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**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 Transitional Housing program. The mission of Transitional Housing is to assist survivors of domestic violence, sexual assault, or stalking to gain economic stability and achieve their personal goals. We strive to meet this mission by providing a variety of practical and emotional supports and housing assistance.

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. Once we receive your application, we will review it and contact you within 10 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 (coffee shop, library, Wild Iris business office) and that will provide enough privacy for our conversation. If we don’t currently have space in our Transitional Housing program but you are interested in being placed on a waiting list, you can let us know when we contact you.

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

**Eligibility Criteria**

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

Applicant must be:

* A survivor of domestic violence, sexual assault, or stalking who is homeless or at risk of becoming homeless as a result of domestic violence, sexual assault, or stalking;
* Beyond the initial crisis phase of their abusive relationship, and not in immediate danger;
* A minimum of 18 years of age or a legally emancipated minor;
* Mentally prepared, determined, and motivated to become self-sufficient;
* Able to live safely\* and independently, without access to staff or support 24-hours per day, 7 days per week.

\* The Transitional Housing Program recognizes that the applicant does not have control over the batterer’s behavior or the behavior of people associated with the batterer. We also strive to help each participant maintain the safest life possible, and will not exclude participation or withhold assistance based on batterer’s behavior.

**Transitional Housing Information**

The Transitional Housing program is guided by an underlying philosophy of empowerment for survivors and their children. The program’s focus is to empower survivors to live self-sufficient safer lives, to make informed decisions, and to undergo personal growth. Wild Iris believes that the survivor’s experiences should inform and shape the services provided. Services shall be available to both adults and children. Services include:

Counseling

• Individual peer counseling

• Domestic violence support groups

• Rape, sexual assault, and stalking support groups

• Access to mental health therapy (clinical)

• Parenting support groups

• Access to substance abuse support programs and groups

Case Management and Advocacy

• Individualized goal setting and achievement plan development

• Referrals to community resources and services

• Advocacy and accompaniment to various appointments

• Assistance finding and maintaining permanent housing

• Safety planning

Basic Needs

• Culturally appropriate food pantry

• Clothing

• Toiletries

Financial

• Rent and rent subsidies

• Child care subsidies (off-site services)

Skill Building and Education

• Budgeting and credit-repair classes

• Life-skills classes (ex. cooking, time management)

• Conflict resolution/Communication skills

• Computer literacy services

• Sobriety education

• Vocational rehabilitation/Job skills training

• Parenting

**Transitional Housing Program 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):

🞎 Phone 🞎 Email 🞎 Mail

Contact information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)?

**Background**

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

Identified gender (how you identify):

What is your preferred language?

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

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

Name Sex Age Relationship

 to you

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Do you have service animal(s) who has gone through the proper training? 🞎 Yes 🞎 No

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

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.

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**Current Living Situation**

Are you currently homeless as a result of fleeing an abusive relationship?

🞎 Homeless 🞎 Living with friends/family 🞎Couch surfing 🞎 Staying in Hotels

🞎 Living with person who harmed 🞎 Renting own apartment 🞎Owner of apartment 🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Safety**

Would you like assistance with creating a safety plan while your application is being reviewed? Answering yes or no will not influence or jeopardize your eligibility.

🞎 Yes 🞎 No

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 would you like to get from Transitional Housing:
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**Other**

Please include any other information you feel would be helpful for us, when considering your application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any questions or concerns you have about Transitional Housing, which we can discuss when we meet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Community Resources**

If you are not accepted into our Transitional Housing 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.):

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**Please Initial that you understand the following information:**

1. 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. \_\_\_\_\_
2. Our program is only able to accept animals who have gone through proper certification and training to be service animals. \_\_\_\_\_
3. If an appointment is scheduled and you do not arrive within 15 minutes without giving us notice, you will need to reschedule for the our next available appointment. \_\_\_\_\_
4. If you have any questions about your application, please call us at our Bishop office 760.873.6601. If it is an after hours call, please leave a message and Transitional Housing staff will return your call the following business day. \_\_\_\_\_

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**Office Use Only**

Accepted into Transitional 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_