

NEW FOUNDATIONS TRANSITIONAL HOUSING PROGRAM PROGRAM APPLICATION

Program Overview

New Foundations is a transitional living program for single parents and their children. The program is operated out of two buildings in the village of Morrisville. We are able to serve five single parent families who are homeless, at risk of becoming homeless, or struggle to remain adequately housed.

With hard work on the part of the program participants and 1:1 guidance from our Program Manager, the end goal of this program is permanent housing, employment to one's maximum potential, and being financially independent.

The time to complete the program is two years. During this time, participants do not pay rent but they do pay into a savings account. Participants work on furthering their education whether a technical program, certificate, or diploma.

This program has been successful in helping people get out of poverty and live a life free from public assistance. It's amazing what someone can accomplish once the worry of housing is taken off the table!

Eligibility

- Single parent
- Homeless, at risk of becoming homeless, or struggle to remain adequately housed
- Committed to furthering their education or professional development
- Committed to becoming financially self-sufficient
- Desire to stay until educational goals are complete (up to two years)
- Meets requirements of alcohol & substance policy

Application Process

- Connect with Program Manager to go over program and get your questions answered
 - savannah@uwlamoille.org or 802.888.3252
- Review the participant handbook
- Complete the application
- 1st interview with Program Manager and Executive Director
- 2nd interview with Oversight Committee
- If accepted, meet with Program Manager to review handbook and create a move-in plan

A complete application includes the following items:

- 1) Typed introduction letter – please tell us about you and your child(ren), why you are interested in New Foundations, some of your goals, some of your recent challenges and successes
- 2) Completed application
- 3) Recommendation letter from referring agency

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: __/__/__

Applicant Information		
First Name:	Last Name:	
Pronouns used:	Date of Birth:	
Phone:	Email:	
Mailing Address:	City:	State:
Do you have a driver's license?	How do you get around? Car, walk, bus, etc.	

Children			
Name	Date of Birth	Age	Type of Custody
What custody/visitation agreements are in place?			
Do your children visit with other family?			

Emergency Contacts		
Name	Phone	Relationship to You

Rental History	
Have you rented from a landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you left a lease early?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Living Situation	
Where are you currently staying?	With whom do you live?
How long can you stay where you are now?	Is your current living situation safe?
Why do you need to leave where you are staying now?	
In the past year, have you ever been afraid of anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the crime?
Are you, or have you been on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?
Parole/Probation Officer's Name:	Officer's Phone:
Do you have pending or active tickets/fines for speeding, parking, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have a payment plan set up? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the last year, have you had a RFA (Relief From Abuse) order against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the last year, have you had a RFA against someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No
Upcoming court dates:	
Do you have other legal info we should know about?	

Income		
Source	How much?	How often?
Employment		
Reach Up		
Child Support		
3 Squares		
Other, please describe:		

Bills & Debts			
Item	Total Amount Due	Monthly Amount	Past Due
Past Rent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards			<input type="checkbox"/> Yes <input type="checkbox"/> No
Storage			<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Payment			<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Insurance			<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas			<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal loan (from family/friends)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable			<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water			<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical			<input type="checkbox"/> Yes <input type="checkbox"/> No
Subscriptions			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support			<input type="checkbox"/> Yes <input type="checkbox"/> No
Repossessions			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pawn Shops			<input type="checkbox"/> Yes <input type="checkbox"/> No
Payday Loans			<input type="checkbox"/> Yes <input type="checkbox"/> No
Tickets/Fines			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bankruptcy			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History				
Company Name	Job Title	Start Date	End Date	Reason for Leaving

Agencies or Organizations		
What agencies or organizations are you working with? Reach Up, Lamoille Family Center, etc.		
Organization Name:	Caseworker's Name:	How often do you meet?

Substance Use		
Do you smoke tobacco or vape? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much per day?	
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	How often?
Do you use marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No	How much?	How often?
Are you in recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long?	
<p>If you are in recovery, please review the policy below and submit additional materials with your application including a letter of recommendation from your treatment provider and documentation of wanting a better life. Please see below for additional details.</p>		

Alcohol & Substance Abuse Policy

Participants shall not possess, consume, or be under the influence of alcohol on New Foundations property. The use of other drugs is not allowed while a participant of this program. This includes participants at all times, children, and guests while they are visiting.

If we believe a participant may be using substances, we will refer the participant to a licensed drug and alcohol counselor for an assessment and to complete the resulting recommendations from that assessment.

- If treatment is medically recommended, we hope that the participant will take this opportunity to engage with treatment. If the participant chooses not to complete the recommendations from the assessment, the participant will be dismissed from the program.
- If treatment is not medically recommended, we will follow our consequences outline in the "Not Fulfilling Your Responsibilities" section.

We understand the importance of safe and stable housing during the recovery process. If there is reason to believe a potential participant is actively using drugs and/or alcohol, they should not be referred to this program. Potential participants who are in recovery are welcome to apply for New Foundations with the following:

- **In recovery at least 6 months without relapse use of substance.** This program defines recovery as the abstinence from all drugs and alcohol and any medications or medicinal substances not taken as prescribed by a physician or psychiatrist.
- **Clear documentation of wanting to better their life.** Examples of documentation include but are not limited to: letter of confirmation from program supervisor of consistent and current participation in a recovery coaching program, signed and dated recovery meeting attendance forms, letter from counselor, letter of confirmation from program supervisor of consistent and current participation in IOP groups.
- **Letter of recommendation** from the medical provider providing treatment indicating treatment progress. If there is no longer ongoing treatment, a letter of recommendation can come from a Primary Care Physician.

Education

What occupation do you wish to pursue and why?

What training/education is needed for this occupation?

What college/tech center are you choosing to attend?

How long will it take you to complete the program/degree/certificate?

What is the entry level wage for this occupation?

Where will you look for employment after you have received your education?

What are your estimated costs/fees for tuition and how do you plan to pay for these costs?

What financial aid options have you explored to fund your schooling?

What prior college credits do you have? Could they be used toward this education goal?

What is your childcare plan to allow you class and study time?

What is your transportation plan to get to and from classes?

Is there anything else you would like to share with us?

I (your name) _____ attest that the information contained in this application is true and complete to the best of my knowledge. I understand that submitting false information may result in the denial of my application. I have read the participant handbook and understand the program guidelines. I agree to follow the guidelines if I am accepted into the New Foundations Transitional Housing Program.

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 Transitional Housing Program.

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

Signature

Date

Signature

Date