CARE HOME RESIDENT APPLICATION

Harbor Hope Center of Washington is a non-profit organization serving Gig Harbor and Key Peninsula. Harbor Hope Center of Washington is dedicated to breaking the cycle of youth homelessness with strong values shared by our leadership, staff, and volunteers by serving rather than judging with unconditional love, helping without hurting, and treating everyone with dignity, empathy and understanding. We are committed to the policy that any homeless youth seeking our services shall have equal access to our programs and facilities without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, or gender identity.

To complete the application process, please provide copies of your photo ID and social security card. Please submit them along with your application. All applicants for the Harbor Hope Center Care Home program are required to pass a criminal background check based on the agency's criminal history policy. Incomplete application packets are only kept for 30 days before they are destroyed.

Today's date: _____

Have you ever applied for Harbor Hope Center housing before? Yes | No

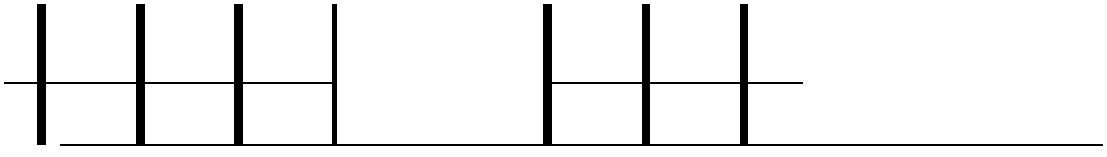
If yes, when? _____ How did you hear about us? _____

Personal Information:

Full Name (First, Middle and Last Name): _____

Maiden or other names used: _____

Address:
City:



State: Zip Code:

Cell Phone Number: _____

Home Number: _____ Best time to call: _____

_____

Email: _____

Emergency Contact: _____ Relationship:

_____

Emergency Contact Phone Number: _____

Demographics: City of Gig Harbor | Pierce County | Out of Area: _____

Are you a veteran? Yes | No

Have you lived in any other state in the last 10 years? Yes | No

If yes, please list the state(s) and for how long: _____

Social Security Number: _____

ID/Driver's License No.: _____

Age: _____ Date of birth: _____

Primary Race: _____ Secondary: _____ Tribe, if applicable: _____

Ethnicity:

Translation services needed? Yes | No

Gender Identity (select all that apply):

__ Man __ Woman __ Questioning or unsure __ Genderfluid __ Non-binary __

Prefer not to disclose __ Not listed (please specify): _____

Preferred Pronouns:

__ She/Her __ He/Him __ They/Them __ Not listed (please specify): _____

Do you identify as transgender?

__ Yes __ No __ Prefer not to disclose

If so, what was your sex assigned at birth:

__ Male __ Female __ Prefer not to disclose

Sexual Orientation (select all that apply):

__ Heterosexual (straight) __ Gay __ Questioning or unsure

__ Asexual __ Lesbian __ Prefer not to disclose

__ Bisexual __ Pansexual __ Not listed (please specify): _____

__ Fluid __ Queer

Marital Status:

❑ Single ❑ Married ❑ Widowed

❑ Separated ❑ Divorced ❑ Single Parent

Health:

Do you have health insurance? (HUD verification) Yes | No Insurance Provider: _____

Do you have any physical-mental health issues that we should know about? If so, please explain:

_____

_____

What medications are you currently taking? _____

_____

_____

Have you attempted suicide in the past? Yes | No If yes, please explain: _____

_____

Are you currently experiencing suicidal thoughts? Yes | No If yes, please explain: _____

_____

Have you engaged in self-harm in the past? Yes | No If yes, please explain: _____

_____

Are you currently engaged in self-harm? Yes | No If yes, please explain: _____

_____

List any allergies to food or medication: _____

Do you carry an EpiPen? Yes | No

Do you have any past drug use? Yes | No If so, please list: _____

Are you currently using drugs? Yes| No If so, please list: _____

_____

Have you or are you receiving treatment for drug use? Yes | No

If so, where are you receiving treatment? _____

Have you ever overdosed on drugs? Yes | No If yes, please explain: _____

_____

Are you currently pregnant? Yes | No

Domestic violence: When? _____ Currently? _____ Fleeing? _____

Name of physician: _____

Phone # of Physician_____

Have you been diagnosed with any type of disability? (HUD verification) ❑ Yes ❑ No ❑ Refuse to Answer

If yes, what type of disability (physical, mental, learning): _____

Are you receiving services for your disability? Yes | No

If yes, what services? _____

Income:

Do you have income from any source/ per month? (HUD verification)

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

1. Income Source _____ Amount _____

2. Income Source _____ Amount _____
3. Income Source _____ Amount _____

Do you receive any non-cash benefits? _____ (HUD verification)

IF "YES" TO ANY NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

1. _____
2. _____
3. _____

Vehicle Information:

Do you own a vehicle? Yes | No Make: _____ License Plate Number: _____ Is your insurance on the vehicle current? Yes | No

Are the license tabs on your vehicle current? Yes | No

Housing:

Are you experiencing homelessness? Yes | No

Are you in a shelter? Yes | No If yes, which shelter? _____

How long have you been experiencing homelessness? _____

What city did you sleep in last night? _____

Zip Code of last permanent address _____

Prior living situation (e.g., Family, friends, sleeping in car, outside, etc.) _____

Length of stay at previous place _____

Please select your current housing situation:

❑ Literally homeless (losing housing in 0-7 days)

❑ Imminently losing housing (losing housing in 7-14 days)

❑ Unstably housed and at-risk of losing home

❑ Stably housed

Have you been evicted? Yes | No If so, how many times? _____

Have you shared housing before (non-family)? Yes | No Was it successful? Yes | No

Is this move urgent? Yes | No When? _____

Do you have any concerns and/or questions about home sharing? _____

If you make any other housing arrangements, will you notify Harbor Hope Center? Yes | No

Employment / Education:

Are you currently employed? Yes | No

Present or most recent employer? _____

Length of employment? _____

Occupation? _____Type of work: temporary, seasonal, permanent Hours worked last week _____ Monthly income_____ Are you a student? Yes | No What school do you attend? _____

What Year in school? _____

Estimated graduation date? _____

Highest level of education completed? _____ **Needs:**

Do you have any special living requirements? Yes | No

If yes, please describe: _____

Do you have any health conditions that a home sharer should know about? Yes | No

If yes, please describe: _____

Do you drive? Yes | No

Do you own a car? Yes | No

Do you use public transportation? Yes | No

Compatibility:

What kind of person would you be compatible with? _____

_____

What irritates you about people? _____

_____

Do you have some traits that might irritate a home sharer? _____

_____

What would someone like about you? _____

Goals:

List three goals you would like to achieve to become more self-sufficient and/or gain a better quality of life while living in the Care Home:

1._____Time frame for achieving goal _____

2. _____ Time frame for achieving goal _____

3. _____ Time frame for achieving goal _____

Mentor Program:

Harbor Hope Center has a team of mentors available to you. A mentor can have a profound impact on an individual's life and is someone who can provide guidance, advice, and support to help their mentee grow and succeed. Having a mentor can provide a sense of direction, help build confidence, and provide access to a network of valuable connections. Residents matched with a mentor typically meet once a week for about an hour in an informal setting, such as a coffee shop or shared activity.

