

# APPLICATION FOR SHIP TRANSITIONAL HOUSING

## 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:

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\*Dependent upon acceptance of application

## APPLICANT: CONTACT INFORMATION

Print Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)
Present Address Street _____ City _____ State _____ Zip _____ <input type="checkbox"/> Check here if you are in a treatment or correctional facility.	Telephone Number: _____ <input type="checkbox"/> Residence <input type="checkbox"/> Work <input type="checkbox"/> Message
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"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Homeless <input type="checkbox"/> Veteran <input type="checkbox"/> Homeless Veteran	

## APPLICANT: PERSONAL INFORMATION

Are You an alcoholic? <input type="checkbox"/> YES <input type="checkbox"/> NO	What was the date of your last drink? ____/____/____
Are you a drug addict? <input type="checkbox"/> YES <input type="checkbox"/> NO	What was the date of your last drug use? ____/____/____
Are you currently drinking alcohol and/or using addictive drugs? <input type="checkbox"/> YES <input type="checkbox"/> 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 INFORMATION: ADDITIONAL QUESTIONS**

1) What is your criminal history beginning with your most recent charge? Length of incarceration? Where were you incarcerated?

2) Have you ever been supervised on felony probation/parole?  YES  NO

3) Has your probation/parole ever been revoked?  YES  NO

4) Are you currently on court supervision?  YES  NO

MISDEMEANOR  FELONY

5) Name of your probation/parole officer? \_\_\_\_\_ Telephone #: \_\_\_\_\_

6) Do you have a drug and/or alcohol problem?  YES  NO

7) What are your drug(s) of choice? \_\_\_\_\_

8) What was the date of your last drug/alcohol use? \_\_\_\_\_

9) What are you currently doing to address your drug/alcohol problem?

10) Are you currently taking any prescribed medications?  YES  NO

11) Do you have any history of violent behaviors?  YES  NO

12) Have you ever attended or are you currently attending anger management classes?  YES  NO

13) Do you have any source of income?(i.e. Job, SSI, SSD, Food Stamps)  YES  NO

Amount received each month: \$ \_\_\_\_\_

14) If you're not working, you will be expected to actively seek employment a minimum of 10 hours of work skills per week and 10 job searches per week. Do you agree to this?  YES  NO

15) How will you pay to live in SHIP's Safe and Sober Housing? \_\_\_\_\_

*Ask your PO if you qualify for transitional funding or call BPA @ 800-922-3406. Your funding must be in order before SHIP will allow you into a house. Have a check sent to our office within a week of your release.*

16) What are 2 goals that you want to complete in the next 90 days while residing in SHIP's Safe and Sober housing?

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

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

**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 MAIL OR FAX THIS FORM TO:**

**Housing Coordinator  
Supportive Housing and Innovative Partnerships  
PO Box 8803  
Boise, ID 83707  
Fax: 208-331-0904**

**FOR OFFICE USE ONLY**

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

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

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

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