



# Rapid Re-Housing Application

## Family Youth Interventions

**Rapid Re-Housing Program**

Phone: (586) 477-1855

Email: [rrh.info@familyyouth.com](mailto:rrh.info@familyyouth.com)

[www.familyyouth.com](http://www.familyyouth.com)

**If form is not showing as fillable, you will need to upload to a PDF reader app. These apps can be downloaded for free. Once complete, email to [rrh.info@familyyouth.com](mailto:rrh.info@familyyouth.com)**

<b><u>OFFICE USE ONLY</u></b>
Application Received:

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**PLEASE NOTE: ALL INFORMATION ON THIS FORM WILL BE TREATED CONFIDENTIALLY**

**No person or agency, other than yourself and the staff member/agency making your referral, will be contacted without your knowledge and consent.**

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### **1. APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
Do you go by any other Names? <input type="checkbox"/> No <input type="checkbox"/> Yes →		Age:	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other:	
Primary Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Secondary Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Do you have any identifying marks? (birthmarks, braces, scars, tattoos, piercing) <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:					
Contact information:		Phone number:		Email:	
Current Address:	Street:	City:	State:	Zip:	
County:		How long at address:			
Most Recent Living Situation: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Relative's Home <input type="checkbox"/> Friend's Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Drug Treatment Center <input type="checkbox"/> Living Independently <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Shelter <input type="checkbox"/> Residential Program <input type="checkbox"/> Jail <input type="checkbox"/> Homeless <input type="checkbox"/> Other:					
Current Situation: <input type="checkbox"/> Homeless <input type="checkbox"/> Potentially Homeless <input type="checkbox"/> Evicted <input type="checkbox"/> None of the above					

### **2. BACKGROUND INFORMATION**

Mother's Name:		Residence:	
Father's Name:		Residence:	
Birthplace: City:		State:	
Do you have children? <input type="checkbox"/> No <input type="checkbox"/> Yes → Please complete next section (Continues on next page)			
Child's Name:		Gender:	Date of Birth:
Child's Name:		Gender:	Date of Birth:

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Child's Name:	Gender:	Date of Birth:
Do you have custody? <input type="checkbox"/> Yes <input type="checkbox"/> No → Who does?		
Relationship Status: <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other Do you plan to have partner live with you? <input type="checkbox"/> No <input type="checkbox"/> Yes → Please complete information on page 3		
Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes → What is the disability type: <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health Problem		
Are you covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes → If yes, type: <input type="checkbox"/> MEDICAID <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> Private Pay		

### **3. LEGAL HISTORY**

Have you ever been arrested or in trouble with the law? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Do you have any charges pending? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Do you have any upcoming court dates? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Are you currently on probation or parole? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Are you AWOL from a court-ordered placement or not in contact with your worker? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Are there any outstanding pick-up orders or warrants for your arrest? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Have you ever been charged with a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:
Have you ever been charged for criminal sexual conduct? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:

### **4. EDUCATION**

Please mark all that describe your educational status: <input type="checkbox"/> Attending High School <input type="checkbox"/> Graduated High School <input type="checkbox"/> Completed GED <input type="checkbox"/> Attending College <input type="checkbox"/> Attending Trade School <input type="checkbox"/> Some College <input type="checkbox"/> Graduated College/Trade School <input type="checkbox"/> Dropped Out <input type="checkbox"/> Not Attending	
If attending a school: Name:	How long at school:
If not enrolled in school are you interested in enrolling? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:	

### **5. EMPLOYMENT/FINANCIAL HISTORY**

Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes →	Where:	How long:	Hours a week:
If not employed, please describe plan to find employment.			
Employment History			
Employer/Training Program		Dates: From-To	

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Do you receive any other form of income? <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> DHHS benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash Assistance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Other Spousal Support		
<b>Total Income</b>	Monthly Income	Monthly Non-Cash Income

### 6. SUBSTANCE USE HISTORY

Are you concerned about your substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A						
Have you ever tried to cut back on your use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A						
Have you ever been annoyed when questioned about your use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A						
Have you ever felt guilty about your use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A						
Have you ever had an "eye-opener" to get you started in the morning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A						
<small>Answer that for use over the past <u>six</u> months</small>						
Substance	Never	1-2 Times	3-10 Times	11-20 Times	Over 20 Times	Age of first use
Alcohol (beer, liquor, wine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates (heroin, morphine, codeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Over the Counter or Prescription Misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cigarettes/Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallucinogens (LSD, PCP/angel dust, ecstasy, mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stimulants (cocaine, crack, speed, meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been in drug treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes → Please list below						
Agency/Program			Dates: From-To			

### 7. ROOMMATE

First Name:	Last Name:	Relationship:
Age:	Felony Charges: <input type="checkbox"/> No <input type="checkbox"/> Yes	Past Evictions: <input type="checkbox"/> No <input type="checkbox"/> Yes, When →

