

PO Box 262

Orange City, Iowa 51041

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Application can be submitted to Genesis House via mail or email

**Application Intake Form**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL INFORMATION

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you legally entitled to work in the U.S.? \_\_\_Yes \_\_\_No

Are you: \_\_\_Single \_\_\_Married \_\_\_Widowed \_\_\_Separated \_\_\_Divorced

Do you have any income? \_\_\_Yes \_\_\_No

 If yes, indicate the source and amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Pay stubs for the past three months, attached to this application.

If you have any children, please provide the following: (include all live births such as children who are deceased, have been adopted, or from whom your parental rights have been terminated, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FULL NAME | GENDER | DOB | AGE | GRADE IN SCHOOL | WHO HAS CUSTODY |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

HOUSING

Current Housing Status:

|  |  |
| --- | --- |
| \_\_\_Apartment\_\_\_House (own or rent?)\_\_\_Living on the street\_\_\_Abandoned building, house, tent, car,  etc.\_\_\_Free emergency shelter\_\_\_Free charged mission: YWCA\_\_\_Living with relatives, friends, etc.\_\_\_Shared housing\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_Jail, Prison, Juvenile  Facility\_\_\_Psychiatric Hospital\_\_\_Treatment Center\_\_\_Hospital\_\_\_Domestic Violence  Situation\_\_\_Subsidized Housing\_\_\_Hotel/Motel |

Where did you spend last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addresses where you have lived in the past two (2) years:

 Address Dates Reason for Leaving

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been evicted? \_\_\_Yes \_\_\_No

 If yes, how many times? \_\_\_\_ Why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any member of your household caused property damage, accidentally or intentionally, to a rental unit in the past 3 years? \_\_\_Yes \_\_\_No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any of your household owed money to any landlord in the past 3 years due to property damage? \_\_\_Yes \_\_\_No

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are homeless, how long have you been homeless? \_\_\_\_\_\_\_\_\_\_\_

How many times have you moved in the last two years? \_\_\_\_\_\_\_\_\_\_\_

Do you feel safe where you live now? \_\_\_Yes \_\_\_No

Do you find your place affordable? \_\_\_Yes \_\_\_No

Do you think the landlord maintains your place well? \_\_\_Yes \_\_\_No

Are you able to adequately take care of your place? \_\_\_Yes \_\_\_No

SNAPSHOT OF ISSUES

Please check any items below that pertain to your experience:

|  |  |
| --- | --- |
| \_\_\_ Adult survivor of sexual abuse or incest as  child\_\_\_ Adult survivor of physical abuse as a child\_\_\_ Adult survivor of emotional abuse/neglect as  child\_\_\_ Current victim of domestic violence\_\_\_ Past victim of domestic violence\_\_\_ Past substance abuser\_\_\_ Record of incarceration\_\_\_ Current child abuser/neglecter\_\_\_ Past child abuser/neglecter | \_\_\_ Adult child of an alcoholic\_\_\_ Mentally ill\_\_\_ Chronically physically ill\_\_\_ Child with special needs\_\_\_ Adult victim of rape/sexual assault\_\_\_ Family facing multiple issues\_\_\_ Your child as survivor/experiencing  sexual abuse\_\_\_ Your child as survivor/experiencing  physical or emotional abuse |

Is there anything that might be helpful for us to know about you that may interfere with your ability to fully benefit from this program?

Is there anything that might be helpful for us to know about you that may influence or strengthen your ability to fully benefit from this program?

MILITARY

Have you ever served in the military? \_\_\_Yes \_\_\_No

 If so, branch and dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION

What is the highest grade you have completed? \_\_\_\_\_\_\_\_\_

Did you complete? \_\_\_GED \_\_\_\_High School \_\_\_\_\_Some College \_\_\_\_College \_\_\_Vocational School \_\_\_Masters

Other education/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you ever receive any special education courses? \_\_\_Yes \_\_\_No

 If yes, with what subjects and grades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently attending school? \_\_\_Yes \_\_\_No

 If yes: \_\_\_Full time \_\_\_Part time

 If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your approximate grade average in school? \_\_\_\_\_\_\_

What school subjects did you like best? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your occupational and professional licenses:

What are your favorite hobbies and interests?

TRANSPORTATION

Do you have a valid driver’s license? \_\_\_Yes \_\_\_No

Do you have a car or use of a car? \_\_\_Yes \_\_\_No

 If yes, who is the owner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Make, Model, Year, License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have car insurance coverage? \_\_\_Yes \_\_\_No

LEGAL

Information provided will not be used to determine your eligibility unless you have been convicted of a violent crime or crime of sexual nature.

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No

 If yes, please explain the charges, sentences, and the dates:

Are you involved in any legal action at this time? (i.e. divorce, lawsuit, criminal, civil) \_\_\_Yes \_\_\_No

 If yes, please explain fully:

Has any member of your household ever been convicted of any misdemeanors or felonies?

