



INITIAL SCREENING APPLICATION FOR SERVICES

Applications will expire after 90 days. If eligible, applicants will need to go through our interview process as well as be approved for shared housing. Receiving this screening packet does not guarantee that you will be housed in our program. Applicants are encouraged to continue their search for clean and sober housing.

Date Received by BIMA: _____
(agency use only)

Demographic Information

Applicant Name: (Last, First, Middle): _____

Please indicate family status:

- Married/Separated Single Divorced
 Widowed Long term partner

Social Security #: _____ DOB (mm/dd/yyyy) _____ Age _____

Ethnicity/ Race: (As self-reported) _____

Current/Mailing Address:

Contact Telephone: (____) _____ May we leave messages at this number? Y N

Alternate Telephone (____) _____ May we leave messages at this number? Y N

Is applicant currently receiving case management services and/or other assistance such as (check all that apply); N/A Y N If yes, check all that apply:

- Mental Health Services, Drug Treatment, other: _____

If Yes, are you willing to sign a release of information? Y N

Please describe some of the goals you have obtained in the past year

What are some future goals you would like to accomplish?

What areas do you feel this you could use additional support in?

Please add anything else you feel we should know that would be beneficial in supporting you.

1. Does applicant have a history of Domestic Violence? Y N If no, move to question 5

2. If applicant is fleeing from domestic violence, are they willing to participate in domestic violence education and counseling? Y N If no, please explain your reasons _____

2. If fleeing from domestic violence, is there a Protection Order in effect? Y N If no, skip to #5

3. Type of Protection Order: Permanent Temporary Expiration date: _____

5. Does applicant have a recent history (last 2 years) of alcohol or chemical abuse/addiction? Y N if no, move to section B.

6. If **yes**, has applicant-maintained sobriety for at least six months Y N

Applicant last date of use _____

7. Has applicant ever completed treatment? N/A Inpatient: Y N Out Patient Y N Treatment completion date _____

Does the applicant actively participating in a chemical dependency support group Y N If no, please explain?

A. Rental History Answering yes in this section will not necessarily disqualify you.

Last Permanent address: _____

City _____ County _____ State _____ Zip _____

How long ago _____

Does the applicant owe money to a housing authority? Yes No Amount: _____

Does the applicant owe money to a landlord? Yes No Amount: _____

Has the applicant ever been evicted? Yes No

B. Financial, Employment History, Education

Are you currently employed? Yes No If **yes**, Who _____, how long? _____
 full-time part-time seasonal temporary Name of employer: _____

Monthly earned Income gross: \$ _____ Other Source(s) of income: _____ Monthly Amount:
\$ _____

Does applicant have bank account yes no

Does applicant have a payee Yes No If Yes, name of Payee Service _____

C. EMPLOYMENT

Does applicant have previous job skills? Yes No If **yes**, please list previous skills.

Length of good work history: _____ No work history

Does the applicant have a protected payee? Yes No If **yes**, name of payee: _____

Contact information _____

D. EDUCATION

What is the highest level of education completed? _____

Are you currently enrolled in school Y N if yes,

Vocational Technical College courses GED ESL ABE HS-21
 full-time part-time

Name of School: _____ Program enrolled in: _____

E. Legal History

- Applicant must not distort any of the truth when completing the application. **Criminal history does not necessarily disqualify you from BIMA however, recent felonies (within one year) will be considered on case by case basis.**

Do you have a history of criminal activity? Y N
Felony Y N Misdemeanor? Y N

If you answered **YES**, please explain:

Date of conviction/s: _____

Type: _____

Do you have a criminal history relating to drugs? Y N

If you answered **YES**, please explain:

Date of conviction: _____

Type: _____

Do you or any household member have a criminal history relating to financial exploitation in which the victim was a vulnerable adult? Y N

If you answered **YES**, please explain:

Date of conviction: _____

Type: _____

F. Attachment Checklist

- Photo ID/ Driver's License (for each household member over the age of 16)
- Social Security Cards or print outs from SSA
- Last three (2) months' Income Verification which should include, pay stubs or other income award letters (i.e. SSI)
- A signed Release of Information form from the agency that referred you
- BIMA General release of information (for background check)
- BIMA General release of information for referring agency

Please attach all requested materials before submitting the screening packet. If there are incomplete portions of the application or missing attachments, your application will not be accepted.

By signing this document, you acknowledge that the information you have provided is true and complete to the best of your knowledge.

Applicant Signature: _____ **Date:** _____

BIMA does not discriminate based on race, color, national origin, religion, sex, disability, financial status.

**Please return the completed packet to:
Bridgette@bimaservices.org**