

COOL TRANSITIONAL HOUSING
APPLICATION

For Office Use Only:

Date Application Received _____ Date receipt of app. sent _____

**PLEASE NOTE: If this application is NOT FILLED OUT COMPLETELY, you will not be considered for the program.
DO NOT FAX YOUR APPLICATION, USE THE US MAIL.
Requires a \$.44 stamp.**

DATE _____

Referred By _____

Case Worker _____ Agency _____

IDENTIFYING INFORMATION

Full Name _____ DOB _____ Age _____ Race _____

Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Phone Number _____

Marital Status: (circle one) Single Married Widowed Divorced Separated

Spouse's Full Name _____

Social Security Number _____ DOB _____ Age _____ Race _____

Children's Full Names

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

(use back of form for more children, if necessary)

Are you pregnant now? Yes No (if yes) Due Date _____

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Are you or your spouse a Veteran? _____

Have you or your spouse ever been convicted of a felony?

Self Y N (if yes) Date_____

Spouse Y N (if yes) Date_____

History

Previous Address_____

City/State/Zip_____

Landlord_____Rent/Mortgage \$_____

Lease Expiration Date_____

Reason for Leaving_____

Agencies Contacted for Services

_____Date_____

_____Date_____

_____Date_____

Present Shelter:

Family Friend Motel PADS Car Other _____

Move in date?_____ Anticipated move out date? _____

BACKGROUND INFORMATION

Nearest relative/friend (in case of emergency)

Name_____Relationship_____

Address_____Phone_____
Street/City/State/Zip

Education (Years Completed-Please circle) (Applicant)

1 2 3 4 5 6 7 8 9 10 11 12 or GED

College 1 2 3 4 Post Graduate 1 2 3 4 Degree_____

Any plans to continue education? Yes No Field of Interest_____

COOL Transitional Housing Application

Education (Years Completed-Please circle) (Spouse)

1 2 3 4 5 6 7 8 9 10 11 12 or GED

College 1 2 3 4 Post Graduate 1 2 3 4 Degree_____

Any plans to continue education? Yes No Field of Interest_____

Employment-Applicant (if unemployed, list last employer)

Company Name_____Supervisor_____

Location/Address_____

Phone_____ Position _____

Length of time at current position? _____ Hourly Wage?_____

- Full Time (35+ hours per week) Part Time (20 or less hours per week)

Employment Spouse (if unemployed, list last employer)

Company Name_____Supervisor_____

Location/Address_____

Phone_____ Position _____

Length of time at current position? _____ Hourly Wage?_____

- Full Time (35+ hours per week) Part Time (20 or less hours per week)

Outstanding Debts

Please attach a **SEPARATE PAGE** listing all your **OUTSTANDING DEBTS** and amounts of monthly payment to each creditor.

Have you written any checks that have been returned "non-sufficient funds" in the past five years? Y N (If so, please list separately)

Present Child Care

Name/Location/Phone_____

Cost \$_____per (circle one) day week month

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Sources of Monthly Income & Amount

Wages \$ _____
Public Aid \$ _____
Social Security/SSI \$ _____
Veterans Assistance \$ _____
Child Support \$ _____
Food Stamps \$ _____
Unemployment Compensation \$ _____
General Assistance \$ _____
Monthly Gross Income \$ _____
Monthly Net Income \$ _____

Medical Coverage Y N Dental Coverage Yes No

Medical Background -Applicant

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N

Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present medications _____

Medical Background- Spouse

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (Circle one) Y N

Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present medications _____

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Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been Hospitalized within the past 2 years?(circle one) Y N

Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been Hospitalized within the past 2 years?(circle one) Y N

Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N

Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

(if more room is needed for other children, please list on back of form)

Transportation

Check all that apply:

I own a car I borrow a car I take public transportation

Other (Please Explain) _____

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**Outline a five year plan for your progress toward self-sufficiency.
Explain your goals and how you will accomplish them.**

Goal for Year One _____
Steps to Accomplish Goal _____

Goal for Year Two _____
Steps to Accomplish Goal _____

Goal for Year Three _____
Steps to Accomplish Goal _____

Goal for Year Four _____
Steps to Accomplish Goal _____

Goal for Year Five _____
Steps to Accomplish Goal _____

Reason for Needing Housing _____

Reason for wanting to be Part of the T-H Program _____

**Please list the qualities you possess that make you a good candidate for the
COOL Transitional Housing Program**

What types of help do you think will benefit you the most in becoming self-sufficient?

- Budgeting/Finance Parenting Skills Life Skills
 Permanent Housing Medical/Dental Health Ex-Felon

Have you experienced any of the following?

- Domestic Violence Developmentally Disabled Alcohol/Substance Abuse
 Sexual Abuse Mental Health Juvenile Delinquency
 Other concerns or special needs _____

COOL Transitional Housing Application

I verify that the information given in this application is complete, true and correct to the best of my knowledge.

I also understand that COOL will do a routine CRIMINAL BACKGROUND CHECK and drug screening before entrance into the Family Housing program is possible.

Signature _____ Date _____

Social Security Number _____

Date of Birth _____

It is our policy to award Transitional Housing to families who fit our criteria at the time a housing unit becomes available. All applications are kept on file for six months from the date of receipt. In the event a housing unit becomes available that would suit your needs, a staff member will contact you to set up a time for a formal interview. Submitting an application is not a guarantee for admittance into the COOL Program.