



Ruth's House Program Application

Fax completed application to 507-334-2487, e-mail to meghans@ruthshousemn.org

or mail it to P.O. Box 593, Faribault MN, 55021

Name: _____ Date of Birth: _____

Phone#: _____ Email: _____

SS # _____

Marital Status: Married Single Divorced Widowed Other

Ethnicity/Race _____

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: _____

Are you fleeing an abusive or domestic abusive relationship or household? Yes / No

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

Office Use Only:

Received: Date & Time: _____

Referring Agency: _____

Phone Number/Address: _____

Emergency Transitional DV CD Doc. Disability Children

Accepted to program date: _____ Move in date: _____

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.

Do you have children? Yes / No

If yes, how many and what is their age? _____

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: _____