

DREAM CENTERS MARY'S HOME

FAMILY APPLICATION

Welcome to Mary's Home

Our mission is to provide single-mother families faith-based community housing to gain supportive relationships, holistic health, life skills, economic self-sufficiency, and community resources to be able to exit homelessness permanently. Our philosophy of care is Christ-centered, culturally sensitive, trauma-informed, boundaries oriented, and outcomes based.

Eligibility Requirements

Eligible applicants are adult single mothers, with three or fewer children under seven years of age, who are homeless in Colorado Springs, who have a level of need Mary's Home can support, who are motivated to participate in a structured personal growth and career development program for two years plus, and who are eligible for TANF and CCAP.

Application Process

Mary's Home accepts applications via email or online submission. After an application is received and reviewed, the applicant will receive a follow-up email or phone call within one week. Qualified applicants undergo a personal interview process and background checks. Contact Mary's Home at PH 719.301.5411 / FX 719.301.5412 / MarysHome@dreamcenters.com

Mother's Information

Date _____ Have you applied to Mary's Home in the past? Yes No If yes, Date _____

How did you hear about Mary's Home? / Who referred you? _____

List other housing programs you have been in and dates? _____

First Name _____ Last Name _____ Middle Intl. _____

Alias, Other Name Under Which You Received Services _____

Cell Phone _____ Other Phone _____

Email _____ Current Shelter _____

Current Address _____

Date of Birth ____/____/____ Age _____ Social Security Number _____

State I.D. Number _____ Drivers Permit / License Number _____

Are you a U.S. Citizen? Yes No

Race Hispanic American Indian Or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Refused to Answer

Relationship Status Single Married Separated Divorced Widowed

Living Together Common Law In Relationship Now Ended Relationship

Recently

Describe Relationship Status _____

Name of Current Ex-partner or Spouse _____

Current Address of Current Ex-partner or Spouse _____

Are you are Veteran, have you served in the U.S. Military Yes No Do Not Know Refused

Do you have a disabling condition Yes No If yes, describe

Where did you stay last night? _____

How long have you been staying there? _____ Are you homeless or imminently homeless? Yes No

How many months have you been continually homeless currently? _____ Homeless for a year or more? Yes No

What is number of times you have been homeless in last 3 years? 0 1 2 3 4 or more Do Not Know

If homeless 4 or more times in last 3 years, how many months were you continually homeless in the last 3 years? _____

If you are currently housed, are you being evicted or asked to leave within 14 days? Yes No Do Not Know

Reasons or contributing factors to homeless situation, you may check more than one:

- Abuse or Violence
- Alcohol / substance abuse problems
- Asked to leave
- Bad Credit
- Could not pay utilities
- Discharged from foster care
- Discharged from jail
- Discharged from prison
- Family member or personal illness
- Legal Problems
- Lost job or cannot find work
- Medical expenses
- Mental illness
- Moved to find work
- Problems with public benefits
- Relationship problems or family break-up
- Reasons related to sexual orientation
- Unable to pay rent / mortgage
- Other _____

Have you ever experienced an abusive or aggressive relationship whether emotionally, physically, or verbally with anyone, including family, friends or an intimate partner? Yes No

Describe your last permanent address where you lived for the last 90 days or more:

Last Permanent Address _____

Last Permanent City _____ State _____ Zip _____

Resided at this address from _____ to _____

Children's Information (Include all biological children.)

| First and Last Name | Sex | Date of Birth | Race | Social Security No. | Name of Father |
|---------------------|-----|---------------|------|---------------------|----------------|
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Are your children U.S. citizens? Yes No If no, explain _____

Are the children listed above in your legal custody? Yes No If no, explain _____

List first names of children who currently living with you? _____

Have you or the father of a child ever been investigated for child abuse? Yes No

If yes, list child's name, explain incidents and outcomes _____

List each child's name and describe the relationship they have with their father

List each child's name and describe legal custody, visitation rights, visitation activity and any safety concerns

Explain how you want custody status and or visitation agreements to change _____

Do your children have any disabling conditions? Yes No If yes, describe _____

Family's Health

Does your family have Medicaid? Yes No If no, explain _____

Are you currently pregnant? Yes No If yes, due date _____ Father's Name _____

List mother's past and current medical, physical, mental health conditions, allergies, medications _____

Have you been treated for mental health? Yes No If yes, what, dates, state and outcomes? _____

List child's name, past and current medical, physical, mental health conditions, allergies and medications _____

Has your child been treated for mental health? Yes No If yes, what, dates, state and outcomes? _____

Have you or your child ever used drugs? Yes No If yes, who, what, amount, and dates of most recent drug use?

When was the last time you drank alcohol or smoked marijuana? _____

What do you drink and how often do you drink or smoke? _____

Why do you drink and or smoke? _____

Do you smoke cigarettes? Yes No If yes, how many a day? _____ Do you want to quit? Yes No

If yes, how do you plan to quit smoking cigarettes? _____

Have you or your child ever been treated for an alcohol or drug use? Yes No If yes, what, dates and where?

