

NASHUA PASTORAL CARE CENTER, INC.
Transitional Housing Application

Date: _____ Name: _____ Phone # _____

Soc Sec#: _____ Date of Birth: _____ Age _____

Ethnic Background: ___ White/Caucasian ___ Black ___ Black & White ___ Hispanic ___ Other

Current Health Insurance for You: _____

How did you hear about our program? _____

Have you ever applied here before: _____ (yes or no)

Marital Status ___ Single ___ Married ___ Widowed ___ Separated ___ Shared Living ___ Divorced

Automobile Make & Model: _____ Year: _____

HOUSING

Present Address: _____ City: _____ State: _____ Length there _____

Living With Whom: _____ Monthly Rent \$ _____

Name on the lease: _____ Do you have to move? Yes No

Are you under eviction? Yes No Have you ever been evicted? Yes No

Is your rent paid up to date? Yes No

Current Monthly Utilities: Fuel: \$ _____ Electricity: \$ _____ Phone: \$ _____ Cable: \$ _____

What names are these utilities listed under? _____

Last Permanent (6+ mos.) Address: _____ Length there: _____

Living With Whom: _____ Rent Amount: _____

Describe living situation since last permanent address: _____

Please list any housing programs that you have applied too and the date:

FAMILY INFORMATION:

Parents or Closest Relative Name: _____ Phone # _____

Cell Phone#: _____

Address: _____ City: _____ State: _____

First Names and ages of all siblings: _____

In case of emergency please contact: _____

CHILDREN-CURRENTLY LIVING WITH YOU (list additional children on back side)

Are you pregnant? _____ (Yes, No, Unknown) Due Date: _____

Ethnic Background: ___ White/Caucasian ___ Black ___ Black & White ___ Hispanic ___ Other

Father: _____ Address: _____

Level of Involvement _____

1. Name: _____ Date of Birth: _____ Age: _____

SS#: _____ Current School or Day Care Name: _____

Ethnic Background: ___ White/Caucasian ___ Black ___ Black & White ___ Hispanic ___ Other

Father: _____ Address: _____

Level of Involvement _____

2. Name: _____ Date of Birth: _____ Age: _____

SS#: _____ Current School or Day Care Name: _____

Ethnic Background: ___ White/Caucasian ___ Black ___ Black & White ___ Hispanic ___ Other

Father: _____ Address: _____

Level of Involvement _____

3. Name: _____ Date of Birth: _____ Age: _____

SS#: _____ Current School or Day Care Name: _____

Ethnic Background: ___ White/Caucasian ___ Black ___ Black & White ___ Hispanic ___ Other

Father: _____ Address: _____

Level of Involvement _____

CHILDREN-CURRENTLY NOT LIVING WITH YOU (list additional children on back side)

1. Name: _____ Date of Birth: _____ Age: _____

Address: _____ Father: _____

Child's Guardian: _____ DCYF Involvement? _____

Are you in the Process of Redeeming Guardianship? _____

2. Name: _____ Date of Birth: _____ Age: _____

Address: _____ Father: _____

Child's Guardian: _____ DCYF Involvement? _____

Are you in the Process of Redeeming Guardianship? _____

EDUCATION

Highest level of education completed: ___High School ___GED ___College: # of Years: ___
___ Dropped out in grade ___ Name of Most Recent School Attended:_____

Are you currently enrolled in an educational program? Yes No

If yes, where, and what course of study?_____

What are your specific education/career goals?_____

Have you defaulted on any prior federal student loans? Yes No

ASSESSMENT

Which of the following are currently/have been problems or expect may be a problem for you? Check all that apply and please explain:

___Daycare:_____

___Education:_____

___Employment:_____

___Job skills:_____

___Parenting Skills:_____

___Relationships:_____

___Self Esteem: Scale of 1-10 (10 the highest) what do you feel is your level of self esteem explain:_____

___Transportation:_____

___Family violence:_____

___Law Enforcement: Have you ever been arrested? Yes No If yes, please explain: _____

Have you ever been convicted for a felony? Yes No If yes, please explain: _____

Are you currently on probation? Yes No Officer: _____

Any Current Restraining orders against you or placed by you?: _____

Child support/ Custody: _____

Medical: _____ Date of Last medical exam: _____

Name & Address of Physician: _____

Name & Address of Child/ren Physician: _____

Date of their last physical and list any medical conditions: _____

Drug use/abuse: _____

Alcohol use/abuse: _____

Mental Health _____

Have you ever been in a treatment program? Yes No _____

Have you ever been hospitalized for drug/alcohol or mental health issues/concerns? Yes No

If yes, please list dates and explain: _____

Current medications _____

Are you currently involved in any self-help/ support group(s)?(AA/NA,PA,Parenting, etc.) Yes No

If yes, which one(s): _____

Are you currently involved in any counseling? Yes No

Therapist _____ Psychiatrist: _____

Does any of your child receive therapy? _____

Where? _____

Are you or have you ever been involved with DCYF? Yes No Case Worker: _____

Explain _____

Please list three professional references (landlords, employers, teachers,etc):

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

FINANCIAL

Are you currently employed? Yes No Employer: _____
Length of time _____ Hourly wage & average hours per week: \$ _____ & _____ hrs/wk

Do you currently receive Public Assistance? Yes No

TANF _____	Date Started _____	Monthly Amount \$ _____
Food Stamps _____	Date Started _____	Monthly Amount \$ _____
Title XX _____	Date Started _____	Monthly Amount \$ _____
SSI _____	Date Started _____	Monthly Amount \$ _____
Unemployment _____	Date Started _____	Monthly Amount \$ _____
City Welfare _____	Date Started _____	Monthly Amount \$ _____
Other _____	Date Started _____	Monthly Amount \$ _____
Child Support _____	Date Started _____	Monthly Amount \$ _____
		Paid through State? Yes No

List the fathers name and amounts for each child:

1. _____ \$ _____
2. _____ \$ _____

Have you received emergency assistance from Division of Human Services, State Welfare, in the past year?
Yes No If yes, when, for what and how much? _____

TOTAL MONTHLY INCOME: _____

Current Outstanding Debt: (list past due amounts):

PSNH \$ _____	Credit Cards _____
Keyspan _____	_____
Cable _____	Student Loans _____
Telephone _____	Hospital Bills _____
Cell Phone _____	Child Support _____
Car Loan _____	Other _____

Are any of your past or current bills listed under your child's name? _____

