

NEW FOUNDATIONS TRANSITIONAL HOUSING PROGRAM PROGRAM APPLICATION

Updated: March 13, 2018

Thank you for your interest in the New Foundations Transitional (Temporary) Housing Program. Before you complete the application, please refer to the inquiry form.

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 completion of their education, or if employed during duration of education they will be required to work full time and pay a small program fee of 30% into savings and provide documentation to the Program Manager.

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

New Foundations provides temporary housing 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. Washers and dryers are available at a laundromat a few buildings down, at the expense of the participant.

What are the requirements to be involved with New Foundations?

1. Single parents are the program's top priority, meaning she/he/they are not living with a partner and has/have majority of responsibility for raising child(ren). An individual may be considered if there is a vacancy.
2. Applicant must agree to random drug/alcohol screening throughout the program. Documentation from Substance Abuse/ Primary Care Provider stating you are in good standing in treatment is needed if you are in treatment or have been in the past.
3. Applicant must have a signed agreement for educational, housing, career, and life skills goals.
4. Applicant must agree to attend weekly scheduled meetings with the Program Manager to discuss progress of goals and possibly add goals needed to continue in program, to go over

housing issues, etc. When two meetings in a row are cancelled, the participant must provide a written plan for making up the meetings. Participant is responsible for rescheduling of missed appointments with Program Manager within 3-4 days of missed appointment. Two journal entries per family per month are required.

5. Applicant must sign and agree to monthly inspections of the apartment, to keeping the apartment clean and safe from hazards, and to following housing rules and expectations, including guest restrictions, cooperation with fellow tenants, smoking restrictions, vehicle restrictions, etc.

6. Applicant must schedule weekly meetings with service providers chosen by participant as priority for support within 3 months of moving in.

7. Applicant must provide a \$150 program fee. This may be paid in increments after participant has moved in, to be agreed upon with Program Manager. At least \$25 is to be paid before moving in. This will be returned when participant has moved out and upon inspection of the apartment for damages not related to wear and tear.

8. Participant is expected to start a savings account within 3 months of moving into the apartment and to regularly deposit money into the account.

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

1. Write a letter to request approval for participation in New Foundations Program
 - A. Introduce yourself and children (if applicable)
 - B. Write an overview of your life history – challenges, successes, personality
 - C. Explain why you think this program is a good fit for you
 - D. Write your goals for what you want to be doing in 2 years and 5 years
 - E. Education Plan – Essay form.
2. Provide a reference letter from referral agency. If in substance abuse treatment program currently or previously to applying to program, please submit letter from Primary Care Provider stating you are in good standing with your sobriety.
3. Provide a reference letter from a former colleague, instructor, supervisor, or a professional from some agency who has known you for at least 12 months. (Optional additional information)
4. The Program Manager and Executive Director will review your application and decide if you are a potentially good fit. If they believe you are a potential candidate, you will be given forms to create your education, housing, career, and life skills goals with timelines.
5. The Program Manager will review these goals with you for editing. If you both are in agreement that the goals are achievable with reasonable time limits, you will be invited to interview with the Oversight Committee
6. After your interview with the Oversight Committee, you will be notified within 48 hours of its decision.
7. If accepted, you will be asked to meet with the Program Manager to sign forms to agree to the expectations and rules of the program.
8. Plans will then be made with the Program Manager for moving into an apartment. No move in date will be set until contract and handbook agreements have been signed.

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.

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: _____

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? _____

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

Explanation: New Foundations is only able to house single parent families.

NAME	Relationship to you	Date of Birth	Soc. Sec. Number	Grade / school	Type of Custody

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

What is your current Case Worker's Name? _____

Agency Name: _____ Phone _____

Please explain briefly the reasons for your current situation: _____

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:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

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):

<u>Year</u>	<u>Company Name</u>	<u>Pay Rate</u>	<u>Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family

<u>Parents Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

<u>Brothers/Sisters Names</u>	<u>Address (city, state)</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

Other family members: _____

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

Type of Treatment: _____

Treating Doctor or Program Name: _____

Contact information of Doctor and/or Treatment Facility: _____

Amount of time in treatment: _____

Groups: _____

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

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

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? _____

Have you been a victim of domestic violence? No or if Yes, please explain if comfortable:

What are your reasons for wanting to apply to 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 those people who are registered with the program may reside in the apartment.
2. Overnight guests are restricted to immediate family and MUST have prior approval from Program Manager
3. You must inform Program Manager prior to inviting daytime guests, including playmates for children.
4. Noise levels must be respectful at all times. Hours between 10:00 pm and 7:00 am must be exceptionally quiet.
5. All people in apartment must be free of the influence of drugs or alcohol at all times.
6. Residents are expected to sleep at your apartment every night. When you will not be staying in the apartment, you must inform the Program Manager 12 hours in advance. Prior Approval from Program Manager is required.

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 stand in front of the building to smoke. You are to take your cigarette butts back and place them in a can outside. Do not throw them in the trash unless the can is full and fully extinguished. Use outside trash container. Smoking is allowed 25 feet from building (back parking lot, near loading dock on backside of building #1).

8. No illegal activities are permitted inside or outside on New Foundations property.

9. Trash cans must have a liner and must be covered at all times. Place household trash in plastic bags, tie securely and put in the outside trash container. Contact the Lamoille Regional Solid Waste Management Districts at 888-7317 for proper disposal methods for any hazardous/flammable waste. Recycling and trash containers are provided. Containers for pick up are located to the side of each building.

10. Hallways and stairways must be kept clear.

11. Living areas are expected to be kept relatively clean and odor-free.

12. Get prior approval before hanging or placing items of any sort on walls or any surfaces. Command strips are suggested, and can be provided within limits.

13. When absent from apartment, keep all doors and windows locked.

14. Keep windows closed during heating months.

15. All furnishings belonging to New Foundations must be kept in the apartment. Unless you obtain prior approval from Program Manager.

16. Keep furniture away from baseboard heat.

17. Toilet paper is the only paper product to be placed in toilet. All others (diapers, sanitary napkins, etc.) go in trash.

18. Grease is to be disposed of in trash.

19. Clean the common area during your designated time. Common areas include, but are not limited to, entrances, sidewalks, stairways and yard. Keep these areas clear at all times. Please see calendar in each building's hallway.

20. Participant needs to be supervising children in the apartment and on the grounds of the building at all times. This means children in sight at all times. Not on the front porch!

21. Care and maintenance of the floors and carpets is your responsibility. Any carpeting should be vacuumed regularly to help preserve the quality. Vinyl flooring should be swept and washed frequently to help preserve the quality.

22. Light Bulbs – if you are not comfortable with standing on a chair or ladder, we will replace any burned out ceiling or wall light bulbs for you.

23. New Foundations apartments are to be pet-free at all times.

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