



PROGRAM APPLICATION

Date of Application: _____ Referral Source: _____

Name: _____

Date of Birth: _____ SS#: _____ Phone #: _____

Address: _____

Street

City

State

Zip

Marital Status:

____ Single

____ Separated

____ Divorced

Level of Education:

____ K through 8

____ 9th through 12th

____ HS Diploma

____ College

____ GED

____ Tech School

Other _____

Ethnic Identity:

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Non-Hispanic or Non-Latino

<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American

Do you own a car? ___Yes ___No If yes: Make _____ Color _____ License # _____

Have you ever been a YWCA resident before? ___Yes ___No If yes, when: _____

WHO TO NOTIFY IN CASE OF ILLNESS

Name _____ Relationship _____ Phone _____

Address _____

Street

City

State

Zip

LEGAL INFORMATION

Are you currently on probation? ___Yes ___No If Yes, name of Probation Officer _____

Are you currently participating in a drug court program? Yes No If Yes, name of Case Manager _____

MEDICAL INFORMATION: Please rate your health: excellent fair poor Are you pregnant? Yes No
Do you have any chronic illnesses, conditions, or disabilities? Yes No (If yes, please explain) _____

Are you currently in treatment? Yes No

List all medications you take: _____

Are you currently seeing a Counselor/Therapist? Yes No If Yes, where? _____

Are you willing to sign a release of information form? Yes No

EMPLOYMENT/FINANCIAL INFORMATION:

OUTSTANDING BILLS: please specify amount and who is owed

____ Medical/Dental Bills _____

____ Back Rent/Utility Bills _____

____ School Loans _____

____ Loans _____

____ Other _____

INCOME

____ Employed by _____

Address _____ Phone # _____

How many hours do you work a week? _____ What is your hourly rate? _____

____ Unemployed

____ SSI, please specify amount _____

____ SSDI, please specify amount _____

____ Trustees, please specify amount _____

____ Unemployment income, please specify amount _____

____ Other, please specify source and amount _____

Please sign the attached release forms.

Signature _____ Date _____