

## APPLICATION FOR SHIP TRANSITIONAL HOUSING

**To be considered for SHIP housing**, you must complete both pages of this application. Following review of your completed application, you will be contacted by a SHIP staff member to set up an appointment—either at our office or via telephone.

Please indicate here your choice of appointment:

I would like to schedule an interview in person.  I would like to schedule a phone interview.

Please answer all questions completely and honestly. Then sign and date the form and fax it to SHIP at 208-331-0904.

### HOUSING REQUEST

Please indicate the date you require housing.

Immediately  Other date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you checked "other date", please list the date you would like to move in: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain why this date is in the future:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Dependent upon acceptance of application

### APPLICANT: CONTACT INFORMATION

Print Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
Present Address	Telephone Number: _____
Street _____	<input type="checkbox"/> Residence <input type="checkbox"/> Work <input type="checkbox"/> Message
City _____ State _____ Zip _____	
<input type="checkbox"/> Check here if you are in a treatment or correctional facility.	
Have you ever used any aliases or other names? If so, please indicate below.	
Personal Status (check all that apply):	
<input type="checkbox"/> Married	<input type="checkbox"/> Never Married
<input type="checkbox"/> Widow/er	<input type="checkbox"/> Homeless
<input type="checkbox"/> Divorced	<input type="checkbox"/> Veteran
<input type="checkbox"/> Separated	<input type="checkbox"/> Homeless Veteran

### APPLICANT: PERSONAL INFORMATION

Are You an alcoholic?  YES  NO      What was the date of your last drink? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a drug addict?  YES  NO      What was the date of your last drug use? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently drinking alcohol and/or using addictive drugs?  YES  NO

What is your sobriety date? \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT: FINANCIAL**

*Each member of a SHIP home is required to pay his or her share of the housing expenses. Please provide accurate answers to the questions below.*

What is your source of income? Please describe \_\_\_\_\_

Are you currently employed?     YES     NO

If you answered "YES" to the above question, please answer these questions:

Check how many hours per week you are employed:     35 to 40     30 to 35     20 to 30     Other \_\_\_\_\_

What do you expect your monthly income to be next month? \$ \_\_\_\_\_

*\*Financial assistance may be available through the VA or BPA, or for persons who are homeless. If you are not currently employed, you are required to participate in SHIP'S Work Skills Program. Reasonable accommodations will be made for persons with disabilities*

**RESIDENCY REQUIREMENTS**

SHIP houses are recovery homes and require that residents be in recovery from alcohol and/or substance abuse. Please indicate below the type of program you are participating in for your recovery:

Detox at Allumbaugh House     Residential Treatment     12-Step Program

Outpatient Treatment (name of treatment provider)

Other (please describe)

**APPLICANT INFORMATION: IDAHO DEPARTMENT OF CORRECTIONS**

If you are currently under the supervision of the Idaho Department of Corrections, please answer the questions below

IDOC Number: \_\_\_\_\_ IDOC Facility: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Case Manger Email: \_\_\_\_\_

Tentative Parole Date (If applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Will you be topping your time?     YES     NO

**APPLICANT INFORMATION: ADDITIONAL QUESTIONS**

1) Are you on probation?     YES     NO    If yes, whom do you report to? \_\_\_\_\_

2) Are you on parole?     YES     NO    If yes, whom do you report to? \_\_\_\_\_

3) Are you court-ordered TX?     YES     NO

4) Are you involved in drug court?     YES     NO

5) Are you involved in mental health court?     YES     NO

6) Have you been convicted of a violent crime?     YES     NO    If yes, please explain: \_\_\_\_\_

7) Have you been convicted of drug manufacturing or distribution?     YES     NO

8) Are you a convicted sex offender?     YES     NO    If yes, please explain: \_\_\_\_\_

Are you required to register?     YES     NO

9) Have you ever been convicted of Arson?     YES     NO

**APPLICANT CERTIFICATION**

- 1) By signing below, I understand and agree to the following expectations if accepted for residency into SHIP housing: \_\_\_\_\_ (initial)
- 2) I agree to remain clean and sober at all times. \_\_\_\_\_ (initial)
- 3) I agree to pay my rent and/or utilities in advance. I understand that if I fail to pay my rent and/or utilities, I will be expelled from SHIP housing. \_\_\_\_\_ (initial)
- 4) I agree to keep SHIP housing free form alcohol and illegal drugs at all times. \_\_\_\_\_(initial)
- 5) I agree to enter into an Individual Behavior Contract and abide by the terms of the contract. \_\_\_\_\_ (initial)

I certify that all the information I have provided to SHIP is true and correct. I have read all the material on this application form, including the agreement terms above. I answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction with relapse.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE RETURN THIS FORM TO:**

**Housing Coordinator  
Supportive Housing and Innovative Partnerships  
PO Box 8803  
Boise, ID 83707**

**FOR OFFICE USE ONLY**

Date entered into database: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Initials \_\_\_\_\_

Phone Interview Scheduled For: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Notice Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Personal Interview Scheduled For: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials \_\_\_\_\_