Transitional Housing Programs Application

Application Instructions

Please check the box next to the transitional housing program you are applying to:

- ☐ Maya's Place – Albuquerque, NM (must be on probation/parole for 1 year or more)
- ☐ The Pavilions – Los Lunas, NM (must be on probation/parole for 1 year or more)

Applications are only accepted via email. Please submit completed applications to applications@crossroadsabq.org with the subject: "Client Name – Program Name".

Basic Client Information

1. Legal Name: _____ Phone: _____
2. Date of Birth: _____ Age Today: _____
3. Sex Assigned at Birth: Female Male
4. Social Security Number : _____
5. Emergency Contact Person:

   Name: _____ Phone: _____

   Relationship to you: _____
6. Current Marital Status (circle one): Single Married Separated Divorced Widowed
7. Current Companion: _____ Location: _____
8. Where were you born and raised? _____
9. How long have you lived in Albuquerque? _____

10. Are you a veteran? Yes No

11. List the names, ages and locations of your children:

Name Age Location With Whom?

_____

_____

_____

13. Do you have custody of your children? Yes No Explain:

_____

_____

14. What belongings do you have? (Examples: car, personal items, clothing, other property, house/trailer/condo):

_____

15. Which forms of identification do you have (circle)?

SS Card Birth Certificate License/State I.D

16. What is your religion/spiritual practice if any? _____

17. How would you describe your ethnic/racial background? _____

Legal Information

1. Are you currently incarcerated? Yes No

2. If yes, where are you incarcerated? _____

3. If yes, what are you in jail/prison for? _____

4. What was the date you were incarnated this time? _____

5. When do you expect to be released? _____

6. Next court date / what for? _____

7. Are you asking for reconsideration of sentence? Yes No

8. What are your current legal charges other than probation violation?

_____

9. Explain how you received these charges and when: _____

_____

10. Are you on probation? Yes No How long? _____

11. Are you on parole? Yes No How long? _____

11. Probation/parole officer name/phone (if assigned): _____

12. Who can we contact to setup a phone interview with you?

    a. Name: _____

    b. Phone: _____

13. Name/phone of attorney/public defender/case worker? _____

14. To your knowledge, do you have any open arrest warrants? _____

15. How many times have you been in jail/prison? _____

16. Who referred you to the program? _____

17. What other prior charges/sentences have you had?

_____

_____

_____

18. Have you had any disciplinary actions in jail/prison?

_____

_____

_____

19. Have you ever been affiliated with a gang? If so, where and when?

_____

_____

Medical and Health History

1. What health insurance do you have (if any)?

   Name _____ Address _____ Phone _____

2. Do you have a primary care physician? _____
3. When/where was your last physical exam? _____
4. Last mammogram: _____ Last pap smear: _____
5. Known health problems/conditions: _____
6. Have you been tested for the following (when, where, results)?
   - HIV _____
   - Hepatitis _____
   - Tuberculosis (TB) _____

7. What medications do you currently take?

Medication Who Prescribed When What for

_____

_____

_____

8. List hospitalizations:

When Where What for

_____

_____

9. Are you in pain today? Yes No When did it start? _____

10. How would you describe your daily nutrition (circle)? Good Fair Poor

11. Do you have special nutritional needs/follow up needed? _____

12. Is there any chance that you may be pregnant right now? Yes No

Housing

1. Where did you live before jail and/or prison? Please list your address/location/site

_____

2. Do you have a mailing address? If so, please list.

_____

3. What city and/or where would you like to live after you complete the program?

_____

5. Have you experienced homelessness? Yes No

6. Do you need protection from anyone when you get out? Yes No

7. Are there places you need to stay away from in order to stay safe/clean/sober? Yes No

8. Where did you do drugs? _____

9. Have you ever been involved in street/sex work? If so, where?

_____

13. Do you owe anyone money (credit cards, gas, electric, phone, student loans, payday loans, drug dealers, etc.)?

    Yes No How much total do you owe? _____

14. Have you ever been evicted from an apartment/ house? Yes No

15. Do you owe money to Section 8 housing? _____

<u>Education and Employment</u>

1. Can you read and write? Yes No

2. What is the highest level of education you have received? _____

3. Where did you go to school? _____

4. What was your favorite subject? _____

5. Briefly describe any job training, certifications, licenses, or job skills you have. Please include any certificates and/or programming you have completed while incarcerated.

_____

_____

_____

6. Briefly describe what jobs you have held, for how long, and your rate of pay?

Job How Long Pay Rate

_____

_____

_____

7. What is your current income? _____

8. Do you receive Social Security Benefits? Yes No

   If yes, how much per month? _____

9. Do you receive food stamps/welfare? Yes No

   If yes, how much per month? _____

10. Do you receive child support? Yes No

    If yes, how much per month? _____

Mental Health History

1. Have you received mental health or psychiatric treatment in the past? Yes No

Where When What for

_____

_____

2. Are you currently taking any mental health medications? Yes No

Please list: _____

3. Have you been hospitalized for a mental health/psychiatric condition? Yes No

Describe where/when what for: _____

_____

4. Do any family members have a mental health or psychiatric history? Yes No

Explain: _____

_____

5. Have you been involved in or witnessed any violent incidents? Briefly describe:

_____

_____

6. Have you experienced physical abuse as a child? Yes No As an adult? Yes No

7. Have you experienced sexual abuse as a child? Yes No As an adult? Yes No

8. Have you experienced emotional abuse as a child? Yes No As an adult? Yes No

9. Have you ever attempted to harm yourself or harmed yourself? Yes No

10. Have you ever attempted to harm or have you harmed someone else? Yes No

History of Alcohol and Substance Use

1. Complete the following chart to tell us about your history of substance use.

	Age at First Use	How Many Years?	Used in Last 30 Days?
Alcohol			
Marijuana			
Cocaine/Crack			
Heroin			
Opioids (Pain Pills)			
Benzos (Tranquilizers)			
Amphetamines/Meth			
Inhalants			
Tobacco			
Spice			

2. What is the longest amount of time you have been clean and sober? _____

3. When did this period of sobriety occur? _____

4. Describe your clean and sober support system, if any? _____

_____

5. Briefly describe your family's history of alcohol or substance abuse: _____

_____

_____

6. Prior to incarceration/homelessness, were you living with someone who abused alcohol/drugs? Yes No

   Explain: _____

7. Which of the following have you experienced related to your drinking/drug use?

   ___ Blackouts or other periods of memory loss
   ___ Injury to your head
   ___ Convulsion, seizures, or DTs
   ___ Hepatitis or other liver problems
   ___ Depression and/or anxiety when not using
   ___ Used needles to shoot drugs
   ___ Lost your temper or gotten into arguments/fights
   ___ Other withdrawal symptoms (explain): _____

8. Briefly describe problems with family/friends related to your use of alcohol/drugs:

_____

9. What legal problems do you have related to your use of alcohol/drugs?

_____

_____

_____

10. What alcohol/drug treatment have you participated in the past?

Where When How Long

_____

_____

_____

11. Tell us something about what you have learned about why you use alcohol/drugs, what progress you have made in recovery from substance use, and what you see as the next steps in your recovery.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Initial Treatment Plan/Goals

1. I would like help with accomplishing to following goals:

_____

_____

_____

2. What specific help will you need to accomplish your goals?

_____

_____

_____

3. What are qualities you have that have helped you get through life (Strengths)?

_____

_____

_____

4. What has prevented you from achieving your goals in the past (barriers)?

_____

_____

_____

I understand that I am providing this information voluntarily to show my interest in the programs of Crossroads for Women. I understand that does not guarantee me an interview or acceptance into the program I am applying for. An interview may be scheduled based on review of the application and space availability in the programs.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL & PROTECTED HEALTH INFORMATION

I, _____, authorize
(Name of patient)

Crossroads for Women to:

_____ Obtain the following protecting health information from, and/or

_____ Disclose the following protected health information to:

_____Case Manager and/ or probation officer _____
(Name of person or organization to which disclosure is to be made)

the following information: related to assessing my application for the Crossroads For Women's programs.
(Specific nature of the information, as limited as possible)

_____

_____

The purpose of the disclosure authorization herein is to: coordinate services_____
(Specific purpose of disclosure)

_____

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may re-disclose the information and it may no longer be protected by the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.

My initials and signature below authorize the release of health care information relating to testing, diagnosis or treatment for:
_____HIV/AIDS
_____Mental Health
_____Alcohol/Drug Services

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows:

_____1 year from today's date _____
(Specification of the date, event, or condition upon which this consent expired).

I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrolling or eligibility for benefits on whether I sign the authorization.

I understand that I am entitled to receive a copy of this authorization after it signed.

_____ _____

Date Signature of patient

_____

Signature of patient, guardian or authorized representative, when required