



For Office Use Only:

Move In Date \_\_\_\_\_

Move Out Date \_\_\_\_\_

## Housing Program Application

We use this application to get to know more about you, your current situation, challenges and barriers you identify you may be facing, and what path you are working on moving forward. We are non-judgmental and non-discriminatory, but we do need to begin from the shared understanding of honest communication as the foundation of your success and the success of the F5 Project.

### PART 1: Tell Us About Yourself

Name (Please Print) \_\_\_\_\_ Aliases: \_\_\_\_\_  
(First, Middle, Last)

Current address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Former locations lived \_\_\_\_\_  
(City, State)

Other Contact Info \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Relationship of Emergency Contact \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Relationship of Emergency Contact \_\_\_\_\_

### Identification – Circle All That You Have In Possession

Birth Certificate      Social Security Card      State-Issued Picture ID      Tribal ID      Military ID

Other ID \_\_\_\_\_ Social Security Number \_\_\_\_\_ State Born In \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (At time of application) \_\_\_\_\_. Circle:      Male      Female

### OPTIONAL: Race/ Ethnicity How do you describe your race/ ethnicity?

(This information does not affect housing but may help F5 obtain grant funding)

White/ Caucasian      Black/ African American      American Indian/ Native American/ Alaskan Native

Hispanic/ Latino      Other \_\_\_\_\_      Primary \_\_\_\_\_



**PART 2: Housing**

The F5 Project recognizes the need for you to have a place to call home in order to begin to feel confident and strong in the rest of your transition journey. F5 houses are meant to be your home, like any other house but complete with supportive roommates and involvement in the F5 Program. All F5 participants work together like a family. You can count on them to share their strengths and they will count on you to share yours.

What is your current housing situation? \_\_\_\_\_  
\_\_\_\_\_

Who referred you to F5? \_\_\_\_\_

What other agencies/ supports are you working with? \_\_\_\_\_  
\_\_\_\_\_

**Income Information**

Approximately how much income have you had in the last month? \_\_\_\_\_

Fill in monthly amounts from the following sources:

- Earned Income/ Wages from a Job \_\_\_\_\_ Worker’s Compensation \_\_\_\_\_
- SSI (Supplemental Security Income) \_\_\_\_\_ General Assistance \_\_\_\_\_
- Tribal Funds \_\_\_\_\_ Student Grant/ Scholarship \_\_\_\_\_
- Unemployment Insurance \_\_\_\_\_ SSDI (Social Security Disability) \_\_\_\_\_
- VA Services (Compensation or Pension) \_\_\_\_\_ Child Support \_\_\_\_\_
- Alimony or Spousal Support \_\_\_\_\_ Contributions from Other People \_\_\_\_\_

Circle any of the following non-cash benefits that you receive:

- SNAP (Food Stamps) \_\_\_\_\_ TANF Transportation Services \_\_\_\_\_
- Other TANF- funded services \_\_\_\_\_ Other \_\_\_\_\_

Any other income and benefit related information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART 3: Tell Us About Your Challenges/ Your Focus with the F5 Project**

The F5 Project is a “family” and a community. All of our programs are filled with compassion, empathy, and optimism. We also understand there are difficult challenges we all need to face. Therefore, we believe in identifying those challenges so that we can foster strategies and supports for resilience for day-to-day, and week-to-week challenges.

**Medical Needs**

Circle any current or past issues, as diagnosed by a medical provider:

- Heart Disease                      Stroke                      Cancer                      HIV/AIDS                      Hepatitis C
- Liver Disease                      Kidney Disease/ Dialysis                      Arthritis related conditions
- Emphysema                      Severe Asthma                      Chronic Bronchitis                      Traumatic Brain Injury
- Dementia                      Vision Impairment                      Hearing Impairment                      Other \_\_\_\_\_

Are you currently, or have you even been, diagnosed with a long term disability?  
If so please describe:

Do you have any undiagnosed health concerns?  
If so please describe:

List any medications you are prescribed: name, dose, how often. Continue on back of page or attach page if needed.

