



Transitional Housing Programs Application

Application Instructions

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

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)

Basic Client Information

1. Legal Name: _____ Inmate #/PACTS #: _____

2. Phone: _____

3. Date of Birth: _____ Age Today: _____

4. 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 incarcerated 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? _____

Education and Employment

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: _____

5. 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: _____



Crossroads
for Women

**CROSSROADS FOR WOMEN
235-239 ELM ST NW ABQ NM 87102
Authorization to Release Information**

Regarding:

Date of Birth:

SS#:

This will authorize Crossroads for Women to release to (Name and Address of person/agency receiving information)

Person/Agency: _____

Phone Number: _____

Address: _____

Information Released:

- | | |
|--|---|
| <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History and Physical Examination |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Educational Information | <input type="checkbox"/> Medication History |
| <input type="checkbox"/> Laboratory Data | <input type="checkbox"/> Aftercare Plan |
| <input type="checkbox"/> Verbal and Written Progress Reports | <input type="checkbox"/> Other: _____ |

We are also requesting the following records:

I understand that the information to be released may include information regarding the following condition(s):

- | | |
|---|---|
| <input type="checkbox"/> Chemical abuse and/or dependency | <input type="checkbox"/> Psychiatric conditions |
| <input type="checkbox"/> AIDS-HIV testing | |

Client Initials _____

I understand that I have the right to examine and copy the information to be released. I also understand this authorization automatically expires 1 year from the date on signature and that, although I may withdraw this authorization at any time earlier, some information may already have been released. I have been told that information released from my records may not be given to people or agencies other than those named on this form without my permission (Section 34-2A-18 NMSA 1953).

(Signature of Client)

(Signature of Witness)

(Date)

(Signature of Representative)

If client is unable to sign, state reason: _____

This information is disclosed from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. This information is protected both by the State (Section 34-2A-18 NMSA 1953) and Federal (42 CFR Part 2) Regulations.