

Dear Haven Applicant:

Enclosed you will find The Lake County Haven application.

You may mail or fax your completed application to:

The Lake County Haven
P.O. Box 127
Libertyville, IL 60048
Fax: 847-680-4360

If you have any questions, please call us at 847-680-5408.

- ◆ Women and children are expected to be open and honest in all relationships with members of LCH community.
- ◆ Women and children are expected to behave with respect for self, others and property.
- ◆ The use or possession of alcohol or drugs on or off shelter property is prohibited.
- ◆ Residents are expected to concentrate on their own issues and concerns, rather than those of other residents.

The Lake County Haven

The Lake County Haven

Full Name: _____

Current Address: _____
Street City State Zip

Current Telephone: _____

Date of Birth: _____ Referred by: _____

◆ **Family information**

Marital Status: Single Married Separated Divorced Widowed

Names of children: Age: Sex: Living with: Coming with:

◆ **Education & employment**

High School Diploma/GED? Y N
Currently employed? Y N
If employed, hours per week: _____

◆ **Health information**

Are you pregnant at this time? Y N If yes, due date: _____

List any medicine (prescription and over the counter) you are taking and how often you take it:

Have you ever experienced any emotional, physical, or sexual abuse? Y N
If yes, have you ever received counseling for the abuse and where?

When was the last time you had something alcoholic to drink? _____
 How much do you drink at one time? _____
 How many times did you drink last month? _____
 Is there a history of alcoholism in your family? Y N
 Has your drinking *ever* caused any problems for you? Y N
 Have you *ever* been arrested for any alcohol related driving offense? Y N
 Have you *ever* been in an alcohol treatment program? Y N
 Have you *ever* used recreational drugs? Y N
 Have you *ever* injected drugs intravenously? Y N
 When was the last time you used drugs? _____
 Have you ever been in a drug treatment program? Y N If yes, when & where? _____

Are you ninety days sober? Y N If no, how many days? _____

Have you *ever* received treatment for an emotional problem or mental disorder? Y N
 If yes, what was the diagnosis? _____
 Mental health care provider: _____
 Have you *ever* been prescribed mood altering or psychiatric medication? Y N
 If yes, what medication? _____ Dates of taking medication: _____
 What is the number of mental health care providers you have seen in your entire life? _____
 Have you *ever* been hospitalized due to an emotional or mental problem? Y N
 If yes, where and when: _____

◆ **Other information**

Current or previous arrests/legal difficulties? Y N If yes, where and when? _____

What type? _____ Dates _____

Is there currently a warrant out for your arrest? Y N

◆ **Financial information**

List amounts of income from all sources:
 Employment _____
 Unemployment _____
 Public Aid _____
 Alimony _____
 SSI or SSDI _____
 Child Support _____
 WIC _____
 Family _____
 Link Card _____
 Other _____

List all current expenses and debts.
 Car _____
 Car Insurance _____
 Transportation _____
 Health Insurance _____
 Child Care _____
 Legal Fees _____
 Credit Cards _____
 Utilities _____
 Fines _____
 Other _____

◆ **Housing information**

Current or previous group living experience? Y N If yes, where and when? _____

If currently in group living, what is your release date? _____

Reason for needing shelter at this time: _____

Circle the choice that **best describes** the place you stayed last night:

- | | |
|---------------------------|---|
| Car | Relatives |
| Streets/park | Transitional housing |
| Hotel/motel | Abandoned building |
| Vouchered motel room | Owned house |
| Shelter | Shared house or apartment |
| Battered women's shelter | Psychiatric facility |
| Friends | Jail/prison |
| Hospital | Substance abuse treatment or detox facility |
| Rented house or apartment | Other _____ |

How long homeless _____ Months Number of times homeless before _____

Where first became homeless _____ State _____

Last permanent address _____ County _____ State _____

Attest of information:

I attest that all the information I have provided in this intake and application process is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of information could result in my being denied acceptance into or expelled from transitional housing.

Applicant's signature _____

Date _____

Homeless Eligibility Verification

Printed Name of Client: _____

Signature of Client: _____

Printed Name of Case Manager: _____

Signature of Case Manager: _____

Date: _____

Homeless persons are those who are **currently in one** of the following situations:

_____ Person sleeping in a place not meant for human habitation: in a car, park, on the sidewalk or in an abandoned building;

_____ Person sleeping in an emergency shelter;

_____ Person living in transitional or supportive housing for homeless persons, but who originally came from the streets or an emergency shelter;

_____ Person was released from a hospital or other institution after being there for 30 consecutive days or less and being returned to one of the above sleeping/living conditions;

_____ Person is being evicted within 7 days from private dwellings and no subsequent residences have been identified and lacks the resources and support networks needed to obtain housing;

_____ Person is being discharged within 7 days from an institution in which they have been a resident for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing; or

_____ Abused/battered spouse is fleeing a domestic violence housing situation and no subsequent residence has been identified and person lacks the resources and support networks needed to obtain housing.