



PIONEER
HUMAN SERVICES
A CHANCE FOR CHANGE

Pioneer Human Services Transitional Housing Program Application

Pioneer Human Services Transitional Housing is a recovery based program that addresses barriers to permanent housing. As part of our program all clients are required to have weekly engagement with program staff and attend weekly house meetings. The basic rules and program expectations are: pay your program fees, no threats or acts of violence, no drug/alcohol use (ON or OFF premises), and to participate in community living, and complete basic daily chores.

Your name:

Today's date:

Your current contact number:

Message phone?

Yes

No

Soc. Sec #

Gender:

Male

Female

Age:

DOB:

Marital Status:

Single

Married

Divorced

Separated

Widowed

Have you ever served in the Military?

Yes

No

If YES, type of discharge:

Estimated date you will need housing:

How many people will be living in housing?

Are you a registered sex offender?

Yes

No

If YES, explain the circumstances and what level:

Do you have a history of arson (setting fires)?

Yes

No

Do you have a history of violent behavior (including domestic violence)?

Yes

No

What is your monthly income?

What is the source of your income?:

Wages

DL

GAX

SSA

VA pension

Other

(If other, please explain)

Do you have minor children who will be living with you?

Yes

No

Have you ever stayed in Pioneer Housing before?

Yes

No

Which building?

When?

Why did you leave?

Who referred you to PHS?

Are you coming from prison or work release?

Yes

No

If YES, which one:

Respect

Accountability

Positive Change

Innovation

Relationship

Balance

Are you currently in an Opioid Replacement program? Yes No
(Methadone/Suboxone)

Have you ever been to drug/alcohol treatment program? Yes No
When? Where?

Did you complete the program? Yes No
If NO, why not?

What is your sobriety date?

What was your drug of choice?

Do you require help with your daily needs? Yes No
What kind of help?

Have you ever been diagnosed with depression or other mental health issue? Yes No
Diagnosis:

List ALL current prescribed medications:

Additional Contact Information:

PO Name: Phone:

DOC Name: Phone:

Case Manager Name: Phone:

Mental Health Provider: Phone:

Payee Name: Phone:

By submitting this form, the applicant acknowledges all information provided is true and complete and authorizes Pioneer Human Services to verify information and check references. Any false information may be grounds for termination. Applicant understands that this program is DRUG and ALCOHOL FREE.

Please submit your completed application by e-mail to: housing@p-h-s.com, or fax to: 206-681-0500, or mail to the address below. **Note:** Intake appointments cannot be confirmed without a completed application. You may contact the Admissions Coordinator at 206-681-0500 for further information.

Pioneer Transitional Housing
Admissions Coordinator
Augustine Clinic Building
1108 E. Spruce St.
Seattle, WA 98122

Respect Accountability Positive Change Innovation Relationship Balance