

Application for Admission

Please answer all the questions thoroughly as this will help us in addressing the needs of you and your family.

Applicant's name: _____ Date: _____

Name of individual completing the application: _____

What is your relationship with the single parent?

Self

Relative, if so how are you related _____

Friend, please write your name here. _____

Permanent Address of applicant: _____

Cell Phone Number or number where applicant can be reached: _____

Email: _____

How did you hear about the Single Parent Family Program (SPF)?

Personal Information:

DOB: _____

Age: _____

Ethnicity: _____

Marital Status: Married Separated Divorced Single

Are you a US Citizen? Yes or No

Describe your current living arrangement: (Where are you staying, how long you can stay, and other important information?)

Name of spouse or other family members (besides your children) who might be important to your success in this program?

Children's Information:

Child's full name	DOB	Father's Full Name and Address	Will this child live with you?	Do you have legal custody of this child?

Please describe the circumstances that led you to seek services from PCHAS:

Imagine that you have been in the PCHAS program for a period of time and you know that you have accomplished everything you wanted to accomplish. What would be different? List 3-5 things that would be different in your life and the life of your family?

What plans or efforts have you already made to improve your situation? (job, education, alternative housing, etc.)

Are you coping with any health issues at this time? (Check any of the following that apply to you.)

Heart Trouble

Epilepsy

Diabetes

Tuberculosis

Chronic Illness

Cigarette Smoker

Addictions or Substance Abuse

Disabilities

Mental Health Issues or Psychotropic Medication

Psychiatric hospitalizations

Other

If you marked any of the above, please explain:

Is there any physical or mental health reason you cannot attend school and/or work? Yes No

If yes, please explain:

Education:

Have you completed High School? Traditional Diploma GED

Have you attended a college or trade school Yes No

Name and location of school:

Hours completed or certificate received: _____

Employment/Financial Resources:

Are you currently working? Yes No

How many hours a week? _____

Monthly salary or hourly wage: _____

You may be asked to provide your financial status pay stubs, last year's tax return, bank statements, and/or other verifications of above listed monetary awards to prove eligibility for services.

Criminal History: (Please check any of the following that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Sentenced to Jail or prison |
| <input type="checkbox"/> Convicted of a misdemeanor | <input type="checkbox"/> On probation |
| <input type="checkbox"/> Convicted of a felony | <input type="checkbox"/> On parole |

If you checked any of the above please explain in detail:

Are there past history issues that would pose a challenge such as: Recent suicide attempt, police involvement, drug use, past hospitalizations, violence, counseling, medication, special needs of children?

If accepted into the SPF program, my goals while living there would include: (As much as possible, please describe specifically what you want to do in each of the areas you mark.)

Complete an educational program or trade school.

Get a job and maintain employment to save money for my own place.

Learn how to budget my money.

Learn some new parenting skills or improve my relationship with my child.

Provide safe transitional housing for my child.

Gain new skills that will increase my ability to support my child.

Other goal, not listed above.

How long do you expect it to take you to complete your goals? _____

When do you expect to move out into your own apartment? _____

Other information you would like to tell us? _____

The information I (applicant) have provided in this application is correct to the best of my knowledge. I understand that falsifying information or withholding information would be reason for termination of services.

Signature of applicant

Date

Agent of PCHAS

Date

For office use only: Please check location box where client will be making application?

Houston

San Antonio

Waxahachie