EMPLOYER: _____ PHONE #: _____

DATE STARTED: _____ DATE LEFT: _____

REASON FOR LEAVING: _____

IF THERE ARE ANY LAPSES IN EMPLOYMENT, WHY? _____

ARE YOU A UNION MEMBER? YES NO

IF YES, WHAT LOCAL UNION? _____

DO YOU HAVE DAYCARE EXPENSES? YES NO IF NO, WHY? _____

IF YES, HOW MUCH DO YOU PAY? _____

DID YOU APPLY FOR DES DAYCARE? YES NO

IF YES, APPLIED AT: _____ DATE: _____

FAMILY HISTORY

NEVER MARRIED__ DIVORCED__ SEPARATED__ WIDOWED__ MARRIED__

Legend: 1= White; 2= Black; 3= Asian; 4=American Indian/Alaskan Native; 5=Native Hawaiian/Pacific Islander; 6=Asian/White; 7=Black/White; 8=American Indian/Black

NAMES OF CHILDREN	GENDER M/F	LIVE W/ YOU Y / N	AGES	BIRTHDATE	SOC. SEC #	RACE (USE LEGEND)	HISPANIC Y / N
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

HAVE YOUR CHILDREN HAD ANY ENCOUNTERS WITH THE LEGAL SYSTEM? YES NO LIST WHAT & WHEN: _____

HAS ANY CHILD BEEN ADDICTED TO DRUGS OR ALCOHOL? YES NO

NAME(S): _____

HAVE ANY OF YOUR CHILDREN RECEIVED/ RECEIVING COUNSELING? YES NO WHERE? _____

CHILDREN'S MEDICAL HISTORY

DO YOUR CHILDREN HAVE HEALTH INSURANCE? YES NO

MEDICAL PROVIDER (LIST WHO IS COVERED NEXT TO EACH ONE):

AHCCCS _____ MEDICARE _____

OTHER (NAME) _____

LENGTH OF TIME SINCE LAST PHYSICAL EXAM? _____

1. Do you have a checking account? _____ yes _____ no Balance \$ _____
2. Do you have a savings account? _____ yes _____ no Balance \$ _____
3. Do you have a retirement account? _____ yes _____ no Value \$ _____
4. Do you have life insurance? _____ yes _____ no Value \$ _____
5. Do you own real estate or other assets? _____ yes _____ no Value \$ _____

INCOME SOURCES

Salary _____ per month
Unemployment _____ per month
CA/TANF _____ per month
SSI or Disability _____
General Assistance _____
Food Stamps _____
WIC _____
Foodshare _____
Child Support _____ Is this Current ____yes ____no
How far behind? _____months
Alimony _____
Other (explain) _____

DEBTS

Approximate balance owed on:

Leins/Judgements _____ to _____
House _____ to _____
Car payments _____ to _____
Car insurance _____ to _____
Daycare _____ to _____
Doctors/Dentist/Hospital _____ to _____
All Credit Cards _____ to _____
Family and/or friends _____ to _____
Employer _____ to _____
Rental items _____ to _____
Utility items _____ to _____
Educational loans _____ to _____
IRS or other taxes _____ to _____

Do you need help with budgeting and other financial planning? ____ yes ____ no

*LCSA RESERVES THE RIGHT TO CONDUCT CRIMINAL BACKGROUND CHECKS AS WELL AS PULL A CREDIT REPORT ON PROGRAM PARTICIPANTS AT NO COST TO THE PARTICIPANT. _____ (initial)

DO YOU HAVE ANY CURRENT WARRANTS, OR ARE YOU ON PROBATION, OR PAROLE AT THIS TIME? YES NO WHICH ONE: _____ FOR WHAT?

IN THE LAST TEN YEARS? YES NO EXPLAIN _____

DO YOU HAVE ANY OUTSTANDING TRAFFIC VIOLATIONS? YES NO IF YES, PLEASE EXPLAIN _____

MISCELLANEOUS

DO YOU OWN A VEHICLE: YES NO LICENSE #: _____

MAKE: _____ MODEL: _____ YEAR: _____

ARE YOU MAKING PAYMENTS? YES NO AMOUNT _____

HOW MANY PAYMENTS DO YOU HAVE LEFT? _____

MEDICAL HISTORY

DO YOU OR YOUR SIGNIFICANT OTHER HAVE HEALTH INSURANCE? YES NO

MEDICAL PROVIDER (LIST WHO IS COVERED NEXT TO EACH ONE):

