

THE SALVATION ARMY OF MARTIN, ST LUCIE & OKEECHOBEE COUNTIES



The information that you provide in this package will enable The Salvation Army Compassion House staff to assist you. If you do not want to complete the package, we may not be able to offer you our services. The Salvation Army Compassion House Shelter Program offers our services to all individuals regardless of race, ethnic origin, beliefs, creeds, age, disabilities, or sexual orientation.

If accepted into Compassion House, you must furnish proof of homelessness.

APPLICATION FOR ADMISSION

Date of Interview: _____
Referral Agency: _____
Those Present: _____

Part I: General Information

Name: _____
(Last, First, Middle/Maiden)

Cell Phone: _____

Name & phone of friend who can reach you: _____

Birth date: _____ State: _____

Race/Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
 - Asian or Pacific Islander
 - African American
 - Native Hawaiian or Other Pacific Islander (ex. Guam, Samoa)
 - Native American or Alaskan Native
 - Caucasian
 - Mixed Race (Two or more races)

Who referred you to this program? _____

Have you served in the military? _____ What branch of service? _____

What type of discharge did you receive? _____

Your Social Security Number (**Last 4 digits ONLY**): XXX--XX-- _____

Driver's License #: _____ State: _____

Vehicle: _____ Tag: _____ Color: _____
(Make, Model, Year)

What is your present marital status? (circle) Single, Married, Separated, Divorced, Widowed

Spouse: _____ CH (staff only)
(Last, First, Middle)

Spouse's Social Security Number (**Last 4 digits ONLY**): XXX--XX-- _____

Current Living Arrangements

Where have you currently been living and for how long?

Outside (e.g. park, bridge, woods, etc.): _____

Motel: _____

Private Home: _____

Shelter: _____

Other: _____

With whom and at what address: _____

Zip code of last permanent address: _____

Towns/cities in which you have resided for the last 5 years: _____

What caused you to become homeless? _____

What are the current issues that are keeping you from achieving self-sufficiency?

What do you hope to gain by participating in The Compassion House Program?

If accepted into the program, please list the visitors that you expect will visit you.

Part II: Children who will live with you

DEPENDANTS

List the names of all dependent children currently in your care.
(Complete separate "Comprehensive Child Intake" for each child)

Name	Social Security # (Last 4)	Gender	Date of Birth	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of these foster children? If yes, please specify:

Has Florida Department of Children and Families or any other child protection entity been involved with your children on any of the following allegations (e.g. abuse, abandonment or neglect)? If yes, please explain the allegations.

Part III: Health History and Insurance Information

Health insurance company and policy number:

Children's health insurance carrier and policy numbers:

Please describe your current and past health history.

Please describe any type of disability you may have.

Please describe your children's current and past health.

Are you taking non-prescription drugs? _____
What do you take? _____

Are you taking prescription drugs? _____
If so, please list the names of the drugs and the reason: _____

Are your children on medication? If so, what are they taking and why?

Is there any health issue that would prevent you from finding employment? Yes: _____ No: _____
Describe: _____

Part IV: Education and Work History

What was the last grade level you completed in school? Where and when?

- Check all that apply:
- High school diploma
 - GED diploma
 - Some college – describe: _____

 - College degree/certification diploma – describe: _____

What is your educational goal? _____

What is your current job? _____

Where? _____ How long? _____

How many hours do you work each week? _____

What do you earn an hour? _____

Do you have any limitations which might prevent you from finding employment? Please explain.

Describe other jobs you have held in the past:

Employer	Position	Dates	Pay	Reason for Leaving
----------	----------	-------	-----	--------------------

What is your career goal? _____

Part V: Money Management

Do you have a checking account? Yes _____ No _____ How much does it hold? _____

Do you have a savings account? Yes _____ No _____ How much does it hold? _____

List All Other Sources of Income			
AFDC _____ per month	Child Support _____ per month	Disability _____ per month	
Food Stamps _____ per month	Social Security _____ per month	Unemployment _____ per month	
Veteran's Benefits _____ per month	Worker's Compensation _____ per month	Other _____ per month	
TOTAL MONTHLY INCOME _____			

If you have applied for child support, what is the status of your case?

Have you ever obtained your credit report? _____ When: _____

How much debt do you have?

What type of debt do you have? Credit card, medical, student loans, car repo:

Part VI: Current Expenses

Cell Phone: _____
Credit Card Payment: _____
Child Support: _____
Storage: _____
Loans Owed Family Members: _____
Car Payment: _____
Gas: _____
Other: _____

Part VII: Resident Information

Provide your birth city, state, and country:

Have you resided in a shelter, emergency or transitional housing in the past? _____

If yes, where and for how long?