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### 8. HOUSING INTEREST

Number of Rooms: <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom	*Please note, while you may prefer a two bedroom (which is fine), funds for two bedrooms, are dedicated to participants with children.
What area of Macomb are you interested in living: (check at least 2 options)? <input type="checkbox"/> Armanda <input type="checkbox"/> Center Line <input type="checkbox"/> Chesterfield <input type="checkbox"/> Clinton Township <input type="checkbox"/> Eastpointe <input type="checkbox"/> Fraser <input type="checkbox"/> Harrison Township <input type="checkbox"/> Macomb <input type="checkbox"/> Mt. Clemens <input type="checkbox"/> New Baltimore <input type="checkbox"/> New Haven <input type="checkbox"/> Richmond <input type="checkbox"/> Romeo <input type="checkbox"/> Roseville <input type="checkbox"/> Shelby Township <input type="checkbox"/> St. Clair Shore <input type="checkbox"/> Sterling Heights <input type="checkbox"/> Utica <input type="checkbox"/> Warren	
Do you have a preference on what floor? <input type="checkbox"/> No <input type="checkbox"/> Yes →	
How long do you foresee needing assistance?	

### 9. SUPPORTIVE SERVICES

Please check any services you may need assistance with: <input type="checkbox"/> Mental Health/Counseling <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Child Care <input type="checkbox"/> Physical Health <input type="checkbox"/> Transportation <input type="checkbox"/> Educational <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Employment
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### 10. DOCUMENTS

When signing your lease, you will need specific documents. Please check all that you have access to:			
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License/State I.D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Score	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment/Income History	<input type="checkbox"/> Yes <input type="checkbox"/> No	References	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Evictions (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**I verify that I am homeless. I have identified no appropriate subsequent housing options and lack the financial resources and support networks needed to obtain housing or remain in existing housing.**

Print Name:	
Signature:	
Date:	

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## **10. REFERENCES**

Please provide three references that can provide information regarding your ability to get along with others, readiness for independent living, work / school performance, etc.

Please Read & Sign Below:

***I authorize Family Youth Interventions to make inquiries of identified references. Although I recognize that these individuals and entities may have a general policy to disclose only specific, limited information, I authorize all past and current employers, educational institutions and all other individuals providing references to depart from that policy. I authorize these individuals and entities to respond to verbal and written inquiries from Family Youth Interventions regarding my past employment, verification of my educational background, my performance, and my personal character. I hereby release Family Youth Interventions and all such persons and entities providing information from any liability and damages incurred as a result of furnishing this information.***

### **PROFESSIONAL REFERENCE - Supervisor, teacher, counselor, case worker, past placement, etc.**

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

### **PERSONAL REFERENCE - Must be an adult. Can be family, neighbor, clergy, mentor, etc.**

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

### **ADDITIONAL REFERENCE**

Name:		Relationship:		
Phone Number(s):	Cell:	Work:	Home:	
Address:	Street Address	City:	State:	Zip:

**Please sign and date:**

Signature:	Date:
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Staff Member(s) Contacting References: \_\_\_\_\_

**PROFESSIONAL REFERENCE**

**Date of Contact:** \_\_\_\_\_

**Comments:**

**PERSONAL REFERENCE**

**Date of Contact:** \_\_\_\_\_

**Comments:**

**ADDITIONAL REFERENCE**

**Date of Contact:** \_\_\_\_\_

**Comments:**

## Housing Status: (check *one*):

- 1. Literally Homeless:** Places not meant for human habitation, shelter or transitional housing last night, exiting institution following homelessness or a survivor of domestic violence.
- 2. Housed and at imminent risk of losing housing:** Evicted, discharged from hospital/institution with no place to go, and condemned housing with no subsequent housing and inadequate resources.
- 3. Housed and at risk of losing housing:** At-risk due to high housing costs, conflict, or other conditions that put housing at risk and inadequate resources. Danger is not immediate.
- 4. Stably Housed:** Not at risk of losing housing.
- 5. Don't Know**
- 6. Refused**

## Documents List:

Documentation (Please check those that are appropriate based on your circumstances)

### If Homeless:

- 1. Shelter Verification:** Referring agency should provide homeless certification if possible.  
*HUD stipulates that RRH staff must attempt to obtain verification of your homeless status from an outreach program, your shelter, or your transitional housing program.*
- 2. Signed and dated letter from someone who is familiar with your living circumstances (if “on the streets” and no outreach verification is available).**
- 3. Signed statement from participant (see below).**

**I verify that I am homeless. I have identified no appropriate subsequent housing options and lack the financial resources and support networks needed to obtain housing or remain in existing housing.**

Print Name:	
Signature:	
Date:	