AHCCCS _____ VA _____

MEDICARE _____ OTHER (NAME) _____

LENGTH OF TIME SINCE LAST PHYSICAL EXAM? YOU: _____

SIGNIFICANT OTHER: _____

ARE YOU PREGNANT? YES NO HOW FAR? _____

ARE YOU, YOUR SIGNIFICANT OTHER, OR CHILDREN CURRENTLY ON ANY MEDICATIONS? (PLEASE LIST): _____

REASON(S) FOR TAKING MEDICATION: _____

HAVE YOU HAD ANY MAJOR SURGERIES OR INJURIES? (LIST TYPE & DATE): _____

WHAT MEDICAL PROBLEMS, IF ANY, DO YOU RECEIVE HELP FOR? _____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD ON DISABILITY? YES NO
WHO? _____ REASON: _____

HAVE YOU APPLIED FOR DISABILITY BENEFITS? YES NO DATE: _____

HAVE YOU EVER BEEN DENIED DISABILITY BENEFITS? YES NO
HOW MANY TIMES?

HAVE YOU EVER BEEN IN THE MILITARY? YES NO

ARE YOU A VETERAN? YES NO

HISTORY OF ALCOHOL AND DRUG USAGE

(Please list all substances ever **experimented** with and are currently used for all household members).

	DATES USED	WHO USED	LAST USED
Alcohol			
Cigarettes			
Marijuana			
Methamphetamine			
Crack			
Cocaine			
LSD/Hallucinogens			
Heroin/Methadone			
Other			

Please list: _____

DID YOU RECEIVE COUNSELING/TREATMENT? YES NO

IF SO, WHEN/ WHERE: _____

ARE YOU NOW OR HAVE YOU EVER RECEIVED COUNSELING/ CASE MANAGEMENT? YES NO

WHERE? _____ WHEN? _____

WOULD YOU BE WILLING TO RECEIVE COUNSELING OR PARTICIPATE IN A SUPPORT GROUP IF RECOMMENDED? YES NO

DO YOU HAVE PETS? YES NO WHAT & HOW MANY? _____
IF YOU CAN NOT BRING YOUR PETS, WHAT WILL YOU DO WITH THEM?

DO YOU HAVE AN ONGOING RELATIONSHIP/ COMMUNICATION WITH YOUR MOTHER, FATHER, BROTHER, SISTER, GRANDPARENTS (PLEASE CIRCLE)

DO YOUR CHILDREN HAVE AN ONGOING RELATIONSHIP/ COMMUNICATION WITH NON-CUSTODIAL PARENT? YES NO
WHERE DOES THAT PARENT LIVE? _____

CAN ANY OF YOUR FAMILY OR RELATIVES ASSIST YOU WITH HOUSING?
YES NO EXPLAIN _____

* THESE LAST QUESTIONS ARE VERY IMPORTANT IN THE SCREENING PROCESS. FOR YOUR BENEFIT PLEASE TAKE THE TIME TO ANSWER THOROUGHLY. IF YOU NEED HELP, PLEASE ASK FOR ASSISTANCE.

WHY DO YOU NEED HOUSING ASSISTANCE? (PLEASE EXPLAIN IN DETAIL):

WHAT ARE YOUR GOALS FOR THE NEXT THREE MONTHS? _____

HOW WILL THESE GOALS BE ACHIEVED? _____

WHERE DOES YOUR FAMILY SEE THEMSELVES IN ONE YEAR? _____

* THIS PROGRAM IS APPROXIMATELY ONE YEAR IN LENGTH AND IS NOT FOR EVERYONE. WITHOUT PROPER MOTIVATION, YOUR FAMILY WILL NOT SUCCEED IN THIS PROGRAM. LABOR'S COMMUNITY SERVICE AGENCY (LCSA) WILL PROVIDE SUPPORT, BUT YOUR SUCCESS IN BECOMING SELF-SUFFICIENT WILL DEPEND ON YOUR FAMILY'S MOTIVATION TOWARDS ITS GOALS. PARTICIPATION IN THE LCSA PROGRAM REQUIRES A GREAT DEAL OF EFFORT FROM ITS PARTICIPANTS. YOUR FAMILY WILL HAVE MANY RESPONSIBILITIES TO FULFILL, INCLUDING ESTABLISHING REALISTIC GOALS AND APPLYING BUDGETING PRINCIPLES.