Were you ever asked to leave a program? _____
If yes, please explain why? _____

Have you ever been evicted? _____ How many times? _____

Why? _____

Name/ Phone number of last landlord: _____

Have you ever lived in Public Housing or Section 8 or have you signed up for it recently?

If so, why did you leave or what is your placement on the list?

(Staff only) Call public housing with client and document date and time _____

Part VIII: Drug and Alcohol History

Have you ever been in a treatment facility for drugs or alcohol (name of facility)? _____

If you answered yes, please state when and for how long?

What was your drug of choice?

How are you preventing a relapse to drugs or alcohol?

If you have a sponsor what is her/his name & phone number?

Part IX: Legal History

Have you ever been arrested/convicted for a crime? _____

Explain: _____

Are you currently on parole, probation or house arrest? Yes: _____ No: _____

Name and telephone number of Parole or Probation Officer:

Do you have restitution to pay? _____ How much? _____

Have you ever been charged criminally with child abuse or child neglect? Yes _____ No _____

Have your children ever been placed under protective services? Yes _____ No _____

What was the reason? _____

Name and phone number of your case worker: _____

Are you legally able to work in this country? _____

Alias number: _____

Part X: Relationships

Have you ever been in an abusive relationship? _____

Describe: _____

Have you ever had to call the police because of a family situation?

Have you ever secured an order of protection?

Have you stayed in a domestic violence shelter? _____

When and where? _____

Part XI: Counseling

Have you ever been in counseling? _____ If so, when and where: _____

What diagnosis did you receive?

Part XII: Family/Personal Strengths and Hobbies

Part XIII: Support System

Name the person(s) who you consider your support system (people you know who will help you when you have a problem):

I declare that the above information is correct to the best of my knowledge.

Applicant's Signature

Case Manager's Signature

EMERGENCY CONTACT FORM

Client's Name: _____

Client's phone numbers: Work #: _____

 Cell #: _____

Emergency Contact: _____

Relationship to Client: _____

Emergency contact numbers: Work #: _____

 Home #: _____

 Cell #: _____

Emergency contact address: _____

City _____ Zip Code _____

Client's signature: _____ Date: _____

Case Manager's signature: _____ Date: _____

CONSENT FOR VOLUNTARY SERVICES

I, _____, voluntarily consent to receive services from The Salvation Army. I further agree to fully and actively participate with the service plan developed by me and my case manager. At the same time I understand that if I do not follow the designated rules, The Salvation Army will take corrective actions and I may be asked to leave the shelter.

Client signature

Witness signature

Date

Date

Service to Known Sex Offenders in Salvation Army Residential Programs
Policy Statement

The Salvation Army will provide residential service to persons known to have a history of criminal sexual offenses so long as he or she is otherwise qualified for the service, presents a reasonable expectation of being able to benefit from the service, and the following program qualifications are met:

1. The facility does not house minors.
2. Program personnel are fully cognizant of state and/or local laws regarding the accommodation/housing of known sex offenders, including registration requirements and the program is able to care for the client in a manner that meets those expectations.
3. The program is able to provide reasonable supervision of the client.
4. The program actively implements territorial policies and procedures to protect children from harm. These are exercised with regard to all clients, regardless of sexual offender status.

Facilities that house minors or adult facilities that are co-located with corps or other youth-serving programs will, with the exception of transient and/or overnight shelters, screen all clients admitted to residential care as follows:

1. At intake, take a criminal history on each adult applicant to residential programs.
2. Within 24 hours of admission, check all adult residents with applicable state/local Sex Offender Registries based on history of residence for the past three (3) years.
3. Document all clearances in the case record, noting result, date, time and name of staff person(s) conducting each clearance.*

If the person cannot be admitted to or maintained in the program, the individual will be referred, if at all possible to an appropriate resource.

From Legal Counsel:

“We note that the Policy Statement establishes the first criminal screening requirements applicable to program participants of which we are aware. Having adopted these screening requirements, it is critical that the screening be strictly followed at all covered facilities because a failure to follow the procedures will establish negligence on the part of The Salvation Army (and thus civil liability) if someone with a history of sexual abuse who is not screened according to the prescribed procedures then sexually abuses a child in The Salvation Army program.”

National Sex Offender Public Registry web address: www.nsopr.gov/

**Attach the results of the Sex Offender Registry search to the Intake Form for each person.*