



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) _____

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:

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

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: _____