



## Ruth's House Program Application

*Fax completed application to 507-334-2487, or mail or bring it to 219 Fourth Avenue NW, Faribault, MN 55021*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS # \_\_\_\_\_ Phone # & Cell #: \_\_\_\_\_

Please indicate your current residence status:

\_\_\_ 24-Hour Shelter \_\_\_ Evening Shelter (name): \_\_\_\_\_

\_\_\_ Supportive Housing Program (name): \_\_\_\_\_

\_\_\_ Hotel/Motel (name): \_\_\_\_\_ Voucher by: \_\_\_\_\_

\_\_\_ Living with family \_\_\_ Living with friends \_\_\_ Living in car \_\_\_ Living on streets

\_\_\_ Currently hospitalized \_\_\_ Currently incarcerated Release date: \_\_\_\_\_

Name of facility: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Reason of stay: \_\_\_\_\_

\_\_\_ Other (please explain): \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other

Ethnicity/Race \_\_\_\_\_

Please explain your need for services from Ruth's House. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you involved or have you been involved with any service provider agencies? (Example: Social Services, HOPE Center, Three Rivers, Northfield CAC, Child Protection, etc). Please explain.

\_\_\_\_\_

Office Use Only:

**Received: Date & Time:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**Phone Number/Address:** \_\_\_\_\_

\_\_\_ Emergency \_\_\_ Transitional \_\_\_ DV \_\_\_ SHP \_\_\_ CD \_\_\_ Doc. Disability \_\_\_ Children

Accepted to program date: \_\_\_\_\_ Move in date: \_\_\_\_\_

**Child/Children Information who will be residing with you**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Grade/School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Grade/School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Grade/School \_\_\_\_\_

**Please use additional sheet or back for additional children**

Child Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

**Criminal History**

***Conviction of a crime will not automatically exclude you from the program.***

Are there any legal and/or personal matters which could interfere with your taking possession and maintaining occupancy in this housing program? \_\_\_\_\_

Have you ever been arrested and convicted of the following?

\_\_\_ Domestic Violence \_\_\_ Assault \_\_\_ Robbery \_\_\_ Property Damage

\_\_\_ Drug Possession \_\_\_ Drug Distribution/Trafficking \_\_\_ Drug other (explain)

\_\_\_ Any Violent Crime (explain) \_\_\_\_\_

Do you currently have any outstanding criminal justice issues? \_\_\_\_\_

\_\_\_ Outstanding warrants \_\_\_ Bail violations \_\_\_ Outstanding bail conditions

\_\_\_ Current convictions, awaiting sentencing \_\_\_ Sentencing obligations

Please Explain: \_\_\_\_\_

Are you on probation? \_\_\_\_\_ Probation Officer Name: \_\_\_\_\_

Phone Number to Probation Officer \_\_\_\_\_ Probation Ends: \_\_\_\_\_

**Education Background**

Have you received your High School Diploma? \_\_\_\_\_ GED? \_\_\_\_\_ When? \_\_\_\_\_

Have you taken College courses? \_\_\_\_\_ Years completed? \_\_\_\_\_

Do you have a degree? \_\_\_\_\_ What is your degree in? \_\_\_\_\_

## Employment/Income Background

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Address and phone number to employer \_\_\_\_\_

How many hours per week? \_\_\_\_\_ Hourly wage? \_\_\_\_\_ Date started? \_\_\_\_\_

Is your employment status \_\_\_ Permanent \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Other

Do you work with the Workforce Center? \_\_\_\_\_ Worker: \_\_\_\_\_

### Other sources of income:

MFIP Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

DWP Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Social Security Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

State SSI Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Food Stamps Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

General Assist. Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Child Support Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Retirement/Pension Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Disability Permanent/Temporary Who? \_\_\_\_\_ \$ per month \_\_\_\_\_

Worker's Compensation Who? \_\_\_\_\_ Length of benefits to date: \_\_\_\_\_

Expected Duration: \_\_\_\_\_

Other Income: \_\_\_\_\_

Please provide proof of income and benefits.

## Health/Disability History

Do you have health insurance? \_\_\_\_\_ **please provide a copy of your insurance card**

Do you consider yourself, or another member of the family, as having a disability? \_\_\_\_\_

Who has this disability? \_\_\_\_\_ please indicate the disability below

\_\_\_ Physical Is the disability permanent? \_\_\_\_\_ \_\_\_ Mental \_\_\_ Developmental

\_\_\_ Chemical Dependency What is your chemical of choice? \_\_\_\_\_

Have you attended treatment? \_\_\_\_\_ If so, when and where? Please indicate if inpatient or outpatient.

\_\_\_\_\_  
\_\_\_\_\_

How long have you been sober or clean? \_\_\_\_\_

Has this disability been diagnosed by a medical doctor? \_\_\_\_\_ By who? \_\_\_\_\_

If not, please explain why \_\_\_\_\_

**Please provide a copy of disability paperwork.**

Please indicate if there are accommodations required.

Do you or your children have any medical conditions including mental health issues?

\_\_\_\_\_  
\_\_\_\_\_

Do your child/children have any special needs or require any medical services? If so, what are they and who?

\_\_\_\_\_  
\_\_\_\_\_

Do you or your children use any medications including prescription and non-prescription medications, drugs or alcohol? If so what are they and who? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any additional health information you feel is important \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Housing History

Last permanent address: \_\_\_\_\_

Length of time at that residence? \_\_\_\_\_ Amount of rent? \_\_\_\_\_

Landlord's Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Evictions: \_\_\_\_\_ Number of Unlawful Detainers: \_\_\_\_\_

Reasons for evictions: \_\_\_ Nonpayment of rent \_\_\_ Persons in household not on lease

\_\_\_ Illegal activity-drug related \_\_\_ Domestic Violence \_\_\_ Property Damage

\_\_\_ Illegal activity-nondrug related \_\_\_ Property damage \_\_\_ Other: explain \_\_\_\_\_

Have you applied for Section 8 or Public housing? When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have other rental assistance (ex. Section 8) in good standing? \_\_\_\_\_

Issuing program and length of time remaining on certificate \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this your first experience being homeless? \_\_\_\_\_ How long? \_\_\_\_\_

Please describe your homeless situations: \_\_\_\_\_

What do you feel contributed to your current state of homelessness? \_\_\_\_\_

### **Veteran Information**

Are you or an immediate family member a Veteran of the Armed Forces? \_\_\_\_\_

Years of Service? \_\_\_\_\_ Do you use VA Services? \_\_\_\_\_

Are you currently in the military? \_\_\_\_\_ If so which branch and unit? \_\_\_\_\_

### **Other Information**

Any additional information you feel is important for us to know. \_\_\_\_\_

Are there any unsafe people in your life? Please identify them. \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Provide a copy of your current ID.**

I certify the information in this application is true and correct. I authorize Ruth's House of Hope, Inc. to contact the sources listed in this application for the purpose of verifying the accuracy of the information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of Applicant)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_