

## **SAGE HOUSE 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 Sage House program. The mission of Nurstead is "helping create a better tomorrow through helping create change today". Nurstead's Sage House program provides housing assistance for 4-6 months in Nurstead owned and managed housing. Nurstead provides 24-hour support for those enrolled in the Sage House program. 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 Sage House 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 Sage House.

## **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 the Sage House 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 sober 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 sober? \_\_\_\_\_

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

If Yes, please provide all know diagnosis:

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

If Yes, please list all medications and conditions:

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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?

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**Additional Support & Services?**

Please describe the types of assistance and support you would like to get from the Sage House Program: \_\_\_\_\_

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**Other**

Please describe any questions or concerns you have about the Sage House Program:

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**Community Resources**

If you are not accepted into Sage House, 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.

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

Thank you!

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**Office Use Only**

Accepted into Sage House Program Housing? ☐ 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? \_\_\_\_\_