Name, dose, how often:

Are you currently taking as prescribed?

If not, when taken last and why not current?

Example: Wellbutrin, 300 mg, daily

Last taken 3 weeks ago as I ran out of pills and could not afford refill

Describe your struggles with alcohol/ drugs. Be specific. Include the age when you started using. Continue on back of page or attach page if needed

Circle if *used back of page*  
Circle if *attached additional page*

## The F5 PROJECT COMMUNITY GUIDELINES AND AGREEMENT

### I HAVE THE RIGHT TO OPEN, HONEST COMMUNICATION;

- Therefore, my responsibilities are:
- Initial **To maintain communication with parole/probation agents and F5 staff in order to allow for my most positive path forward**
  - Initial **To follow all of the aftercare/ treatment instructions from those I choose as part of my support network and communicate these steps to the F5 staff.**
  - Initial **To communicate with people in the F5 “family” and outside the F5 “family” in an open, honest way in order to build connections in the community and the build a strong supportive network. This includes attending all mandatory weekly house meetings.**
  - Initial **To communicate with the F5 “family” when I am struggling with any part of my goals and addressing challenges. I will reach out for help.**
  - Initial **To communicate with the F5 “family” when I see another person struggling with their challenges. I will reach out to help others.**

### I HAVE THE RIGHT TO A SAFE, SUPPORTIVE PLACE TO CALL HOME (HOUSING);

- Therefore, my responsibilities are:
- Initial **To do my part to maintain a sober environment for myself and others by:**
  - Not possessing drugs, alcohol, mood altering substances, mouthwash, over the counter medications with alcohol (including ‘non-alcoholic’ beer or wine).
  - Not possessing any drug related paraphernalia of any kind including hookahs, rolling papers, etc.
  - Agreeing to take random drug/ alcohol tests when requested by F5 staff as these tests are used as a tool for accountability and communication.
  - Initial Not going to bars, lounges, etc. without F5 staff approval in advance.
  - Initial **To do my part to maintain a quiet and peaceful environment for myself and others by:**
  - Not acting in a violent (emotional or physical) or threatening way and also not bringing any weapons into the community (including in a vehicle).
  - Respecting the other residents of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas. I will also do my part to clean my room, make my bed daily, and ensure that the home is able to be inspected at any time by doing my fair share of housekeeping duties.
  - Not using any tobacco products in the house. Cigarette butts are disposed of outside. I will also only burn a candle if I am attending it so that there is no chance of fire.
  - Maintaining a curfew of 11 pm every night for the first 30 days. After 30 days, I can work out a more customized plan with the F5 staff.
  - Initial **To do my part to ensure the house is comfortable for the participants in terms of privacy & activity by:**
  - Not having non-participants on the property without F5 staff approval in advance. (For example, a recovery sponsor would be approved). This also includes pets and animals.
  - Maintaining separation between F5 houses on a day-to-day basis. For example, male participants of the program are not allowed at the women’s houses, and vice versa, without approval from F5 staff in advance.
  - Maintaining personal space within the F5 Project residences. For example, participants are not allowed in each other’s rooms. All conversations and interactions should be in the common space. If I choose to add a door lock to my room, it must be an approved lock a key must be given to F5 staff.
  - Initial **To work with F5 staff if I am struggling. They understand; they will help; and they will walk that path with me to help me minimize the struggle and capitalize on my strengths.**
  - Initial **To have ongoing communication with F5 staff about healthy socialization, recovery, and wellness.**



**The F5 PROJECT COMMUNITY GUIDELINES AND AGREEMENT: Signatures**

Although I have initialed each part above, I am signing in acknowledgement that I will work hard to be an active and positive member of the F5 community. I will foster a family environment that is supportive. I understand that my success and the success of The F5 Project are in my hands and I am empowered to create my own success. The road may be winding, but it will always lead forward and my signature indicates that I am ready to take that step and ensure that we build a community together with these guidelines as a framework.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date