



## PERHAM 180 HOUSING PROGRAM APPLICATION

The **PERHAM 180 HOUSING PROGRAM**, operated by **Productive Alternatives, Inc.** (hereinafter "**PERHAM 180**") is to provide adult participants with an opportunity to establish employment and stability in an independent living setting within the community.

**Participants invited to apply to participate in the program acknowledge the following regulations and rules as evidenced by their initials and signatures on this application.**

1. I \_\_\_\_\_ would like to apply to be a participant in the PERHAM 180.

2. Personal Information:

What best describes your gender?

Female    Male    Prefer not to say

Prefer to self-describe \_\_\_\_\_

Date of Birth: \_\_\_\_\_, (Participants must be at least 18 years old)

My current address is: \_\_\_\_\_

My last permanent residence: City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ How long did you live here? \_\_\_\_\_

My telephone number is: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

3. *Do you have a case manager?* If so, case manager's name: \_\_\_\_\_

Telephone number of case manager: (\_\_\_\_\_) \_\_\_\_\_

4. *Do you have a history of Chemical Dependency treatment?* Yes  No

If Yes, please list most recent treatment including length of treatment program, place of treatment and date of successful completion:

\_\_\_\_\_

5. Do you have a Criminal History? Yes  No  (Please explain) \_\_\_\_\_

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If Yes, are you currently on probation? Yes  No

If Yes, do you have any cases pending? Yes  No

Name of Probation Officer: \_\_\_\_\_

May we contact this person as a reference: Yes  No

8. Are you a registered sex offender? Yes  No

9. Are there any other legal concerns that we should be aware of? (commitment, revocation of driving privileges, recent arrest, warrants)? \_\_\_\_\_

10. Are you capable of all self-care and independent living? (PERHAM 180 does not provide skilled nursing care). Yes  No

11. Is there any reason, based on your past rental history, that you will not be approved for a long-term residential lease? Yes  No  If yes please explain:  
\_\_\_\_\_  
\_\_\_\_\_

13. Are you currently employed? Yes  No

If yes, list the name and address of your current employer.

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

12. Have you ever been employed by KLN, Tuffy's, IFS, or Kit Masters? Yes  No

14. Have you ever been referred to Vocational Rehab for employment? Yes  No

14. Approximately how many hours a week do you work? \_\_\_\_\_

If not currently working, how many hours a week are you willing or able to work? \_\_\_\_\_

Do you have any work restrictions due to a past injury or documented disability? \_\_\_\_\_

Please explain: \_\_\_\_\_

15. If you are not currently employed, please provide your most recent employment and reasons why you are no longer working? \_\_\_\_\_

16. Please list your specific personal needs?

Job Coaching \_\_\_\_\_ Medication Management \_\_\_\_\_ Daily Living Skills \_\_\_\_\_ Budgeting \_\_\_\_\_  
Crisis Skills \_\_\_\_\_ Sobriety \_\_\_\_\_ Health/ Wellness \_\_\_\_\_ Transportation \_\_\_\_\_  
Social Skills/Communication \_\_\_\_\_ Other \_\_\_\_\_

If "Other", please list the type of help you need \_\_\_\_\_

17. Describe your source of transportation including the provider's name and telephone number and address if you know it.

\_\_\_\_\_

18. Are you currently suffering from any injury or medical condition that would prevent you from working? Yes  No  Please explain the injury illness or medical condition and how it affects your ability to work \_\_\_\_\_

Date of most recent physical? \_\_\_\_\_

19. Are you currently or will you be applying for SSDI? Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

21. Do you have active health insurance? Yes  No

Name of Insurance Provider: \_\_\_\_\_

20. Do you have any mental health diagnosis? Yes  No  If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

6. Date of last mental health evaluation or check-up? \_\_\_\_\_

21. Do you currently see a mental health professional? Yes  No  If yes, please provide provider(s) name and location: \_\_\_\_\_

22. Do you have any allergies to food, drugs, or anything else which would require medical attention? Yes  No  If yes, please explain: \_\_\_\_\_

23. Do you have any history of substance abuse or addiction? Yes  No  If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

