



# Rapid Re-Housing Application

## Family Youth Interventions

**Rapid Re-Housing Program**

Phone: (586) 277-1046

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 form 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		
Total Income	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						
Answer that for use over the past <u>six</u> months						
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      Do you plan to have a roommate No Yes → Complete below

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. EXPLANATION OF CURRENT HOUSING SITUATION**

Please explain your current housing status

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## **11. REFERENCES**

Please provide references that can provide information regarding your housing status and may be able to provide verification of your homelessness status.

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 and current housing status. 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.*

**Applicant Signature:**

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Name:		Relationship:	
Phone Number(s):	Cell:	Work:	Home:
Email Address:			

Name:		Relationship:	
Phone Number(s):	Cell:	Work:	Home:
Email Address:			

**Please sign and date:**

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

**REFERENCE**

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

**Comments:**

**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:	