

TRANSITIONAL HOUSING APPLICATION

Please note: If you need any assistance with interpreting or completing this application, please do not hesitate to tell the person who gave you the form. Staff can provide the form in languages other than English, and you also have the option of verbally dictating your answers.

We are glad you are interested in applying for Nurstead's Transitional and Sober Living Program. The mission of Nurstead is "helping create a better tomorrow through helping create change today". Nurstead's transitional living program provides housing assistance for 4-6 months in Nurstead owned and managed housing. Nurstead provides 24-hour support for those enrolled in the transitional housing and sober living programs. These programs are staffed 24-hours a day with Community Support Workers and Peer Support Workers.

The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation. You have the right to not answer any question you believe is not necessary to determine eligibility.

Please complete this application and return it to the person you received it from or another staff at any one of our Nurstead offices or Drop-In Centers. Once we receive your application, we will review it and contact you within 3 business days. If you are eligible, we will set up a time to meet and discuss the next steps in the process.

Eligibility Criteria

Determination of acceptance into Transitional Housing and Sober Living will be made on a case by case basis, based on the following minimum criteria and guidelines.

Applicants must be

- ◆ Currently homeless
- ◆ Substance Use Free and willing to maintain sobriety
- ◆ At least eighteen years old, or a legally emancipated minor
- ◆ On Medicaid or Private Insurance accepted by Nurstead

Nurstead Programs can provide:

- ◆ Housing in our program for up to 6 months.
- ◆ Advocacy and emotional support, including counseling and case management
- ◆ Assistance finding and maintaining permanent housing
- ◆ Vocational and employment assistance
- ◆ Assistance with transportation
- ◆ Referrals to community resources and services
- ◆ In house and/or in community NA, AA, Celebrate Recovery, and other support groups.
- ◆ Follow-up services, for a minimum of 3 months and no more than 1 year, upon exiting transitional housing

Application

Today's date: _____

Name: _____

Preferred method of contact (this will be the way that you are contacted to be informed of your application status): _____

If we contact you by phone, is it okay to leave a message?

☐ Yes ☐ No

If no, when would be the best day and time to call? _____

Where did you hear about our Transitional Housing/Sober Living Program?

Background

Are you over 18 years of age or a legally emancipated minor? ☐ Yes ☐ No

Date of Birth: _____

Birth gender: ☐ Male ☐ Female

Identified gender (how you identify): _____

Pronouns used: _____

What is your preferred language? _____

Are you able to understand (verbal and/or written) English? ☐ Yes ☐ No

Are you currently Insured? ☐ Yes ☐ No

If Yes, what insurance do you have? _____

Do you have a service animal? ☐ Yes ☐ No

Type of animal? _____

Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program?

Current Living Situation

Are you currently homeless? ☐ Yes ☐ No

Have you recently or will you soon be released from a criminal justice setting (jail, detention center, prison)? ☐ Yes ☐ No

Are you seeking sober living to assist with successfully sustaining your recovery?

☐ Yes ☐ No

Current Medical and Mental Health Status

Are you currently clean from all substances including alcohol, with the exception of prescribed medications? ☐ Yes ☐ No

If No, would you like someone to contact you about rehab treatment services?

☐ Yes ☐ No

How long have you been clean and sober? _____

Do you have a current mental health or substance use diagnosis? ☐ Yes ☐ No

If Yes, please provide all know diagnosis:

Are you currently on any prescribed medications? ☐ Yes ☐ No

If Yes, please list all medications and conditions:

Are you currently attending mental health therapy? ☐ Yes ☐ No

Safety

Please let us know if you would like us to assist you with creating a safety plan while your application is being reviewed. This is simply to learn more about how we can help you.

Is there anything else you would like to share with us about your immediate safety concerns?

Additional Support & Services?

Please describe the types of assistance and support you would like to get from Transitional Housing or Sober Living: _____

Other

Please describe any questions or concerns you have about Transitional Housing or Sober Living:

Community Resources

If you are not accepted into our transitional housing program, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about.

Please note that this is an application and does not constitute acceptance into transitional housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Thank you!

Office Use Only

Accepted into Transitional Housing? ☐ Yes ☐ No

Accepted into Sober Living Program? ☐ Yes ☐ No

If yes, date applicant was notified: _____

Date accepted/ move-in: _____

Was applicant placed on waiting list? ☐ Yes ☐ No If yes, date: _____

If no, reason? _____

If not accepted, date applicant was notified: _____

Reason for denial: _____

Was applicant provided information about the appeal process? ☐ Yes ☐ No

Other referrals/assistance given? _____