

Ark Services for Youth Youth Independent Living Housing and Services Application

If assistance is needed to complete this application, please contact YILO@ccdok.org or (269) 381-9800

Date: _____

Name: _____
First Middle Last

Phone Number: _____
Home Work Alternate Contact

Mailing Address: _____
Street City State Zip Code

Referred by: _____
Name Agency Phone

Emergency Contact: _____
Name Relationship Phone

Age: _____ Date of Birth: _____

Gender: Woman Man Transgender Questioning Culturally Specific Identity (e.g. Two-Spirit) Non-Binary Different Identity Prefer Not to Answer

Are you currently Pregnant Yes No If expecting when is the due date? _____

Household Size: _____

Number of Children in Household: _____

Number of Adults in Household: _____

Background Information only if under 18 years old

Mother's Name: _____ Place of residence: _____

Father's Name: _____ Place of residence: _____

Are you legally emancipated Yes No Are you adopted Yes No

Have you been in foster care Yes No If yes, dates and reason for care? _____

Housing Status for Applicant

Are you currently/soon to be homeless and in need of housing? Yes No

Amount of time homeless: (Not having your own stable place to live)

- First time homeless Chronic: 4 times in past 3 years Never
 1-2 times in the past Long term: 2 years or more

Date homelessness Started: _____

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Did you ever experience homelessness as a child? Yes No If yes, explain: _____

Please choose your current living situation (please pick only ONE):

- | | | |
|---------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Hospital or Medical Facility | <input type="checkbox"/> Jail, Prison or Juvenile Center |
| <input type="checkbox"/> Living With Family | <input type="checkbox"/> Rental House / Apartment | <input type="checkbox"/> Own House/Apartment |
| <input type="checkbox"/> Living With Friends | <input type="checkbox"/> Substance Abuse Treatment Center | <input type="checkbox"/> Transitional Housing for Homeless |
| <input type="checkbox"/> Place not meant for Habitation | <input type="checkbox"/> Other _____ | |

If currently living in a shelter, name of shelter: _____

Do you have a current lease? Yes No If Yes, lease expiration date: _____

Have you been, or are you going to be, evicted? Yes No If Yes, date: _____

What was the zip code of your last permanent address? _____

Are you or anyone in the household a U.S. Military Veteran? Yes No If Yes, list name(s) below: _____

Are you living in a hotel/motel paid for by a program? Yes No

Are you living in permanent supportive housing? Yes No (example: Section 8, PBV, Section 811)

Answer income and non-cash information for all in household

Have you applied for SSI or SSDI? Yes No

If you have applied for SSI/SSDI, what was the outcome of the initial decision? Accepted Denied

What is the total monthly income for the household? _____

Please list all sources of income in your household. Also list any non-cash assistance income sources (e.g., Food Stamps, WIC, etc.).

Name of person with income	Age	Source of income	Amount per month (before taxes)	Start Date	How often is income received? (e.g., weekly, monthly)

Answer current and past employment information for all adults in Household (past three years)

Name of Person with Employment	Employer (Include City, State & Zip, If Known)	Phone# / Fax #	Dates From/To	Hours Per Week	Hourly wage	Reason for Leaving

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Please list any adults who are unemployed. Also indicate if they are looking for work.

_____ Yes, looking for work Not looking for work

_____ Yes, looking for work Not looking for work

ASSETS: **PLEASE NOTE: Copies of documentation may be required for all assets.**

Assets are cash or non-cash items that can be converted to cash. Please check all that apply.

- | | | |
|--------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> I have no assets. | <input type="checkbox"/> Money market account | <input type="checkbox"/> Rental property |
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Lottery winnings | <input type="checkbox"/> Stocks or bonds |
| <input type="checkbox"/> Savings account | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Other (explain): |

Education

What best describes your current school situation?

- Obtained Diploma Obtained GED Attending School Regularly Suspended Expelled Dropped out
- Some College College Degree Trade/Vocational School School Not in Session

If you dropped out, do you plan on re-enrolling or enrolling in alternative education? Yes No

Please answer the following miscellaneous questions

What is your means of transportation?

- Bicycle Own a vehicle Walk Family/Friends Bus

Please list any adults with a valid driver's license: _____

Types of Identification:

Driver's License #: _____ **State Photo ID #:** _____

Social Security Card #: _____ **Birth Certificate:** Yes No

Please list any other social service agencies that are currently providing services for you or for your household members: (For example: Family and Children Services, WIC, ISK, Kalamazoo Wraps, Communities in Schools, etc.)

Agency	Worker's Name	Services Received	Begin/End Dates	Phone

Are you currently receiving services from the Department of Human Services (DHHS)? Yes No

DHHS Workers Name: _____ **DHHS Workers Phone:** _____

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Legal/Criminal History **Please Note:** A criminal record does not automatically mean you will be denied housing services.

Have you (or co-applicant) ever been charged or convicted of a crime? Yes No

If yes, please explain and include dates: _____

Do you have any current pending criminal matters? If so, what, and when? _____

Questions about Services and Housing

Personal Opinion:

1. Why do you want to be involved in the Youth Independent Living Program? _____

2. What are your expectations of this program? _____

3. Are you open to living with roommates or housemates who have children? _____

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4. Social Skills

On a scale of 1-5, (POOR = 1 to 5 = BEST) how would you rate yourself at the following:

Wake up on your own: _____ Household Chores: _____ Hygiene: _____

Laundry: _____ Being on time: _____

On the same scale, (1= POOR, 5 = BEST) how do you get along with?

Peers: _____ Counselors: _____ Teachers: _____ Bosses: _____

Co-Workers: _____ Roommates: _____ Police: _____ Family: _____

5. Independent Living Skills

On a scale of 1 to 5, (1=POOR, 5 = BEST), rate your ability to:

Purchase food	_____	Budget money	_____	Prepare well-balanced meals	_____
Purchase clothing	_____	Take care of others	_____	Use banks	_____
Find jobs	_____	Hold jobs	_____	Use of public transportation	_____
Use hospital	_____	Use Library Services	_____	Apply to Colleges	_____
Access Phone	_____	Have Driver's License	_____	Obtain Insurance	_____

6. Please choose any of the following other supportive services that interest you:

- | | | |
|----------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> Education Referral (GED, Vocational Training, College Enrollment) | <input type="checkbox"/> Employment Assistance (Resume Building) |
| <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Childcare Options | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Housing Care/Rental issues | |

"I certify that all information contained in this application is true and complete to the best of my knowledge."

Applicant Signature

Date Signed

*****Send this completed application via email to YILO@CCDOK.ORG, or to any of Catholic Charities Diocese of Kalamazoo sites: Van Domelen Center at 1441 S. Westnedge Ave Kalamazoo MI 49008, Ark Shelter at 990 W. Kilgore Kalamazoo MI 49008, CCDOK Main Office 1819 Gull Road Kalamazoo MI 49048, or Catholic Community Center 346 Catalpa, Benton Harbor MI 49002. Once the application is received, it will be reviewed to determine basic eligibility. Every application submitted will receive a letter sent to the contact information listed on the application confirming receipt of the application and information about the next steps in the application process.***

The Ark Services for Youth programs serve the following counties: Allegan, Barry, Branch, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren.