



SHAMMAH OUTREACH
 H.O.P.E. PROGRAM
 Housing Options Providing Empowerment
 805 M L King Ave
 Flint, MI 48503
 (810) 513-2710
shammah.outreach@yahoo.com
<http://socs.yolasite.com>



H.O.P.E. TRANSITIONAL HOUSING APPLICATION

Date:	Name:		
Address, City, State, Zip:			
Social Security #:		Email Address:	
Phone:	Birth date:	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Emergency Contact Name:	Emergency Contact Phone:	Emergency Contact Relationship to You:	
Highest Level of Education:	Types of Work You've Done and Job Skills:		

Why are you in need of transitional housing?
 Homeless Addiction(s) Abusive Relationship Loss of Job Health OTHER: _____

Describe below what led you to the issue checked above:

LISTED BELOW ARE AREAS WHICH MANY INDIVIDUALS NEED ASSISTANCE. (Please circle the name of the item if it was an issue in your past). PLEASE RANK EACH ITEM ON A SCALE OF 1 TO 5 WITH 1 BEING NO ISSUE AT ALL, TO 5 BEING AN OVERWHELMING ISSUE YOU DEAL WITH THAT CAUSES INSTABILITY IN YOUR LIFE:

Alcohol Use	1	2	3	4	5	Drug Use	1	2	3	4	5	Smoking	1	2	3	4	5
Pornography	1	2	3	4	5	Food Addiction	1	2	3	4	5	Gambling	1	2	3	4	5
Stealing/Theft	1	2	3	4	5	Anger	1	2	3	4	5	Suicidal Thoughts	1	2	3	4	5
Pride	1	2	3	4	5	Abusive Nature	1	2	3	4	5	Compulsive Lying	1	2	3	4	5
Need for GED	1	2	3	4	5	Jealousy	1	2	3	4	5	Mental Health Issues	1	2	3	4	5
Lack of Job Skills	1	2	3	4	5	Marital Problems	1	2	3	4	5	Medical Problems	1	2	3	4	5
Employment	1	2	3	4	5	Relationships	1	2	3	4	5	Stress Management	1	2	3	4	5
Lack of Driver's License	1	2	3	4	5	Divorce	1	2	3	4	5	Depression	1	2	3	4	5
Lack of Motivation	1	2	3	4	5	Legal Issues	1	2	3	4	5	Hallucinations	1	2	3	4	5
Money Management	1	2	3	4	5	Victim of Abuse	1	2	3	4	5	Hearing Voices	1	2	3	4	5
Self Worth	1	2	3	4	5	Sleeping Problems	1	2	3	4	5	Maintaining Housing	1	2	3	4	5
Support System	1	2	3	4	5	Spiritual Growth	1	2	3	4	5	General Life Skills	1	2	3	4	5

OTHER:

Are you currently taking any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", answer the following:		
Name:		Dosage and Times:		Purpose for taking:	
Do you currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", answer the following:		
Do you currently have a primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:		Group/Policy #:	
If "Yes", name and phone number:					

On a separate sheet of paper, answer the following:

1. What does it mean to have a relationship with Jesus? What are you currently doing to cultivate that relationship? What do plan to continue to do?
2. What do program(s) have you already utilized, and what did you learn from it/them? What was missing from it/them?
3. What do you believe are your greatest strengths and greatest weaknesses (minimum of 3 each)?
4. What do you believe will be the area(s) of greatest difficulty in maintaining stability and "getting back on your feet"?
5. What do you believe your life purpose is?
6. What are your goals for accomplishing that purpose?
7. Why are you applying for housing through Shammah Outreach's H.O.P.E. program (include the date you would like to enroll)?

REFERENCES

Each applicant must have 3 references. Please make sure your references are from different places.

NAME OF REFERENCE	Phone or Email	Relationship

I _____ (printed name) have read the guidelines and expectations for H.O.P.E. offered through Shammah Outreach. I agree to adhere to the guidelines, house rules, and expectations of the program. I understand that this application does not guarantee admittance into the program, but if accepted, I understand that I can be terminated at any time if I do not follow the goals and objectives designed by me. I also understand that the H.O.P.E. house follows Michigan inn keeper law and runs as a room and board facility, and not as a rental property.

_____ Signature _____ Date