List your family's current Health Care Agencies and hospitals _____

Family's Education

Mother's Education High School Graduate GED - Highest Grade Completed _____

Technical Cert. Some College Classes Associate Degree Graduate Degree

Name and state of high school _____

List name any other schools attended, state, dates of attendance, and outcome _____

Describe your future plans for school, area of study, and career _____

List child's name, highest grade completed, current or last school or child care name, eligibility for school or childcare

List any issues, problems or concerns with children attending school and or childcare full-time _____

Mother's Employment History

Current Employment Status Employed Part-time Employed Full-time Unemployed

Current Employer _____ Weekly Schedule _____

Longest Employer _____ Dates of Employment _____

Employment Reference

Employer _____ Supervisor _____

City, State _____ Phone _____

Position _____ Weekly Hours _____ Pay Rate \$ _____

Employment Reference

Employer _____ Supervisor _____

City, State _____ Phone _____

Position _____ Weekly Hours _____ Pay Rate \$ _____

Transportation

Do you have a Driving Permit? Yes No If yes, Permit No., State, Issue Date _____

Do you have a Driving License? Yes No If yes, License No. State, Issue Date _____

List any traffic violations and outcomes from the past 3 years _____

Do you own a vehicle? Yes No Do you have the title? Yes No Is the title in your name only? Yes No

Do you have a family or friend's vehicle that you can use or do use? Yes No Describe your vehicle or other vehicle

Vehicle Make _____ Model _____ License Plate Number _____

Condition _____ Insurance _____ Policy Number _____

Do you know how to use the public bus? Yes No

If no, do you want to learn? Yes No

Finances

Are you currently receiving case management services from DHS? Yes No

If no, explain reason _____

If yes, dates and name of current Case Manager _____

Are you currently eligible to receive TANF, SNAP, and CCAP public assistance benefits? Yes No

If no, explain reason _____

If yes, list current monthly amounts _____

Do you currently receive child support? Yes No If no, explain reason _____

If yes, list current monthly amounts _____

List any other sources of income and amounts _____

Do you currently own a cellphone? Yes No If yes, monthly bill \$ _____ Carrier _____

Do you currently have a checking account, savings account, ATM card, and or credit card? Yes No

If yes, describe _____

Do you currently owe money to any bank? Yes No If yes, list bank names and amounts _____

List any other debt that you have including school debt, legal fees, etc. _____

Do you currently have a budget? Yes No

Have you viewed your credit report? Yes No

What are your near-term and long-term financial goals? _____

Legal

Have you ever been arrested for any drug or alcohol related offenses? Yes No If yes, dates, city, and offense?

Have you ever been arrested, charged of a crime, or convicted of a crime? Yes No If yes, dates, city, and outcome?

Are you currently involved in any court or legal proceedings? Yes No If yes, dates, city and reason?

Have you ever been involved with a gang? Yes No If yes, dates, city, and involvement?

FAMILY LIFESTYLES

What is your personal opinion about faith, religion, and church? _____

Describe what you know about God? _____

What types of churches have you been a part of in your life? _____

What was your home like when you were growing up? _____

How do you parent your children? _____

What time do you go to bed and what time do your children go to bed? _____

What do you and your children like to do for relaxation? _____

How is your family currently involved in your life? _____

How are friends currently in your life? _____

Do you like time with people or time alone to get renewed? _____

What's the hardest thing for you about people? _____

Why do you want to join the Mary' Home community? _____

How long do you desire to live at Mary's Home? _____

What do you want to learn and accomplish at Mary's Home? _____

What will be the biggest challenge for you if you live at Mary's Home _____

What is your plan for housing and care for your family if you are not accepted into Mary's Home or you don't like it?

Please attach additional pages to this section to answer questions if needed.

Personal References

List two professional and one personal reference who Mary's Home can call regarding your application for residency.

1. Name _____ Relationship _____ Phone _____

Agency _____ Length of Time Known _____

2. Name _____ Relationship _____ Phone _____

Agency _____ Length of Time Known _____

3. Name _____ Relationship _____ Phone _____

MOTHER'S PERMISSION FOR RELEASE OF FAMILY INFORMATION

I GIVE MARY'S HOME PERMISSION TO CONTACT ALL REFERRALS AND REFERENCES AND TO RUN A CRIMINAL BACKGROUND CHECK AND A MOTOR VEHICLE RECORDS CHECK. I WILL SIGN AND SUBMIT THE PIKES PEAK REGION COMBINED AGENCY INFORMED CONSENT RELEASE TO BE USED IN THE APPLICATION PROCESS. I UNDERSTAND THAT IF I FAIL TO PROVIDE WRITTEN PERMISSION, MY APPLICATION WILL NOT BE PROCESSED.

Applicant Printed Name

Witness Printed Name

Applicant Signature

Witness Signature

Date

Date

ATTEST OF INFORMATION

I attest that all the information provided in this application is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of the information could result in my being denied acceptance into or expelled from this program.

Applicant Signature

Date

Thank you for completing this application to Mary's Home. We will notify you of the status of your application as soon as possible. May God bless you and encourage you and your children in your life journey.

Mary's Home to the extent possible assures all applicants of confidential treatment of personal information. Mary's Home shall obtain written permission for the release of information, unless the law otherwise authorizes such release. Limited information is used for anonymous statistical purposes for the purpose of increasing supportive services to homeless populations.

This Section for Application Review

Date Application Received _____ Release of Information Status _____

Application Status / Comments _____

Date Application Packet Reviewed _____ Outcome _____ Notification Date _____ Admit Date _____