FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SRO HOUSING PROGRAM APPLICATION

HMIS #:

To apply for housing at the Downtown YMCA Men's Residence please complete this application. A complete application can be emailed to Hunter Overstreet at hoverstreet@ymcacny.org.

All applications must have a copy of the applicant's photo ID and insurance cards.

BACKGROUND INFORMATION

APPLICANT NAME: _____ **DATE**: _____
DATE OF BIRTH: _____ **AGE:** _____ **SOCIAL SECURITY #:** _____
PHONE NUMBER: _____ **E-MAIL:** _____
CURRENT (OR LAST) ADDRESS: _____
_____

TYPE OF HOUSING AT CURRENT (OR LAST) ADDRESS:

___ EMERGENCY SHELTER
___ SUBSTANCE TREATMENT / DETOX CENTER
___ TRANSITIONAL HOUSING
___ LONG TERM CARE / NURSING HOME
___ HOTEL /MOTEL
___ PERMANENT HOUSING (HUD)
___ JAIL / PRISON
___ OWN APARTMENT / HOUSE
___ TRANSIENT / LIVING ON STREETS
___ HOSPITAL
___ FAMILY / FRIEND
___ OTHER: _____

LENGTH OF STAY AT PREVIOUS OR CURRENT PLACE: _____
REASON FOR HOMELESSNESS AND/OR NEED FOR SUPPORTIVE HOUSING: _____
_____

HAVE YOU EVER BEEN ASKED TO LEAVE ANOTHER SHELTER OR SUPPORTIVE HOUSING PROGRAM? _____ **IF SO, WHEN WAS THIS AND WHY?** _____
_____

REFERRED BY:_____ **PHONE NUMBER:**_____

DEMOGRAPHICS

___ AFRICAN AMERICAN
___ ASIAN
___ NATIVE HAWAIIN/PACIFIC ISLANDER
___ WHITE
___ INDIAN
___ HISPANIC/LATINO
___ OTHER

ARE YOU A VETERAN? ____YES ____NO **IF YES, WHAT BRANCH?:**_____

MARITAL STATUS:____SINGLE____MARRIED___DIVORCED___SEPARATED___WIDOWED
ARE YOU DISABLED? ____YES ____NO **IF YES, EXPLAIN**:_____

_____

HAVE YOU LIVED AT *THE Y* BEFORE? ____YES ____NO **IF SO, WHEN**?:_____
WHAT WAS YOUR REASON FOR LEAVING *THE Y*? _____

FINANCIAL RESOURCES

HAVE YOU RECEIVED INCOME IN THE LAST 30 DAY? ____YES____NO ____I DON'T KNOW
SOURCE OF INCOME (CHECK ALL THAT APPLY):

___ EMPLOYED	___ UNEMPLOYMENT INSURANCE	___ PENSION
___ PUBLIC ASSISTANCE	___ SSI	___SSDI
___ WORKER'S COMP	___ VA BENEFITS	☐ OTHER: _____

EMPLOYER / PAYEE'S NAME & PHONE NUMBER: _____
TOTAL MONTHLY INCOME: _____ **DO YOU RECEIVE SNAP BENEFITS?** _____

LEGAL HISTORY

DO YOU HAVE ANY UNRESOLVED CHARGES OR CURRENT WARRANTS? ____YES____NO
ARE YOU ON PROBATION, PAROLE, AND/OR DRUG COURT? ____YES____NO
NAME AND PHONE NUMBER OF P.O. (IF APPLICABLE): _____
HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? ____YES____NO
HAVE YOU EVER BEEN CONVICTED OF ARSON? ____YES____NO

SUBSTANCE USE HISTORY

DO YOU HAVE A HISTORY INVOLVING DRUGS AND/OR ALCOHOL? ____YES____NO
ARE YOU CURRENTLY RECEIVING SUBSTANCE ABUSE TREATMENT? ____YES____NO
IF YES, PLEASE EXPLAIN: _____

_____

SUBSTANCE(S) OF CHOICE: _____

IMMEDIATE NEEDS

ARE YOU IN NEED OF BASIC NEED SUPPLIES? (PERSONAL HYGIENE ITEMS, BEDDING, FOOD/WATER, IDENTIFICATION____YES____NO ____NO, BUT I WILL SOON

ANY OTHER PERSONAL CONCERNS? _____

PHYSICAL HEALTH

DO YOU HAVE ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES? ____YES____NO
IF YES, PLEASE LIST CONDITIONS OR DISABILITIES: _____

_____

PRIMARY CARE DOCTOR: _____**PHONE NUMBER:** _____

MEDICAL INSURANCE TYPE (MEDICAID, ETC.): _____

INSURANCE POLICY NUMBER: _____

LIST ANY ACUTE OR IMMEDIATE NEEDS: _____

LIST ANY ALLERGIES: _____

LIST ALL MEDICATIONS: _____

MENTAL HEALTH

LIST ANY MENTAL HEALTH DIAGNOSES: _____

TREATMENT AGENCY: _____

THERAPIST/COUNSELER/CASE MANAGER: _____ **PHONE**: _____

APPOINTMENT SCHEDULE: ___WEEKLY___ BI-WEEKLY___MONTHLY ___OTHER: _____

MENTAL HEALTH SERVICES USED: _____

LIST ALL MEDICATIONS: _____

DATE OF LAST HOSPITALIZATION: _____ **REASON**: _____

TRIGGERS TO BE MADE AWARE OF: _____

OTHER

ARE YOU IN ADULT PROTECTIVE SERVICES? ____YES____NO

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WORKER NAME: _____WORKER NUMBER: _____

EMERGENCY CONTACT: _____**PHONE NUMBER**: _____

RELATIONSHIP TO APPLICANT: _____

ARE YOU FLEEING DOMESTIC VIOLENCE? ____YES____NO

APPLICANT STATEMENT

My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge, and contains no willful falsifications or misrepresentations. I understand that the YMCA reserves the right to ask me to leave the program for violating rules/regulations or for willfully providing false information on this application or during the intake process, and the YMCA can do so at any time.

Applicant Signature: _____

Date: _____

STAFF USE ONLY

____ APPLICATION HAS BEEN REVIEWED BEFORE CLIENT LEAVES TO ENSURE COMPLETION

____ COPYS OF THE FOLLOWING NEED TO BE ATTACHED TO THE APPLICATION

- **_____ PHOTO ID**
- **_____ SOCIAL SECURITY CARD**
- **_____ MEDICAID CARD (IF AVAILABLE)**