



"Serving Those Who Served"

TRANSITIONAL HOUSING PROGRAM ADMISSION APPLICATION

ADMISSIONS CHECKLIST AND INSTRUCTIONS

A completed Admissions Packet is required for screening and acceptance to the Transitional Housing Program (THP). The willful withholding or the intentional falsification of information during the application and/or admissions process will render the applicant disqualified from program admission. Please compile the following documents for submission.

Fax or email completed document to:

Building 10 (Retsil)

WDVA THP Lead Case Manager, Bernice Petty
Fax: (360) 895-4451
Email: bernicep@dva.wa.gov
Cell: (360) 485-2705

Roosevelt Barracks (Orting)

WDVA THP Lead Case Manager, Melissa Frink
Fax: (360) 893-5623
Email: Melissa.Frink@dva.wa.gov
Cell: (360) 227-9575

Initial Program Application (*attached*)

To be completed by the applicant with assistance from referral source.*

Request for Conviction/Criminal History Record and Consumer Reports

To be completed and signed by applicant.

Applicants who receive income from work, benefits, or any other source must provide verification of income (ex. Award letter from VA, DSHS, Social Security; Proof of retirement income (DoD)).

*** "REFERRAL SOURCE" IS THE SOCIAL WORKER, CASE MANAGER, PROVIDER OR PROFESSIONAL.**

TRANSITIONAL HOUSING PROGRAM APPLICATION

VETERAN INFORMATION

Veteran Name: _____ **Date of Birth:** _____

Full SSN: ____ / ____ / ____ **Veteran Phone** ____ - ____ - ____ **No Phone**

Veteran is enrolled in the VA Puget Sound Health Care System? Yes No Unknown

Referent Information: (You agree to be contact on behalf of Veteran)

Staff: _____ Agency: _____

Staff phone: ____ - ____ - ____ email: _____

MILITARY HISTORY

Enlistment Date: _____

Discharge Date: _____

Type of Discharge:

Honorable or General (Under Honorable Conditions)

Other Discharge: _____

Branch of Service: _____

Military Era: (check all that apply)

Vietnam Vietnam Era Peacetime

Persian Gulf OIF/OEF (9/11/2001 - present)

Combat Experience: Yes No

If yes, explain: _____

HOUSING STATUS

Where did the Veteran sleep last night?

Outdoors (On street, in car) **Shelter** **Hospital** **Housed-Fleeing Domestic Violence**

Other (Explain): _____

Is the Veteran able to live independently and manage self-care?

YES NO (able to manage medication/hygiene/ADLs etc.) **If NO, STOP** and do not make a referral to GPD.

PLEASE SPECIFY VETERAN'S TREATMENT NEEDS:

(Medical/Mental Health dx, Substance Use, assistive devices, aftercare follow up etc.)

Medical Diagnoses: _____

Mental Health Diagnoses: _____

Substance Use History: _____

REQUEST FOR CONVICTION/CRIMINAL HISTORY RECORD AND CONSUMER REPORTS

Name: _____
(Please Print) (First) (Middle) (Last)

Social Security Number: _____

Date of birth*: _____ Place of birth: _____ (County and State, or Country)

DL# _____ State: _____

Height*: _____ Weight*: _____ Hair color*: _____ Eye color*: _____ Race*: _____

*Used for identification only, not required.

Other names used and dates of use (including maiden name): 1. _____

2. _____ 3. _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, give details (date, crime, location).

Note: Disclosure of convictions does not automatically disqualify your application.

Current address: _____
Number, Street, Apartment # (if any), City, State, Zip Code

Previous address: _____ Dates: _____
Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>from</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with a tenant application. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

Signature

Date

Client Release of Information and Informed Consent

For Pierce County ServicePoint Homeless Management Information System (HMIS)

IMPORTANT: DO NOT CONSENT to share personally identifying information in HMIS if you are:

- Participating in a Domestic Violence agency program or shelter
- Currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation
- Being served in a program that requires disclosure of HIV/AIDS status (i.e. HOPWA)
- Under 18 years of age with no parent/guardian available to consent to sharing the minor's information in HMIS

If one or more of these applies to you, **skip to the back of this form, check the DO NOT CONSENT option and sign.**

Agency Name: _____ is a Participating Agency in the Pierce County ServicePoint Homeless Management Information System (HMIS) and collects information, over time, about the characteristics and service needs of people experiencing homelessness. RCW 43.185C.180.

If you consent, your name and other personally identifying information will be available to Partner Agencies, Pierce County Community Connections and the Washington State HMIS for seven (7) years.

Please read the following Frequently Asked Questions and Answers, and make sure to discuss this and any other questions you have prior to signing this form.

Q: *Do I have to sign this form in order to get help?*

A: Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency and will not be used to deny outreach, assistance, shelter or housing. (Please note: You cannot receive financial assistance from a Supportive Services for Veteran Families project without the eligible veteran's consent to enter their full social security number into the HMIS).

Q: *Why does my information need to be collected or put into a database?*

A: To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Pierce County. In order to ensure that clients are not counted twice, we need to collect personally identifying information. Specifically, we ask for **name, date of birth, social security number, demographics, contact information, and last and future permanent addresses.**

➡ Please ask the staff person you are working with all your questions about collection of data or your rights regarding your personally identifying information, so that you clearly understand what you are signing, what is being collected, and why.

Q: *If my personally identifying information is entered into a database, how will I know that it is safe and confidential?*

A: We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact agency staff or the HMIS System Administrator at (253) 798-6936.

Q: *What happens with my information once it is entered into this database?*

A: As you receive services, information will be collected about you, the services provided to you, and the outcomes these services helped you to achieve. This information will be collected so that the agency and community can monitor the outcomes of services that are provided to you, improve the quality of care and services for homeless individuals and families, and **ensure that your information is not duplicated in the system by Partner Agencies.**

The agency listed above is asking your permission to collect and share information with other Partner Agencies—such as other homeless service, employment, education, social service, or basic needs service providers, etc.—Pierce County Community Connections and the Washington State Homeless Management Information System (HMIS) in the planning and delivery of services to you. A list of Partner Agencies will be made available upon request.

You may revoke your consent at any time, in writing. However, information already entered into the system cannot be removed. If you revoke your consent, no new information about you will be entered and current information will be hidden. (Note: this does not include any historical data.)

Do you consent to allow the inclusion of personally identifying information into the HMIS, including name, social security number, date of birth, demographics, and last and future permanent addresses?

I DO consent to the inclusion of personally identifying information about me and my dependents (listed below) and authorize information collected to be shared in the Pierce County HMIS. Personally identifying information includes name, social security number, date of birth, demographics, and last and future permanent addresses.

OR

I do NOT consent to the inclusion of personally identifying information about me and my dependents (listed below) for use in the Pierce County HMIS. Personally identifying information includes name, social security number, date of birth, demographics, and last and future permanent addresses. Non-identifying information will still be collected and shared only as needed and required by funders.

List dependent children under the age of 18 in the household, if any. (Please print first and last names.)

Client Signature (Parent/Guardian)

Staff Witness Signature

Client Name (Print clearly) Date Signed

Staff Witness Name (Print clearly) Date Signed

Staff Use Only:

HMIS ID #: _____

Client Refused to Sign (Staff Initials: _____ Date: _____)