



NAVAJO UNITED METHODIST CENTER
 NEW BEGINNINGS PROGRAM
TRANSITIONAL HOUSING PROGRAM INTAKE APPLICATION FORM

You have the right to not answer any question you believe is not necessary to determine program services. If you need any help with interpreting or completing this application please do not hesitate to tell the person who gave you the form. The information contained here is considered restricted and will be handled with extreme care. Please be completely honest in your answers. Please provide us with a copy of your birth certificate, driver's license, and social security card.

Name: _____ Date: _____

Address where you receive your mail, if you have one: _____

Cell Phone # _____ Email: _____

Soc. Sec. # _____ DOB: _____ Age: _____ Sex: _____

Referred to New Beginnings by: _____

Ethnicity Navajo Other Native American tribe: _____

Hispanic African American Anglo Asian/Pacific Other

• Census #/Tribal ID #: _____

What is your marital status? Single Married Separated Divorced

Living with someone Other – Explain: _____

Dependents who will enter our program with you

Please provide detailed information for your dependents who will reside with you in our transitional housing. You will also need to give us copies of birth certificates and social security cards for all your dependents who will be living with you in our transitional housing.

Name	Age	Sex	DOB	Soc. Sec. #	Grade	Relationship

Please describe your domestic violence and/or sexual abuse situation:

Please tell us about any support networks you have (friends and family):

Are you willing to create a safety and service plan with short and long term goals, with the assistance of our program staff, and then work with our staff on implementing these plans over a long period? Yes No

Are you able to safely live independently, without access to staff or support 24-hours per day? Yes No

Military History

Are you a military veteran? Yes No If "yes," please describe your branch of service, when served, etc.

Sexual Orientation

Please tell us, if you feel comfortable sharing, your sexual orientation: _____

Languages

Please list all the languages you speak: _____

Please give us some details about your abuser:

Abuser's Name: _____

Abuser's location: _____

Abuser's DOB: _____ Age: _____ Sex: _____ Relation to you: _____

Length of relationship: _____ Known whereabouts of Abuser: _____

When did the first abusive incident occur? _____

When was the most recent abusive incident? _____

Were police involved in your domestic violence? Yes No

Were medical services involved? Yes No

Are the courts involved? Yes No

Are you fearful of stalking by your abuser? Yes No

Children

Have your children experienced abuse or domestic violence? Yes No

Have your children witnessed domestic violence? Yes No

What kind of abuse have your children experienced? Physical Emotional Mental Sexual None

General legal concerns

Which of the following legal concerns do you need help with? (Check off all that apply):

Protection Order Child Custody Divorce Criminal proceedings Social Security Disability

TANF

Please tell us about your housing history and needs:

Please tell us how many shelters you have been in the last year: _____

Before you had to flee domestic violence, please tell us what kind of housing you were living in, e.g., rental, owned own home, lived with friends or relatives, etc.

Employment Status

Please tell us your employment status: Employed Unemployed Looking for work In school
 Retired Going back to school Disabled

If disabled, have you received a diagnosis of your disability from your doctor? Yes No

Please write down your employment history in the boxes below.

Name of Employer	From	To	Position held	Reason for leaving

Income & Assets

Are you presently on TANF, or have been in the past? _____

Please list all income sources:

Income Source	Which family member gets this income?	Amount	Frequency (e.g. weekly, monthly)
Employment F/T			
Employment P/T			
Unemployment			
TANF			
Child Support			
Family			
Disability			
Social Security			
Tribal Per Capita			
Other			
Other			

Please list all Assets:

Source	Which family member owns this asset?	Amount/Value
Checking or Savings Account		
Vehicles		

Education

Please list your education history:

Name of School	Dates Attended	Graduated/Degree

Medical Providers

Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes," Medicaid Number: _____	
Medical provided by Indian Health Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name/Contact	
Dentist's Name/Contact	
Counselor's Name/Contact	
Therapist's Name/Contact	

Are you or your children taking medications? If so, please list all prescription medications:

Name of family member	Medication	Purpose

I attest that the information above is true and complete to the best of my knowledge.

Office Use Only	
Team Interview date: _____	Accepted into Transitional Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date accepted/ move-in: _____	
Was applicant placed on a previous waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date placed on list: _____
If not accepted, date applicant was notified: _____	
Reason for denial: _____	
Click to email form	