**New Foundations Transitional Housing Program**

**Program Application**

*Updated: October 6, 2015*

Thank you for your interest in the New Foundations Transitional (Temporary) Housing Program. Before you complete the application, please read the following information carefully.

What is the New Foundations Transitional (Temporary) Housing Program?

New Foundations is a temporary housing program for single parent families who are homeless or at risk of becoming homeless. The program is designed to help single parent families work on the problems that have caused their housing difficulties by providing temporary housing and support services. The program is designed as an education/employment opportunity, giving the single parent the chance to further their education, and increase their earning power so they may become self-sufficient and live life free of public assistance.

The first year of the program is dedicated to furthering the participants’ education. The participants will have one year to complete their education, whether be a technical program, certificate program, or diploma. Participants are able to live rent free during this time so they may concentrate on their education and children. In the second year of the program, upon competition of their education, they will be required to work full time and pay a small program fee.

Where is the temporary housing program located and what are the units like?

New Foundations provides temporary shelter above a storefront at 110 Portland Street in the heart of downtown Morrisville, VT. The program provides apartment units to each family. The apartments are owned by United Way of Lamoille County. They are NOT private rental apartments and are NOT leased to families. Each unit has either one or two bedrooms, a private kitchen and bathroom. Each unit is fully furnished, including household items such as dishes, pots and pans, linens, etc., all of which will remain in the apartment when the program participants leave. Washers and dryers are available at a laundromat a few buildings down, at the expense of the participant. United Way can help the participant secure a storage unit if needed for their personal belongings.

What are the requirements to be involved with New Foundations?

* Participants are guests in the program and must follow all guidelines or they will be at risk of immediate dismissal from the program and the apartment.
* The parent must be willing to further their education during the first year, and work full time during the second year of the program.
* The parent must attend weekly sessions with NF Program Manager to work on budgeting, nutrition, employment, mental health and other life skills.
* Participants must submit an application with a letter of reference from their (caseworker) attesting to their appropriateness for the program.
* Families are expected to put great effort towards earning and saving money throughout their stay in the program.
* Parents must work hard at securing a permanent residence by the end of their time in the program. 2 Year maximum in the program.
* Families will help with the maintenance of the apartment, shared living spaces such as the hallways and the entrances, etc. and the grounds.
* Families will remain drug and alcohol-free at all times and be willing to submit to random drug testing.
* Participants are responsible for their guest, so all visitors must be drug and alcohol free while in the building or the participant and their family will be dismissed from the program.

How does someone apply and what is the process for being accepted?

**Families interested in participating in the New Foundations Transitional (Temporary) Housing Program must submit an application. The application should be submitted along with a letter of recommendation from the agency staff person who is making the referral to the program**. Applications and letters of recommendation may be brought to the United Way of Lamoille County office, located in Morrisville Plaza TD Bank Building, or they can be sent via e-mail it to the Program Manager: [kylie.unitedway@pshift.com](mailto:kylie.unitedway@pshift.com).

Completed applications and letters of recommendation will be reviewed by the Program Manager. Incomplete applications will be returned to the applicant and will not be considered until missing information is provided.

If a unit is available, qualified applicants will be invited for an interview with the Program Manager and United Way Executive Director. At this first interview, the parent will be expected to share their commitment to meeting program goals. Information about both debts and sources of income will also be discussed. Upon successful completion of this interview, the applicant will meet with the Oversight Committee for a second interview. The committee will visit with the applicant to talk about their needs, concerns and goals. The single parent will be asked why they want to participate in the program. More information will be provided about the New Foundations program. Applicants are encouraged to ask any questions they have at both interviews.

A decision will be made within one week of the second interview by the Oversight Committee to determine if the program is a good fit for the applicant.

**NEW FOUNDATIONS PROGRAM APPLICATION**

*This information will only be shared with those responsible for making a decision about the applicant’s acceptance into the program. All of the questions below apply to the person who is seeking housing and entrance into the program.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person seeking housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of children in the family who will also live with the person seeking

housing: (Children Only Under 5 yrs old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Case Worker’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach their letter of recommendation to this application.

Please explain briefly the reason for your current situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you living right now?  With Friends  With a relative  Hotel  Shelter  Car  Street  Camping  House Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have a current address, please provide it:

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

How long have you been staying at this location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an address where you get your mail?  Yes  No If yes, please provide the address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you have to leave the place where you are staying now?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been forced to leave a place where you were staying?  Yes  No If yes, please tell us why:

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Explanation: New Foundations is only able to house single parent families with up to two (2) children ages 5 and under.

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| --- | --- | --- | --- | --- | --- |
| **NAME** | **Relationship to you** | **Date of Birth** | **Soc. Sec. Number** | **Grade / school** | **Type of Custody** |
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Are you pregnant?  Yes  No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what is the due date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bills and Debts:** (complete the attached list and add any items not listed) *\*\*If you need help completing this section please let us know and we will provide assistance.*

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **AMOUNT DUE** | **MONTHLY PMT** | **PAST DUE?** |
| Past Rent |  |  | Yes / No |
| Cable |  |  | Yes / No |
| Electric |  |  | Yes / No |
| Gas |  |  | Yes / No |
| Phone |  |  | Yes / No |
| Telephone |  |  | Yes / No |
| Water |  |  | Yes / No |
| Student Loan |  |  | Yes / No |
| Medical |  |  | Yes / No |
| Clubs |  |  | Yes / No |
| Child Support |  |  | Yes / No |
| Repossessions |  |  | Yes / No |
| Bad Checks |  |  | Yes / No |
| Pawn Shops |  |  | Yes / No |
| Payday Loans |  |  | Yes / No |
| Tickets/Fines |  |  | Yes / No |
| Bankruptcy |  |  | Yes / No |
| Credit Cards |  |  | Yes / No |
| Storage |  |  | Yes / No |
| Childcare |  |  | Yes / No |
| Auto Payment |  |  | Yes / No |
| Auto Insurance |  |  | Yes / No |
| Cell / Pager |  |  |  |
| Other |  |  | Yes / No |
|  |  |  | Yes / No |