 \_\_\_Yes \_\_\_No

 If yes, please explain the type of conviction, date and location:

Have any members of your household now, or in the past, had any drug related charges and/or convictions? \_\_\_Yes \_\_\_No

 If yes, please explain who, what, when, and where:

HEALTH

Are you pregnant? \_\_\_Yes \_\_\_No

 If yes, expected date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any type of disability? Please list how long you have had your disability.

|  |  |
| --- | --- |
| \_\_\_ Dental\_\_\_ Hearing\_\_\_ Sight\_\_\_ Speech\_\_\_ Chronic illness | \_\_\_ Temporary disability\_\_\_ Permanent disability\_\_\_ Emotional/Psychological problems\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Do you receive disability benefits? \_\_\_Yes \_\_\_No

Have you applied for disability benefits? \_\_\_Yes \_\_\_No

 If yes, how recently did you apply for disability benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a regular physician? \_\_\_Yes \_\_\_No

 If yes, name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to be in good health? \_\_\_Yes \_\_\_No

 If no, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any medications? \_\_\_Yes \_\_\_No

 If yes, please list (or attach a list of) all medications, dosage, and how often you take it:

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

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

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

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

Do you think your appearance or grooming has prevented you from reaching your goals?

 \_\_\_Yes \_\_\_No

 If yes, please explain:

Do you have any special medication conditions which impact your ability to function on a day to day basis?

 \_\_\_Yes \_\_\_No

 If yes, please explain:

Do you have a history of mental health concerns? \_\_\_\_Yes \_\_\_No

If yes, do you have a mental health diagnosis? Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this diagnosis impact your ability to function on a day to day basis? \_\_\_\_Yes \_\_\_No

If yes, explain:

EMPLOYMENT/SKILLS

Are you currently working? \_\_\_ Yes \_\_\_ No

What income (for example – job, child support, disability) and amounts are you currently receiving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you receiving any non-cash benefits (for example - Medicaid, food stamps, child care assistance, disability)

\_\_\_Yes \_\_\_No

What source and amounts are you receiving? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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From the list below, what obstacles prevent you from working right now?

|  |  |
| --- | --- |
| \_\_\_ Age\_\_\_ Lack of education\_\_\_ Language\_\_\_ Lack of reliable transportation\_\_\_ Lack of driver’s license\_\_\_ Lack of affordable childcare\_\_\_ Race\_\_\_ Sex\_\_\_ Criminal record\_\_\_ Health problems\_\_\_ No work experience\_\_\_ Gap in work history\_\_\_ Frequent absenteeism\_\_\_ Lack of available jobs in area | \_\_\_ Can’t relocate to area with more jobs\_\_\_ Lack of interviewing skills\_\_\_ Don’t know how to fill out applications\_\_\_ Substance abuse\_\_\_ Lack of resume/updated resume\_\_\_ Don’t know how to look for jobs\_\_\_ Fear of rejection\_\_\_ Don’t know what kind of job I want\_\_\_ Don’t want to work\_\_\_ Feel hopeless about getting a job\_\_\_ Difficulty reading or writing\_\_\_ Record of losing jobs\_\_\_ In school part time or full time |

Employment History:

1. Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Job Description/What did enjoy about this job?

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Job Description:

Did you like this job? \_\_\_Yes \_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other types of work you can do or any other skills you have? Please explain.

Given the opportunity, what type of work would you like to do?

Rationale and Explanation of Need

Please explain why you are interested in Genesis House and the circumstances that led you here.

How long of a transition do you expect to need to meet you and your family’s needs?

Please list any outstanding debts/bills you are trying to pay off.

Name/Type Approximate Sum

1.

2.

3.

4.

Please list at least four (4) goals you would like to achieve in the next two (2) years.

1.

2.

3.

4.

How can the staff at Genesis House help you gain greater self-sufficiency?

|  |  |
| --- | --- |
| \_\_\_ Home management skills\_\_\_ Food preparation class\_\_\_ Nutritional information\_\_\_ Diet or exercise class\_\_\_ Family planning services\_\_\_ Family counseling | \_\_\_ Car maintenance\_\_\_ Transportation assistance\_\_\_ Cultural and recreational activities\_\_\_ Landlord/Tenant Rights\_\_\_ Job seeking skills\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

What other kinds of assistance do you foresee you will need/want?

Who referred you to Genesis House?

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

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Genesis House does not discriminate against any family on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation or familial status except as allowed within the target population of this program. This information will be used to determine your eligibility, unless otherwise noted, and all statements on this application must be accurate to the best of your knowledge. No information on this application is made available to the general public.*

*By signing, I agree I have furnished this application information to the best of my knowledge and by this signature, approve and verify this information. I am aware that any fraudulent statements made in this application may be grounds for ineligibility.*

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

Signature of applicant Date