



7793 Winfield Road
 Winfield, WV 25213
 304-769-8672

Transitional Housing Application

We ask that you are completely honest when filling out this application. We will not necessarily deny your application based on criminal, substance abuse or housing history but we may, however, deny it if the information you give us is falsified. Thank you!

Applicant Information			
First Name		Last Name	
Middle Name	Any names you were previously known by		
Date of Birth		Social Security Number	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are you currently staying (address)?		
City		State	Zip Code
Staying with friends or family?	How long can you stay?	Do you own a vehicle?	
Driver's License Number	Phone Number: Is it safe to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate Phone Number	
We will eventually need a copy of birth certificate and social security card as well as a photo ID. Do you have these documents? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant's Child Information		
Child's Name		
Date of Birth	Social Security Number	M/F
Child's Father's Name	Primary Residency/Custody: <input type="checkbox"/> Self <input type="checkbox"/> Dad <input type="checkbox"/> Shared <input type="checkbox"/> DHHR/CPS <input type="checkbox"/> Other	
Does your child have visitation with their father? If yes, where does visitation take place?		
Are there current custody issues or concerns? If so, please describe.		

Financial and Housing Information		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	Highest level of education completed
Are you receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	Are you receiving SSI or SSDI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	
Are you receiving WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	
Is there a child support order in effect and are you receiving it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	Any other income?	
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe and share who the landlord was, where you were living and when this occurred.	

Court Information

Have you been arrested or convicted of a crime in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe the nature of your arrest and/or conviction.
Do you have any upcoming court dates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? What is the matter?
Are you being court supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, by who?

Abuser Information

First Name	Last Name	M/F
Current Address		
City	State	Date of Birth
Do you have or have you ever had a DVP against this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, effective dates _____ to _____	If no, do you want a DVP? <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information

Do you have special medical needs? If yes, please describe.	
Have you ever struggled with alcohol or drug abuse? If yes, have you received professional treatment? When, and with whom?	
Do you have any mental health diagnosis? If so, do you see a counselor or psychiatrist?	
Please list all prescription medications. Use back of sheet if necessary.	
Medication	Purpose
Medication	Purpose
Medication	Purpose
Medication	Purpose

General Information

Please describe yourself, your family history, and your relationships with others.
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Goals

Please list your immediate goals beyond finding housing.

Please list five goals you would like to achieve in the next 6-12 months.

1.

2.

3.

4.

Do you have family and/or friends who are supportive? What are your other support systems?

What are your specific safety concerns?

Other than housing, what appeals to you about our transitional housing program?

What do you need or expect from Bamboo Bridge Staff to make this program work for you?

What other information would you like to share that may help us process your application?

References

Please list at least two references that the Bamboo Bridge may contact regarding your application. These can be landlord, employer or personal references.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand that submitting false information may result in the denial of my application.

I understand the program guidelines, and agree to follow the guidelines if I am accepted into the transitional housing program.

I give permission for Bamboo Bridge advocate to contact me regarding this application using the contact information I have provided on this form.

Signature

Date