**INCOME currently received from all sources: Job, Food Stamps, TANF, SSI, etc.:**

**If child support is owed to you, please list monthly/total amount owed.**

|  |  |
| --- | --- |
| **Source** | **Monthly Amount** |
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What is your current Case Worker’s Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please explain briefly the reasons for your current situation:**

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

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Do you have a Driver’s License?  Yes  No If yes, please answer below:

Driver’s License Number: State: Expiration:

Do you have a car?  Yes  No Year\_\_\_\_ Model\_\_\_\_\_\_\_\_ Insurance:  Yes  No

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag #\_\_\_\_\_\_\_\_\_ Current:  Yes  No

State: \_\_\_\_\_ Current Inspection?  Yes  No

**References/Emergency Contact:**

Name Address Phone # Relationship

**Education** level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

Circle school grade avg: A B C D F Name of School Year Graduated

High School

College

Are you currently in school?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job History Information** (Last 5 Years):

Year Company Name Pay Rate Duties Reason for Leaving

**Family**

Parents Names Address (city, state) Phone #

Brothers/Sisters Names Address (city, state) Phone #

Other family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you smoke? Yes  No How much per day?

Do you use drugs or alcohol? Yes  No

Have you ever been in drug or alcohol rehabilitation? Yes  No

If yes, when\_\_\_\_\_ Name of abused substance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility

Do you currently actively participate in a program of recovery? Yes  No

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes  No

What for? Did you receive a fine/sentence? Yes  No

Have you been a victim of domestic violence? Yes  No  When?

Have you served any time in jail? Yes  No  How long?

Do you have any pending tickets? (speeding, parking, etc.) Yes  No

What for? When is your court date?

Are you on parole or probation at present? Yes  No  How long?

Parole/Probation officer Phone #

Is there a warrant/s out for your arrest at present? Yes  No

Reason:

Do you gamble? Yes  No  – If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your reasons for wanting to apply to the New Foundations program?

What do you hope to accomplish while in the program?

**New Foundations Transitional Housing**

*Program Rules*

The following rules of conduct shall be in effect while guests participate in the New Foundations Transitional (Temporary) Housing program. Violation of any rule will, at the sole discretion of the Oversight Committee or staff, be cause for immediate dismissal from the program, causing forfeiture of the apartment and supportive services.

**RULES AND REGULATIONS OF OCCUPANCY / USE OF THE APARTMENT:**

1. Only people participating in the New Foundations program may reside at the apartment.
2. You are not permitted to have overnight visitors, however your children may have sleepovers with prior notification to the Program Manager.
3. You cannot use or permit your family or friends to engage in unlawful activities in the unit, in the common areas or on the project grounds.
4. You cannot make or permit noises or acts that will unreasonably disturb the rights and/or comfort of other program participants.
5. No person under the influence of drugs or alcohol is permitted on the premises at any time. If you or someone visiting you, is found to be under the influence of drugs or alcohol at any time during the program, you will be dismissed from the program.
6. In order to remain a guest in the New Foundations program, you are required to sleep at the house every night. If you need to be away from the apartment overnight, you must notify the Program Manager in advance.
7. There is NO SMOKING in the apartments or building under any circumstances. You are permitted to smoke outside in the designated smoking area only. You may not throw your cigarette butts on the ground. You may not stand on the street in front of the building to smoke.
8. You must complete your assigned chores and community volunteering commitments by the dates agreed upon.
9. Children outside of your immediate family are not permitted in the residence at any time without prior authorization from the Program Manager.
10. Garbage cans must have a liner and must be covered at all times. Place garbage in the dumpster in the back of the building for collection.
11. Do not store or place anything on the stairs or in the stairwells.
12. Living areas must be clean and odor-free at all times.
13. Do not hang items on the apartment walls without the permission of the Program Manager.
14. No furnishings or household items may be removed from the house. All furnishings and household items are the property of the New Foundations program.
15. When leaving the apartment, please make sure all doors and windows are locked.
16. If participant are experiencing trouble with other people participating in the program, bring the issues to the attention of the Program Manager for resolution.
17. No flammable liquids are to be stored on the premises.
18. You are expected to uphold the dignity and respect the privacy and rights of the other people living in the New Foundations program.
19. You must agree to scheduled monthly and ‘as needed’ inspections of individual living spaces and on the demand of the Program Manager. You must agree to submit to random drug and alcohol testing.
20. You are required to follow through with everything outlined in your Individual Case Plan (ICP). The plan is developed with the Program Manager.
21. This list of rules is subject to change at any time. You will be properly notified if changes are made.
22. Any failure to comply with the rules and policies of the New Foundation program will result in immediate dismissal from the program.

I (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and understand that if I violate any one of these rules. I may be dismissed from the New Foundations program. I agree to hold harmless the New Foundations Transitional Housing and/or any other parties associated with this program in any way whatsoever, singly, or collectively, free from any blame or liability for injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in this program or in activities associated therewith. I give permission for information to be released about me and my children, by or to any doctor, social worker, counselor, employer, landlord, shelter, agency, or any other person deemed necessary by New Foundations Transitional Housing.

I understand that my acceptance into the New Foundations Transitional Housing Program is not a rental agreement, and that this is not a landlord/tenant relationship, but an application for temporary shelter and supportive services provided by the New Foundations program.

I understand that if I do not comply with the program guidelines, my family will be dismissed from the program.

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

Signature Date

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

Signature Date