

LIFE TRANSFORMATION PROGRAM (LTP) RESIDENT APPLICATION

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

Social Security Number: _____ - _____ - _____ Race: _____

Ethnicity: _____ Non-Hispanic/Non-Latino _____ Hispanic/Latino

Phone Number: (_____) _____ - _____ Email: _____

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Last Known Address: _____
(Street) (City) (State) (Zip)

State ID #: _____ Driver's License # _____
(State and Number) (State and Number)

Type of Addiction: _____ Alcohol _____ Drugs _____ Nicotine _____ None

Drug of Choice: _____

Are you on Medications? _____ Yes _____ No

If yes, please list your medications and dosages:

Do you have HIV, Hepatitis A, B, or C, TB, Shingles, Scabies, SARS (Covid-19) or any other communicable disease?

_____ Yes _____ No If yes, please explain:

Describe any other medical or mental health programs or concerns you have:

Do you receive any benefits (SSI, Retirement, Food Stamps, etc.)? _____ Yes _____ No

If yes, list the type of benefit and amount you receive each month:

Are you a Veteran? _____ Yes _____ No Do you receive Benefits from the VA? _____ Yes _____ No

If you receive VA benefits, please explain:

Have you been convicted of a felony? _____ Yes _____ No If yes, please explain your conviction:

Have you been charged with a sex crime? _____ Yes _____ No If yes, please explain:

Are you on Probation/Parole? _____ Yes _____ No If yes, please explain:

What is the highest education level completed? _____

Have you received any Homeless Benefits (housing list, free healthcare, etc.): Yes No

If yes, please list which benefits you have received:

I understand that oater submitting this form, I am not promised an interview or placement on the waiting list. I understand that if my application is approved, someone will contact me to set up an interview where I will receive a Program Policy for my review.

Yes, I understand No, I do not understand

By signing below, I affirm that all the information I have given is true and correct. I affirm that I have filled this out myself and am personally requesting an interview for the LTP Program.

(Applicant Signature) Date: _____

******* For Office Use Only *******

Date Application Received: _____

Staff Member: Check all that apply

Application has been filled out completely

Applicant has stayed in the Rescue Shelter (Dates of stay: _____)

An Interview WILL NOT be set up with this applicant.

An interview WILL be set up with this applicant Interview Date: _____

LTP Policy Manual has been provided to the Applicant

After interview:

Applicant has been ACCEPTED or DECLINED from the Life Transformation Program.

Applicant will be placed on a waiting list and under observation. Prospective Start Date: _____

Applicant will be brought into the First Steps Pre-phase. Immediate Start Date: _____

Notes:

Staff Member Signature: _____ Date: _____