

# LIBERTY HOUSE APPLICANT INTERVIEW

PLEASE FILL OUT ALL INFORMATION, IF IT DOES NOT APPLY TO YOU, PLEASE WRITE N/A

Today's Date:	First name:	Middle Name:	Last Name:
List all other names you have gone by:			
Current Address:		City:	State:
Previous Address:		City:	State:
Cell Phone Number:		Do you have your Social Security Card? <input type="radio"/> YES <input type="radio"/> NO	
Date Of Birth:	State of Birth:	Do you have your original Birth Certificate? <input type="radio"/> YES <input type="radio"/> NO	
Do you have a driver's license/state ID? <input type="radio"/> YES <input type="radio"/> VALID <input type="radio"/> NO <input type="radio"/> NEEDS RENEWED			What state was it issued in?
How do you identify?		Marital Status?	
<b>Check all that apply to you and your children:</b> <input type="radio"/> A. Alcohol Abuse (past or current) <input type="radio"/> B. Developmental Disability <input type="radio"/> C. Domestic Violence Survivor (past or current) <input type="radio"/> D. Drug Abuse (past or current) <input type="radio"/> E. Mental Health Diagnosis <input type="radio"/> F. Physical Disability <input type="radio"/> G. Medical Condition		<b>If yes, please explain.</b>   	
Are you currently pregnant?		How many dependents live with you?	
Age/gender of child(ren) living with you:			
<b>INCOME</b>			
<b>SOURCE</b>	<b>MONTHLY AMOUNT</b>	<b>RECEIVED FROM</b>	
Employment income FT PT			
Child Support			
Food stamps			
Cash Assistance			
SSI/SSDI			
Unemployment Benefits			
Other			
<b>EMPLOYMENT</b>			
Are you currently employed?	Name of Employer:		Date started
If you are not employed, please tell us why.			

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<p><b>If you are not working, please tell us why.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="radio"/> unemployed</td> <td style="width: 33%;"><input type="radio"/> quit</td> <td style="width: 33%;"><input type="radio"/> currently looking/applying</td> </tr> <tr> <td><input type="radio"/> fired</td> <td><input type="radio"/> never worked</td> <td><input type="radio"/> do not want to work</td> </tr> <tr> <td><input type="radio"/> laid off</td> <td><input type="radio"/> have a disability</td> <td><input type="radio"/> other</td> </tr> </table>			<input type="radio"/> unemployed	<input type="radio"/> quit	<input type="radio"/> currently looking/applying	<input type="radio"/> fired	<input type="radio"/> never worked	<input type="radio"/> do not want to work	<input type="radio"/> laid off	<input type="radio"/> have a disability	<input type="radio"/> other
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<input type="radio"/> laid off	<input type="radio"/> have a disability	<input type="radio"/> other									
<p><b>Do you have:</b></p> <input type="radio"/> high school diploma <input type="radio"/> GED <input type="radio"/> I do not have either		<p><b>Are you interested in obtaining your GED?</b></p> <input type="radio"/> yes <input type="radio"/> no									
<p><b>Highest Grade Completed: 6 7 8 9 10 11</b></p>											
<b>Have you or your children ever:</b>	<b>Y or N</b>	<b>If yes, please explain. (how long, when, where)</b>									
Lived in a homeless shelter? ( <b>not domestic violence shelter</b> )											
Stayed in a domestic violence shelter?											
Been in foster care?											
Lived on the street?											
Lived in transitional housing?											
Lived in a group home?											
Been in a drug treatment facility?		<b>MOST RECENT FACILITY AND DATE</b>									
Voluntarily or involuntarily gone to a psychiatric facility?		<b>MOST RECENT FACILITY AND DATE</b>									
Been in juvenile detention?											
Been in jail/prison?		<b>MOST RECENT FACILITY AND DATE</b>									
In the last 6 months have you received care in the ER?		<b>DATE:</b> <b>REASON:</b>									
In the last 6 months have you been hospitalized?		<b>DATE:</b> <b>REASON:</b>									
In the last 6 months have you used crisis services? (domestic violence, sexual assault, suicide)											
In the last 6 month have you witnessed a crime, been a victim of crime, or committed a crime?											
In the last 6 months have you been attacked or beaten up since being homeless?											
In the last 6 months have you threatened to harm someone or harmed yourself?											

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Do you have any pending charges that may lead to being locked up?		
Do you owe anyone money? (dealer, past landlord, business, IRS)		
<b>LIVING SITUATION</b>		
How long has it been since you have had permanent stable housing?	In the last 3 years, how many times has your family been homeless? 1 time _____ 2 times _____ 3 times _____ 4 or more times _____	
Where did you sleep last night? (shelter, streets, friend's couch, car, etc....)		
Where do you and your family sleep most frequently?		
<b>Is there anything else you would like us to know?</b>		

**PLEASE REVIEW YOUR ANSWERS. ANSWER ALL QUESTIONS 100% TRUTHFULLY.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT LOG: