FAMILY CRISIS CENTER

# 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 have the option of verbally dictating your answers.

We are glad you are interested in applying for the Family Crisis Center (FCC) Transitional Housing Assistance Program. The mission of this program is to: *assist survivors of domestic and sexual assault and stalking gain economic stability and achieve their personal goals. We strive to meet this mission by providing a variety of practical and emotional support, and housing assistance.* The FCC Transitional Housing Program provides housing assistance for up to 24 months in appropriate/available housing within the surrounding communities. The FCC does not provide 24-hour on-site support to survivors accessing housing assistance and is staffed from 8:00 a.m. to 4:30 p.m. Mon-Thursday and 8:00 a.m. to 2:00 p.m. Friday. (Individuals that use a Personal Care Attendant (PCA) are encouraged to apply and will not be excluded from services for this reason).

Described here are the eligibility criteria for Transitional Housing and some basic program information. *This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire.* 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 (shelter advocate, Transitional Housing staff). 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. This meeting can take place at any public place we both feel is safe (restaurant, library, FCC office, shelter) and that will provide enough privacy for our conversation.

Thank you for your interest. We look forward to hearing from you soon!

NNEDV

*Created for adaptation by the National Network to End Domestic Violence in partnership with the Office on Violence Against Women.*
*Revised October 2017*

# Eligibility Criteria

Determination of acceptance into Transitional Housing will be made on a case-by-case basis, taking into consideration the following minimum criteria and guidelines.

Applicant must be:

- A survivor of domestic violence, sexual assault dating violence and/or stalking;
- Currently homeless as a result of domestic, sexual assault, dating violence, or stalking;
- In need of housing as result of a domestic violence situation or be in danger in current housing due to domestic or dating violence, stalking, or sexual assault, AND
- Eighteen years old or (legally) emancipated minor[1]

**Transitional Housing Information**

FCC Housing Assistance can provide:

- Financial assistance for rent, security deposits, utilities[2] and other housing-related costs, for at least 6 months.
- Advocacy and emotional support, including counseling and case management
- Assistance finding and maintaining permanent housing
- Safety planning
- Vocational and employment assistance
- Assistance with transportation, and household furnishings
- Referrals to community resources and services
- Follow-up services, for a minimum of 3 months and no more than 1 year, upon exiting transitional housing program.

**Voluntary Services**

As a participant of FCC Transitional Housing Assistance, you are encouraged to:

- Meet with the transitional housing advocate on a regular basis
- Develop and review a safety plan with the assistance of the transitional housing advocate
- Let the transitional housing advocate know if there are any services you are interested in that are not being offered

[1] Laws concerning emancipated minors vary from state to state.

[2] Utilities may include: water, sewage, gas, electric, and phone. Internet and cable expenses will be covered by the participant.

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# 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 safe to leave a message? ☐ Yes ☐ No

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

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?

_____

Where did you hear about our Transitional Housing Program?

_____

**Background**

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

Identified gender (how you identify): _____

Pronouns used: _____

What is your preferred language? _____

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

Please provide the gender, age, and any specific needs or accommodations for all other people who would reside with you while accessing transitional housing assistance. Please include all relevant dependents, including those of which you may not currently have custody. (Please note: the funding for this Transitional Housing Program requires we provide housing assistance only to survivors of domestic, sexual, or dating violence, or stalking and their dependents.)

_____

_____

_____

_____

_____

_____

_____

Do you have a companion or service animal(s)? ☐ Yes ☐ No

Do you have other animals that you are concerned for that might need temporary housing?
☐ Yes ☐ No

If yes, please describe the species and any other relevant characteristics of each animal.

_____
_____
_____
_____

Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You are welcome to skip this question or only include information you believe is relevant to your participation in Transitional Housing.

_____
_____
_____
_____
_____
_____

**Current Living Situation**

Are you currently homeless as a result of domestic and/or sexual violence, dating violence, or stalking? ☐ Yes ☐ No

Are you currently staying in a safe place while your participation in Transitional Housing is determined? ☐ Yes ☐ No

If No, would you like someone to contact you about options for safe, emergency shelter?
☐ Yes ☐ No

Are you willing to relocate to another community? ☐ Yes ☐ No

If yes, are there any areas you absolutely cannot or will not live? _____
_____

Please give a brief description of your housing needs (type of housing, anticipated length of time you will need assistance, etc.). _____
_____
_____
_____
_____

**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?_____

_____

_____

_____

**Other**

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

_____

_____

_____

_____

_____

**Community Resources**

If you are not accepted into the transitional housing assistance 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 (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.):

_____

_____

_____

_____

_____

_____

_____

_____

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

If yes, date applicant was notified: _____

Date accepted/ move-in: _____

If not accepted, date applicant was notified: _____

Reason for denial: _____

_____

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

Other referrals/assistance given? _____

_____

_____

_____

_____

_____

_____