

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:		Date Of Birth:	
How do you identify?		Marital Status?	
Check all that apply to you and your children: <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		If yes, please explain. 	
Are you currently pregnant?		How many dependents live with you?	
Age/gender of child(ren) living with you:			
INCOME			
SOURCE	MONTHLY AMOUNT	RECEIVED FROM	
Employment income FT PT			
Child Support			
Food stamps			
Cash Assistance			
SSI/SSDI			
Unemployment Benefits			
Other			
EMPLOYMENT			
Are you currently employed?	Name of Employer:		Date started
If you are not working, please tell us why. <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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<p>Do you have:</p> <p><input type="radio"/> high school diploma</p> <p><input type="radio"/> GED</p> <p><input type="radio"/> I do not have either</p>	<p style="text-align: center;">Are you interested in obtaining your GED?</p> <p style="text-align: center;"><input type="radio"/> yes <input type="radio"/> no</p> <p style="text-align: center;">Highest Grade Completed: 6 7 8 9 10 11</p>	
Have you or your children ever:	Y or N	If yes, please explain. (how long, when, where)
Lived in a homeless shelter? (not domestic violence shelter)		
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?		MOST RECENT FACILITY AND DATE
Voluntarily or involuntarily gone to a psychiatric facility?		MOST RECENT FACILITY AND DATE
Been in juvenile detention?		
Been in jail/prison?		MOST RECENT FACILITY AND DATE
In the last 6 months have you received care in the ER?		DATE: REASON:
In the last 6 months have you been hospitalized?		DATE: REASON:
In the last 6 months have you used crisis services? (domestic violence, sexual assault, suicide)		
In the last 6 months 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)		
LIVING SITUATION		
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?		
Is there anything else you would like us to know?		

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

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____

CONTACT LOG: