



## FRESH START FOR WOMEN APPLICATION

PO Box 1386  
Owensboro, KY 42302

We ask that you are completely honest when filling out this application. We will not necessarily deny your application based on criminal, substance abuse, or housing history but we may, however, deny it if the information you give us is falsified. Thank you!

TODAY'S DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

How long have you lived at your current location? \_\_\_\_\_

Please list two previous addresses and how long you lived there:

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

Do you own a vehicle? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### FAMILY INFORMATION

Marital Status:    ☐ Single    ☐ Married    ☐ Divorced    ☐ Widow(er)

Name of Spouse (if applicable): \_\_\_\_\_

#### APPLICANT'S CHILDREN:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    Male    Female

Child's Father's Name: \_\_\_\_\_

Primary Residency/Custody:    ☐ Self    ☐ Dad    ☐ Shared    ☐ Other

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    Male    Female

Child's Father's Name: \_\_\_\_\_

Primary Residency/Custody:    ☐ Self    ☐ Dad    ☐ Shared    ☐ Other

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    Male    Female

Child's Father's Name: \_\_\_\_\_

Primary Residency/Custody:    ☐ Self    ☐ Dad    ☐ Shared    ☐ Other

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:    Male    Female

Child's Father's Name: \_\_\_\_\_

Primary Residency/Custody:    ☐ Self    ☐ Dad    ☐ Shared    ☐ Other

School: \_\_\_\_\_

## EDUCATION INFORMATION

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Other Training or Education:

List Type and Years:

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

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

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

## EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_ Years: \_\_\_\_\_

Previous Employment:

DATES	EMPLOYER	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ASSISTANCE INFORMATION

Are you currently receiving financial assistance now? ☐ Yes ☐ No

If yes, what and how much?

☐ Unemployment \$ \_\_\_\_\_ Food Stamps/SNAP \$ \_\_\_\_\_

☐ SSI/SSD \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

☐ Gov. Assistance \$ \_\_\_\_\_ KTAP \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

## HOUSING INFORMATION

Have you ever lived in one or more of the following?:

Transitional Housing ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Public Housing ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Shelter ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Have you ever been evicted before? ☐ Yes ☐ No

## MEDICAL INFORMATION

Do you or your family have any special medical needs? If yes, please describe.

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Have you in the past or are you currently abusing alcohol? ☐ Yes ☐ No

Have you in the past or are you currently abusing drugs? ☐ Yes ☐ No

Have you had any inpatient treatment? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Did you complete the program? ☐ Yes ☐ No

Are you currently in counseling? ☐ Yes ☐ No

If yes, who is your counselor? \_\_\_\_\_

Have you graduated from a recovery program? ☐ Yes ☐ No

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

## MEDICAL INFORMATION (continued)

Do you or your children have any mental health diagnosis? ☐ Yes ☐ No  
If so, do you see a counselor or a psychiatrist? ☐ Yes ☐ No  
Are you currently using any controlled substances? ☐ Yes ☐ No  
If yes, what? \_\_\_\_\_  
Are you currently on any medication? ☐ Yes ☐ No  
If yes, what? \_\_\_\_\_  
Are your children currently on any medication? ☐ Yes ☐ No  
If yes, what? \_\_\_\_\_

## BACKGROUND INFORMATION

Do you have an open case with DCBS? ☐ Yes ☐ No  
\_\_\_\_\_  
Do you have any arrest warrants out on you? ☐ Yes ☐ No  
\_\_\_\_\_  
Are you on probation/parole/electronic devices? ☐ Yes ☐ No  
\_\_\_\_\_  
Have you committed any violent activity that led to your arrest/court appearance?  
☐ Yes ☐ No \_\_\_\_\_  
Are you a registered sex offender? ☐ Yes ☐ No

## EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## REFERENCE INFORMATION

Please list three references (persons not living with you):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## GOALS

Please list your immediate goals beyond finding housing:

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Please list five goals you would like to achieve in the next 12-24 months:

1. 

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2. 

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3. 

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Do you have family and/or friends who are supportive? What are your other support systems?

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What are your specific safety concerns?

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Other than the apartment, what appeals to you about our transitional housing program?

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What do you see yourself needing help with to help you move forward in getting a fresh start in life? Please circle all that apply.

Counseling	Financial/Budgeting Classes	Discipler
Transportation	Mentor	Sponsor
Employment	Support in reunification with your children	

Please list anything not listed you would need to make this program work for you.

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## FINANCIAL INFORMATION

(based on monthly amount)

Income from employment \$ \_\_\_\_\_  
Income from other sources (i.e. SSI, EBT, and/or child support) \$ \_\_\_\_\_  
**TOTAL INCOME FROM ALL SOURCES** \$ \_\_\_\_\_

### EXPENDITURES:

#### AMOUNT:

Charitable Giving: \$ \_\_\_\_\_  
Savings: \$ \_\_\_\_\_  
Housing (mortgage or rent): \$ \_\_\_\_\_  
Utilities (including electric, gas, & water): e \$ \_\_\_\_\_ g \$ \_\_\_\_\_ w \$ \_\_\_\_\_  
Cable & Phone: \$ \_\_\_\_\_  
Food (including EBT & SNAP): \$ \_\_\_\_\_  
Car Payment: \$ \_\_\_\_\_  
Transportation (including gas & insurance): \$ \_\_\_\_\_  
Medical/Health: \$ \_\_\_\_\_  
Personal (i.e. cigarettes, toiletries, etc.): \$ \_\_\_\_\_  
Additional Monthly Payments: \$ \_\_\_\_\_  
**TOTAL EXPENDITURES** \$ \_\_\_\_\_  
  
Amount remaining from total income: \$ \_\_\_\_\_

I certify that the information given during this interview is true to the best of my knowledge.

I the undersigned understand that Fresh Start Transitional Housing For Women takes my application for transitional housing very seriously. I understand that my information will be shared with the intake coordinators at Fresh Start who will review my application. I give this committee permission to share my information with other agencies and/or service providers that may be able to provide information to Fresh Start to further aide in the intake process.

Finally, I understand that by filling out this application, I am in no way promised entry into the Fresh Start Transitional Housing for Women program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE