FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SRO HOUSING PROGRAM APPLICATION

HMIS #:

To apply for housing at the Downtown YMCA Men's Residence please complete this application. A complete application can be emailed to Wil Perez at wperez@ymcacny.org.

Applications must have copies of the applicant's ID and proof of income.

BACKGROUND INFORMATION

APPLICANT NAME: _____ **DATE**: _____
DATE OF BIRTH: _____ **AGE:** _____ **SOCIAL SECURITY #:** _____
PHONE NUMBER: _____ **E-MAIL:** _____
CURRENT (OR LAST) ADDRESS: _____
_____

TYPE OF HOUSING AT CURRENT (OR LAST) ADDRESS:

☐ EMERGENCY SHELTER
☐ SUBSTANCE TREATMENT / DETOX CENTER
☐ TRANSITIONAL HOUSING
☐ LONG TERM CARE / NURSING HOME
☐ HOTEL /MOTEL
☐ PERMANENT HOUSING (HUD)
☐ JAIL / PRISON
☐ OWN APARTMENT / HOUSE
☐ TRANSIENT / LIVING ON STREETS
☐ HOSPITAL
☐ FAMILY / FRIEND
☐ OTHER: _____

LENGTH OF STAY AT PREVIOUS OR CURRENT PLACE: _____
REASON FOR HOMELESSNESS AND/OR NEED FOR SUPPORTIVE HOUSING: _____
_____

HAVE YOU EVER BEEN ASKED TO LEAVE ANOTHER SHELTER OR SUPPORTIVE HOUSING PROGRAM? _____ **IF SO, WHEN WAS THIS AND WHY?** _____
_____

REFERRED BY:_____ **PHONE NUMBER:**_____

DEMOGRAPHICS

☐ AFRICAN AMERICAN
☐ ASIAN
☐ NATIVE HAWAIIAN/PACIFIC ISLANDER
☐ WHITE
☐ INDIAN
☐ HISPANIC/LATINO
☐ OTHER

ARE YOU A VETERAN? ☐ YES ☐ NO **IF YES, WHAT BRANCH?:**_____

ARE YOU DISABLED? ☐ YES ☐ NO **IF YES, EXPLAIN**:_____

_____

HAVE YOU LIVED AT *THE Y* BEFORE? ☐ YES ☐ NO **IF SO, WHEN**?:_____

WHAT WAS YOUR REASON FOR LEAVING *THE Y*? _____

FINANCIAL RESOURCES

HAVE YOU RECEIVED INCOME IN THE LAST 30 DAY? ☐ YES ☐ NO ☐ I DON'T KNOW

SOURCE OF INCOME (CHECK ALL THAT APPLY):

☐ EMPLOYED	☐ UNEMPLOYMENT INSURANCE	☐ PENSION
☐ PUBLIC ASSISTANCE	☐ SSI	☐ SSDI
☐ WORKER'S COMP	☐ VA BENEFITS	☐ OTHER: _____

EMPLOYER / PAYEE'S NAME & PHONE NUMBER: _____

TOTAL MONTHLY INCOME: _____ **DO YOU RECEIVE SNAP BENEFITS?** _____

LEGAL HISTORY

DO YOU HAVE ANY UNRESOLVED CHARGES OR CURRENT WARRANTS? ☐ YES ☐ NO

ARE YOU ON PROBATION, PAROLE, AND/OR DRUG COURT? ☐ YES ☐ NO

NAME AND PHONE NUMBER OF P.O. (IF APPLICABLE): _____

HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF ARSON? ☐ YES ☐ NO

SUBSTANCE USE HISTORY

DO YOU HAVE A HISTORY INVOLVING DRUGS AND/OR ALCOHOL? ☐ YES ☐ NO

ARE YOU CURRENTLY RECEIVING SUBSTANCE ABUSE TREATMENT? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

_____

SUBSTANCE(S) OF CHOICE: _____

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PHYSICAL HEALTH

DO YOU HAVE ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES? ☐YES ☐NO
IF YES, PLEASE LIST CONDITIONS OR DISABILITIES: _____

_____

PRIMARY CARE DOCTOR: _____ **PHONE NUMBER:** _____

MEDICAL INSURANCE TYPE (MEDICAID, ETC.): _____

INSURANCE POLICY NUMBER: _____

LIST ANY ACUTE OR IMMEDIATE NEEDS: _____

LIST ANY ALLERGIES: _____

LIST ALL MEDICATIONS: _____

MENTAL HEALTH

LIST ANY MENTAL HEALTH DIAGNOSES: _____

TREATMENT AGENCY: _____

THERAPIST/COUNSELER/CASE MANAGER: _____ **PHONE:** _____

APPOINTMENT SCHEDULE: ☐WEEKLY ☐ BI-WEEKLY ☐MONTHLY ☐OTHER: _____

MENTAL HEALTH SERVICES USED: _____

LIST ALL MEDICATIONS: _____

DATE OF LAST HOSPITALIZATION: _____ **REASON:** _____

TRIGGERS TO BE MADE AWARE OF: _____

OTHER

ARE YOU IN ADULT PROTECTIVE SERVICES? ☐YES ☐NO

WORKER NAME: _____ **WORKER NUMBER:** _____

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EMERGENCY CONTACT

EMERGENCY CONTACT: _____**PHONE NUMBER**: _____

RELATIONSHIP TO APPLICANT: _____

ARE YOU FLEEING DOMESTIC VIOLENCE? ☐YES ☐NO

APPLICANT STATEMENT

My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge, and contains no willful falsifications or misrepresentations. I understand that the YMCA reserves the right to ask me to leave the program for violating rules/regulations or for willfully providing false information on this application or during the intake process, and the YMCA can do so at any time.

Applicant Signature: _____

Date: _____

Copies of the following need to be attached to the application.

- ☐ **PHOTO ID**
- ☐ **SOCIAL SECURITY CARD**
- ☐ **MEDICAID CARD (IF AVAILABLE)**
- ☐ **BIRTH CERTIFICATE**
- ☐ **PROOF OF INCOME**