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|   | **Stopover, Inc.****Transitional Living Program****Resident Application** |

**REFERRAL INFORMATION**

Referral Agency:

Staff Member: Phone: ( )

**APPLICANT INFORMATION (Completed by Applicant) Date:**

Name (First, Middle, Last):

Do you go by any other names? **** No **** Yes

Contact Information: Email Address: Phone: ( )

 Sexual Orientation: \_\_\_ Bisexual \_\_\_ Gay \_\_\_ Heterosexual \_\_\_ Other

 Gender Identity: \_\_\_ Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Other

Birthday (Month/Day/Year): Age:

If under 18: Are you legally emancipated? **** No **** Yes

If not, who is your legal guardian? Phone: ( )

Do you have a valid driver’s license? **** No **** Yes

If yes, do you have car insurance? **** No **** Yes Insurer:

When do you want to enter the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGAL HISTORY**

Have you ever been convicted of a crime?

 **** No **** Yes Please explain:

Are you currently on probation or parole?

 **** No **** Yes Please explain:

Do you have any charges pending?

 **** No **** Yes Please explain:

Are you currently involved with DHS (Foster Care, State Custody, etc.)?

 **** No **** Yes Please explain:

**RESIDENCE HISTORY**

Have you been in other residential programs or institutions? **** No **** Yes

 If ‘Yes”, please give names and dates.

Program/Institution From: To:

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Have you been in Foster Care? **** No **** Yes \* If ‘Yes’, please explain:

**EDUCATION HISTORY**

Please give names and dates of the last two schools you have attended.

Name of school From: To:

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Have you completed your High School level education? **** No **** Yes If ‘Yes’, do you have a: **** GED **** H.S. Diploma

If ‘No’, please complete the following section:

Are you currently attending school? **** No **** Yes

If ‘Yes’, name of school: Current Grade:

If ‘No’, do you plan to finish school? **** No **** Yes If ‘Yes’, do you want a: **** GED **** H.S. Diploma

What was the highest grade you completed? Date of last attendance:

**MEDICAL HISTORY**

Please list any medications you are taking.

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Have you ever been hospitalized for psychiatric reasons? **** No **** Yes

If ‘Yes’, please give names and dates of hospitalization.

Name of hospital From: To:

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Have you ever been in drug treatment? **** No **** Yes If ‘Yes’, please give names and dates of treatment program.

Name of program From: To:

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**EMPLOYMENT HISTORY**

Please list any jobs you’ve held, or job training programs you’ve been in.

Employment/Job training program: From: To: Reason for leaving:

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Are you currently employed? **** No **** Yes

 If ‘Yes’, where? How long?

**Please answer the following:**

1. What are your reasons for applying to Stopover Transitional Living Program? Include where you are staying, when you became homeless, and the circumstances around this:

1. Why do you feel you would benefit from participating in the Stopover Transitional Living Program:

1. Describe your goals for the next year and how you plan to accomplish them:

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How can we contact you? **** Email:

**** Phone:

**** Other:

Please sign, date and return to: Stopover, Inc.

 2236 East 10th Street

 Indianapolis, Indiana 46201

 (317) 635-9301

 (317) 633-3006 (FAX)

Name (Please Print) Signature Date