



**Bonner County Homeless Task Force Inc.
dba Transitions in Progress Services
T.I.P.S.**

A Shelter Program Serving Families and Victims of Domestic Violence

Program Application

Date Received:
Selection Comm:

Please Print

First Name: _____ MI _____ Last Name: _____
Social Security No. _____ Date of Birth _____

Phone where you can be reached _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Gender: Male _____ Female _____ Transgender _____

Name of Spouse/Partner: _____

Social Security No. _____ Date of Birth _____

Previous Address _____

City _____ State _____ Zip _____

Gender: Male _____ Female _____ Transgender: _____

Primary Race Applicant: White/Native American/Asian/Black/Hispanic/Latino/Native
Hawaiian/Pacific Islander/Other _____ (Please circle one)

Ethnicity: Hispanic/Non-Hispanic (Please circle one)

Primary Race Spouse/Partner: White/Native American/Asian/Black/Hispanic/Latino/Native
Hawaiian/Pacific Islander/Other _____ (Please circle one)

Are you homeless? Yes _____ No _____ Explain: _____

Have you and or your spouse/partner ever been homeless before? If so, where and when? _____

Where are you living now and why can't you remain there? _____

In order to qualify for this program, we must be able to verify that you are homeless. You must provide one of the following: Verification from any community professional person or professional institution or agency or, a signed statement from your family or friend where you are staying stating that you can no longer remain there or, a signed statement from you which clearly states you are homeless and verified by a professional person, institution or agency. If you do not have this with you, please bring to us ASAP so we can attach this to your application. **YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE YOUR VERIFICATION OF HOMELESSNESS.**

What is the zip code of your last permanent address? _____

Are you now or have you ever been a victim of domestic violence? _____

(This would include verbal, emotional, mental, physical, financial and or sexual abuse.)

Do you feel you are safe at this time? _____ Are you in a stalking situation? _____

Are you and or spouse/partner unemployed? Yes _____ No _____ Who? _____ If yes, are you looking for work? _____

Where have you or spouse/partner applied within the last 2 weeks? _____

Is you or your spouse/partner employed? Yes _____ No _____ Who? _____

Where are you employed? _____

Where is spouse/partner employed? _____

If you are currently employed, how many hours did you work last week? _____

Spouse/Partner? _____

Is your employment permanent, part time, full time, temporary? _____

Spouse/Partner? _____

What is your total monthly income? \$ _____ What is the source/s of this income? _____

Do you receive food stamps? _____ What is the amount per month? \$ _____

Has anyone ever been in the military? Yes _____ No _____ Branch _____ Months in active duty? _____ Did you serve in a war zone? _____ Where/When? _____

Discharge Type: Honorable, Dishonorable, Medical, Other: _____

What is the highest level of education you have completed? Grade _____ High School Graduate or GED? _____ College: _____ Degree? _____ Spouse/Partner: Highest grade completed: _____ Graduate or GED? _____ College: _____ Degree: _____

Have you or spouse/partner taken or completed any vocational or technical training? Please describe. _____

Have your children attended school on a regular basis? Yes _____ No _____ Last school attended? _____ If not, when and where did they last attend school? _____

(All children who reside in services must be enrolled in school. Home school is not allowed)

Are you a U.S.citizen? If not, do you have legal status in this country? _____ Are your children citizens of this country? _____ Do they have legal status in this country? _____ Are you currently applying for legal citizenship for you or your children? _____

Have you and or your spouse/partner ever been convicted of a felony or misdemeanor crime? Yes _____ No _____ What is the conviction/s for? _____

Please Explain: _____

(All applicants may be asked to submit to a criminal background check)

Please list the following information about each of your children:

Child 1: Name _____ DOB _____ SS# _____

Gender: Male Female

Primary Race: White, Black, Native American, Pacific Islander, Native Hawaiian, Asian, Latino, Hispanic, Other: _____

(Circle One)

Child 2: Name _____ DOB _____ SS# _____

Gender: Male Female

Primary Race: (write in description from above) _____

Child 3: Name _____ DOB _____ SS# _____

Gender: Male Female

Primary Race: _____

Child 4: Name _____ DOB _____ SS# _____

Gender: Male Female

Primary Race: _____

Child 5: Name _____ DOB _____ SS# _____

Gender: Male Female

Primary Race: _____

What are your immediate needs? _____
Do you or your family members have need of a special accommodation (for example ramps, wheel chair access etc)? _____

Where do you want to be 6 months from now? _____

What are your short term and long term goals to stabilize your family? _____

Which of these areas do you feel you need help with? (Circle all that apply) Parenting, budgeting, employment skills, nutrition, cooking, housekeeping, education, domestic violence education, mental health, medical concerns, child care, drug/alcohol counseling/treatment, transportation, accessing mainstream resources such as SSI, Food Stamps, or other benefits. Please explain: _____

What do you think has kept you from gaining stability? _____

How did you hear of us? _____

Who should we contact in case of emergency? Name _____
Phone: _____ Address: _____

Please list 2 personal references: #1 Name _____
Phone: _____ Reference 2: Name _____
Phone: _____

In the event we have no openings please contact us weekly to let us know you still need our services. If you need assistance in filling out this application please let us know.

I verify that the information given is truthful to the best of my knowledge.

Signature of Applicant Date _____