Mentor gender preference: ___ Male ___ Female ___ No preference

References: Please provide two references we may contact (who are not related to you)

Reference 1

First Name: _____Last Name: _____ Phone

Number: _____ Relationship:

_____

Reference 2

First Name: _____Last Name: _____ Phone

Number: _____ Relationship:

_____

History:

Have you been involved with CPS? Yes | No

When? _____

Have you been detained, arrested, or convicted of a crime? Yes | No

When? _____

Do you have active warrants? Yes | No

If you answered 'yes' to any of the above questions, please explain: _____

_____

_____

Is anyone forcing you to work in a profession against your will or taking money you rightfully earned? Yes | No

If yes, please explain: _____

_____

Criminal History Policy:

As a social service organization, we value the safety and well-being of our clients, employees, and volunteers. It is therefore the policy of Harbor Hope Center to carefully screen all applicants for any criminal charges, arrests, convictions, and warrants. Applicants are screened through a multistate background check and the Washington State Patrol.

Additionally, any active warrants will also serve as grounds for denial of participation from the program, regardless of how old the warrant is. Applicants must resolve all active warrants and go through the appeal process to be reconsidered for participation. Clients who possess a criminal history that features sexual crimes, murder, or voluntary manslaughter within their lifetime will be automatically disqualified and unable to request an appeal.

Upon receipt of an adverse criminal history report, the applicant will be sent a letter denying their application due to relevant criminal history. It will state which crimes fall under the policy criteria as well as procedures to follow if the client wishes to seek review/reconsideration through the appeal process. The client is allowed a period of two months to schedule a criminal appeal appointment. If the client fails to do so within this given timeframe, they will not be able to re-apply for entrance into the program for the next two years.

Policy on nondiscrimination: All services offered by Harbor Hope Center are provided in a manner which is free from discrimination based on race, color, religion, sex, sexual orientation (gender identity/expression), national origin, age, handicap, and familial status.

Acknowledgment:

I certify that I have read the Criminal History Policy and that I understand and agree to the above information.

Signature (Participant) _____

First Name: _____ Last Name: _____Date: _____

Release of Information (general):

I hereby authorize Harbor Hope Center staff to send information to and discuss my personal circumstances, medical history and/or criminal history with my provided references, Harbor Hope Center staff or other agencies and potential home-sharers, in the attempt to bring about a safe home-sharing arrangement on my behalf.

It is understood that any interchange of information made between staff and coordinators of Harbor Hope Center and other agencies will be used only for the purpose of attempting to determine appropriate services on my and my family's behalf.

Acknowledgment:

I agree to the Release of Information as stated in the Harbor Hope Center Release of Information form.

Signature (Participant) _____

First Name: _____ Last Name: _____Date: _____

Program Exit Guidelines:

Below is a list of reasons a participant may no longer receive services and be exited from the program:

- Crimes or illegal activity committed while in the program
- Falsifying information
- Disrespectful to staff in person, on the phone, or in writing
- Disrespectful behavior toward another home-sharer or home provider
- Damage done to Harbor Hope Center property, the property of a home provider, or the property of a home seeker
- Inappropriate behavior or boundaries toward staff or a program participant
- Non-compliance with substance abuse or mental health treatment
- Failure to comply with services agreed upon by the home seeker and home provider
- If the home becomes uninhabitable or not fit for home sharing

Staff exercises their right to exit anyone from the program for any reason. The list is not comprehensive, and someone may be asked to leave for another reason. In addition, staff may use discretion at any time and allow a participant to stay in the program based on the nature of the offense.

Acknowledgement:

I have read and understand the Program Exit Guidelines. I acknowledge that anything listed above may result in dismissal from the program, and that I am responsible for my own behavior toward staff, volunteers, and program participants.

Signature (Participant) _____ First Name: __ Last Name:

Date: _____

Completed Application Acknowledgement: (Adult 18+)

I understand that my application will not be complete until I provide Harbor Hope Center a photo ID and social security card and background check form. In addition, I am aware that all incomplete applications will be destroyed after 30 days.

I have read and understand the steps required to complete the Harbor Hope Center Home Provider application process.

Signature (Participant) _____

First Name: _____ Last Name: _____Date: _____

Executive Director Approval:

Name: _____ Date: _____ Signature:

_____