24. Please describe in your own words why you feel you are a good candidate for Perham 180 Program:

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25. Please describe in your own words what "SUCCESS" looks like for you over the next six months:

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26. Please provide two personal references:

a) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_

b) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_

**Please initial each paragraph to indicate that you have reviewed and understand.**

I understand that residence at premises of the PERHAM 180 is a central component of the Program. I understand that I am a licensee of PERHAM 180 and Productive Alternatives, Inc., and not a tenant. I understand that I am not signing a lease, PERHAM 180 and Productive Alternatives, Inc., is not my landlord, and residency at the PERHAM 180 premises will at no time confer tenancy rights. PERHAM 180 and Productive Alternatives, Inc., may terminate your residency for violation of this Agreement.   13  . I understand that there is no use of illegal drugs or alcohol in my room or on the premises. Any use may result in my dismissal from the program. \_\_\_\_\_

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27. I understand that as part of this application, I will need to sign an authorization, consenting to a criminal background check. If I have a history of sexual predatory offences or violent crime offenses or if I have an open criminal case I may not qualify for the program. \_\_\_\_\_

28. If I am chosen as a participant in the program, I agree to work with the program team who will assist me in developing and carrying out an individualized plan which will meet my personal needs. Depending

on my needs, my plan may address mental health issues, sobriety, obtaining and retaining employment, obtaining permanent housing, and independent living skills. \_\_\_\_\_

29. I understand that the PERHAM 180 only provides temporary housing. A participant may live in the transitional housing for a period not greater than 8 months. I understand that depending on my plan and circumstances, I may live in the PERHAM 180 a shorter period of time, moving out prior to the end of eight months. \_\_\_\_\_

30. I understand that participants will need to work with the program team to find employment, if not already working. Once employed, I need to maintain employment, or I may be asked to leave the program. \_\_\_\_\_

30. I understand that participants will need to find and secure more permanent housing and work with the program team towards this goal. \_\_\_\_\_

31. I understand that participants will accept services from several different providers including but not limited to; Productive Alternatives job coaches, community support programs, day treatment programs, case management providers, Adult Rehabilitative Mental Health Service providers and recovery support services such as Alcoholics Anonymous, or Narcotics Anonymous. \_\_\_\_\_

32. I understand that that participants will have an individualized plan and will need to work with providers to develop independent living skills which could include lessons on budgeting, grocery shopping and cooking, cleaning and household management, use of community resources and public transportation, time management, planning and scheduling, and personal hygiene and self-care. \_\_\_\_\_

33. I understand that participants may be asked to leave the program in order to address issues identified by their program team and remittance into the program will be at the discretion of the program team and based on availability. \_\_\_\_\_

34. I understand that participants, can quit the program at any time, but will not be able to reapply to the program for six months. \_\_\_\_\_

35. I understand that sometimes, due to issues like housing space, job availability or transportation, a person qualified to participate in the program may be put on a waiting list for this program, and/or if the program team deems it appropriate, may be referred to a different agency that provides a similar type of service. \_\_\_\_\_

36. I understand that if my application is accepted and I qualify for admittance into the program I will need to meet with the PERHAM 180 Coordinator. During the meeting the coordinator will obtain information about me, to determine what services I may be eligible for and to begin my programming plan. \_\_\_\_\_

37. I understand that all participants will need to attend an orientation meeting prior to moving in. At orientation all participants will review program policies, review and sign the program agreement, provide emergency contact information and sign all necessary releases. \_\_\_\_\_

38. I understand that participants residing in PERHAM 180 housing program will need to sign a program agreement and will need to abide by the terms of that agreement in order to live in the provided

housing. I acknowledge that a copy of the agreement is attached to this application and that I have reviewed it. \_\_\_\_\_

**By signing this, I verify that the statements in this application are true. I authorize the use of the information and contacts to complete the reference checks. I understand that if I provided false information or did not complete the application that my application may be rejected. If my application is accepted, I understand that I will have to sign an authorization for a criminal background check.**

**DATE: \_\_\_\_\_ APPLICANT \_\_\_\_\_**

**I, \_\_\_\_\_, authorize Productive Alternatives Perham 180 to conduct a background check as a condition of my acceptance into Perham 180.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**