Resident Information – Confidential

Pioneer Transition House Referral

Resident Name:	Gender: Male Female
DOB/ Social Security #::	How many times in the last year have you been homeless? Last three years?
Have you served in the US Military: Yes/No	How can I contact you for an interview:
Food Assistance: Yes/No Amount:_____/month	Comments:
Medical Assistance: Yes/No Type:_____	
Income: Yes/No Type:_____	Who were you referred by:
Other Assistance: Yes/No Type:_____	From where(organization):

Eligibility Information

Homeless at program entry: Yes/No	Prior Skagit County residency: Yes/No
Do you have any active warrants or pending charges: Yes/No Explain:	Have you received mental health and/or substance abuse services? Where?
What type of facility are you exiting:	18 years or older: Yes/No
Expected Release Date from this facility: _____	Income:_____ Provide verification.

Will you commit to a housing plan and program participation requirements if admitted into this housing program? By signing below you are acknowledging you accept community case management to improve your quality of life and in obtaining more permanent housing.

Emergency Contacts

1. Name:	Relationship:
Phone:	Address:
2. Name:	Relationship:
Phone:	Address:

In the event that I am incapacitated, absconded from the program, incarcerated, or not present to make decisions about my personal property, the following are allowed to take possession of my property from my emergency contacts:

____ I would like #(s) _____ to make my decisions for me.

Clinic/hospital name:	Doctor:
Mental Health Agency:	Number:
Chemical Dependency Agency:	Number:
Assigned probation officer:	Probation contact number:

By signing this you agree that the information above is true and correct and to the best of your knowledge.

_____ _____

Applicant Date Witness Date

Please attach mental health assessment, chemical dependency assessment, income verification, and copy of ID if available and fax to Kathleen Peterson at (360) 336-0117.