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**CARE HOME RESIDENT APPLICATION**

Harbor Hope Center is a non-discriminatory, equal opportunity non-profit organization serving Gig Harbor and Key Peninsula. Harbor Hope Center does not discriminate based on gender, age, race, religion, sexual preference (gender identity/expression), or socio-economic status. All applicants (adults) for housing in the Harbor Hope Center Care Home program are required to pass a criminal background check based on the agency's criminal history policy.

To complete the application process, please provide copies of your photo ID and social security card (adult). Please submit them along with your application. Incomplete application packets are only kept for 30 days before they are destroyed.

**\*Today's date:**

Have you ever applied for Harbor Hope Center housing before? Yes | No

If yes, when?

**Personal Information:**

Full Name (First, Middle and Last Name):

Maiden or other names used:

Address:

City: State: Zip Code:

Cell Phone Number:

Home Number: Best time to call:

E-mail:

Emergency Contact:

Relationship:

Emergency Contact Phone Number:

Demographics: City of Gig Harbor | Pierce County | Out of Area

Are you a veteran? Yes|No

Have you lived in any other state in the last 10 years? Yes | No

If yes, please list the state(s) and for how long:

Social Security Number:

ID/Driver’s License No.:

Age: Date of birth: Gender: M|F

Primary Race: Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tribe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

Translation services needed? Yes|No

Sexual orientation (voluntary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:

❏ Single ❏ Married ❏ Widowed

❏ Separated ❏ Divorced ❏ Single Parent

**Health:**

Do you have health insurance? (HUD verification) Yes|No Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical-mental health issues that we should know about? If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What medications are you currently taking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you attempted suicide? Yes|No If yes, please explain:

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

Have you or are you currently experiencing suicidal thoughts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or are you currently engaged in self harm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies to food or medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you carry an EpiPen? Yes | No

Do you have any past drug use? Yes | No

Are you currently using drugs? Yes| No If so, what drugs are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you or are you receiving treatment for drug use? Yes | No

If so, where are you receiving treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever overdosed on drugs? Yes | No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently pregnant? Yes|No

Domestic violence: When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fleeing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been diagnosed with any type of disability? (HUD verification) ❏ Yes ❏ No ❏ Refuse to Answer

If yes, what type of disability, (physical, mental, learning) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you receiving services for your disability? Yes | No

If yes, what services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income:**

**Do you have income from any source/ per month? (HUD verification)**

IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

1. Income Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Income Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Income Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive any non-cash benefits?** \_\_\_\_\_\_\_\_ **(HUD verification)**

IF “YES” TO ANY NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Information:**

Do you own a vehicle? Yes|No Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your insurance on the vehicle current? Yes|No

Are the license tabs on your vehicle current? Yes|No

**Housing:**

Are you experiencing homelessness? Yes | No

Are you in a shelter? Yes | No If yes, which shelter?

How long have you been experiencing homelessness?

What city did you sleep in last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code of last permanent address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior living situation (e.g., Family, friends, sleeping in car, outside, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of stay at previous place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you?

* Literally homeless (losing housing in 0-7 days)
* Imminently losing housing (losing housing in 7-14 days)
* Unstably housed and at-risk of losing home
* Stably housed

Have you been evicted? Yes | No If so, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you shared housing before (non-family)? Yes | No Was it successful? Yes | No

 Is this move urgent? Yes | No When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns and/or questions about home sharing?

If you make any other housing arrangements, will you notify Harbor Hope Center? Yes|No

**Employment/Education:**

Are you currently employed? Yes | No

Present or most recent employer?

Length of employment?

Occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of work: temporary, seasonal, permanent

Hours worked last week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you a student? Yes | No What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Year in school?

Estimated graduation date?

Highest level of education completed?

**Needs:**

Do you have any special living requirements? Yes | No

If yes, please describe:

Do you have any health conditions that a home sharer should know about? Yes | No

If yes, please describe:

Do you drive? Yes | No

Do you own a car? Yes | No

Do you use public transportation? Yes | No

**Compatibility:**

What kind of person would you be compatible with?

What irritates you about people?

Do you have some traits that might irritate a home sharer?

What would someone like about you?

**Goals:**

List three goals you would like to achieve to become more self-sufficient and/or gain a better quality of life while living in the Care Home:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time frame for achieving goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time frame for achieving goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time frame for achieving goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:**

Please provide two references we may contact (who are not related to you).

**Reference 1**

First Name: Last Name:

Phone Number:

Relationship:

**Reference 2**

First Name: Last Name:

Phone Number:

Relationship:

 **History**

Have you been involved with CPS? Yes | No

When?

Have you been detained, arrested, or convicted of a crime? Yes | No

When?

Do you have active warrants? Yes | No

If you answered ‘yes’ to any of the above questions, please explain:

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

Is anyone forcing you to work in a profession against your will or taking money you rightfully earned? Yes | No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Criminal History Policy:**

As a social service organization, we value the safety and well-being of our clients, employees, and volunteers. It is therefore the policy of Harbor Hope Center to carefully screen all applicants for any criminal charges, arrests, convictions, and warrants. Applicants are screened through a multistate background check and the Washington State Patrol.

Based on the information received by Harbor Hope Center through a completed background check, it is our policy not to refer any applicant to the Host Home Program who has been charged, arrested, or convicted of the following crimes within the last ten years: felonies, thefts, domestic violence, crimes of child or elder abuse, and any actions involving destruction of property or physical violence toward persons.

Additionally, any active warrants will also serve as grounds for denial of participation from the program, regardless of how old the warrant is. Applicants must resolve all active warrants and go through the appeal process to be reconsidered for participation. Clients who possess a criminal history that features sexual crimes, murder, or voluntary manslaughter within their lifetime will be automatically disqualified and unable to request an appeal.

Upon receipt of an adverse criminal history report, the applicant will be sent a letter denying their application due to relevant criminal history. It will state which crimes fall under the policy criteria as well as procedures to follow if the client wishes to seek review/reconsideration through the appeal process. The client is allowed a period of two months to schedule a criminal appeal appointment. If the client fails to do so within this given timeframe, they will not be able to re-apply for entrance into the program for the next two years.

Policy on nondiscrimination: All services offered by Harbor Hope Center are provided in a manner which is free from discrimination based on race, color, religion, sex, sexual orientation (gender identity/expression), national origin, age, handicap, and familial status.

**Acknowledgment \***

I certify that I have read the Criminal History Policy and that I understand and agree to the above information.

Signature (Participant)

First Name: \_\_ Last Name: Date: \_\_\_\_\_\_\_\_

Date:

**Release of Information (general):**

I hereby authorize Harbor Hope Center staff to send information to and discuss my personal circumstances with Harbor Hope Center coordinators and staff of other agencies.

It is understood that any interchange of information made between staff and coordinators of Harbor Hope Center and other agencies will be used only for purposes of attempting to determine appropriate services on my and my family's behalf.

I also authorize Harbor Hope Center staff to provide information supplied by myself and information on any arrest and/or criminal convictions obtained by Harbor Hope Center to potential home-sharers in the process of attempting to bring about a home-sharing arrangement on my behalf.

**Acknowledgment \***

I agree to the Release of Information as stated in the Harbor Hope Center Release of Information form.

Signature (Participant)

First Name: Last Name:

Date:

**Program Exit Guidelines:**

Below is a list of reasons a participant may no longer receive services and be exited from the program:

● Crimes or illegal activity committed while in the program

● Falsifying information

● Disrespectful to staff in person, on the phone, or in writing

● Disrespectful behavior toward another home-sharer or home provider

● Damage done to Harbor Hope Center property, the property of a home provider, or the property of a home seeker

● Inappropriate behavior or boundaries toward staff or a program participant

● Non-compliance with substance abuse or mental health treatment

● Failure to comply with services agreed upon by the home seeker and home provider

● If the home becomes uninhabitable or not fit for home sharing

Staff exercises their right to exit anyone from the program for any reason. The list is not comprehensive, and someone may be asked to leave for another reason. In addition, staff may use discretion at any time and allow a participant to stay in the program based on the nature of the offense.

**Acknowledgement \***

I have read and understand the Program Exit Guidelines. I acknowledge that anything listed above may result in dismissal from the program, and that I am responsible for my own behavior toward staff, volunteers, and program participants.

Signature (Participant)

First Name: Last Name:

Date:

**Completed Application Acknowledgement: (Adult 18+)**

I understand that my application will not be complete until I provide Harbor Hope Center a photo ID and social security card and background check form. In addition, I am aware that all incomplete applications will be destroyed after 30 days.

I have read and understand the steps required to complete the Harbor Hope Center Home Provider application process.

Signature (Participant)

First Name: Last Name:

Date:

**Executive Director Approval**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_