



Sedgwick County...
working for you

HOUSING FIRST APPLICATION FORM

(Please print)



Please complete all sections and return to Maggie Flanders at mflander@sedgwick.gov or fax 660-7510.

Today's Date: ____/____/____

Name of Staff Making Referral _____ Date _____

Name & Address of Referring Agency _____

What is the best way to contact you regarding the application? (Please provide staff phone #s, pager, and e-mail address.)

Staff Cell Phone _____ Staff Office Phone _____ Staff E-mail _____ Other _____

How did applicant learn about Housing First? (check one)

Drop-In Center _____ Lord's Diner _____ Shelter (specify) _____ Other _____

Client Last Name: _____ First Name: _____

Where is applicant staying? (shelter, bridge, park): _____

Where does applicant go during the day? (shelter, library, Lord's Diner, park): _____

Date of Birth: ____/____/____ Last 4 digits of Social Security No: _____

Has the applicant ever been in the military? (veteran status) Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Common-Law Married _____

Gender: Male _____ Female _____ Transgender _____

What is applicant's racial and ethnic background? Is applicant Hispanic? Yes _____ No _____

Check all that apply: Asian _____
Black/African American _____
Native American/Alaskan Native _____
White _____
Multiracial _____

Employment Status: _____ If employed, where? _____

What is the highest level of education client has completed? _____

Is applicant receiving any of the following benefits? (check all that apply)

SSI/SSDI ___ Food Stamps ___ VA Pension/Benefits ___ Medicaid/Medicare ___ Other _____

Has client ever applied for SSI/SSDI? Yes _____ No _____

If yes when did applicant apply? _____ If applicant was approved, when? _____

If not approved, did applicant file an appeal? When? Result? _____

Total Monthly Income: _____

Source of Income: _____

Please list current diagnosis for each of the following:

_____ Mental Illness
Please specify _____

_____ Substance Use Disorder
Please specify usage frequency _____

_____ Developmental Disability
Please specify _____

_____ Chronic Physical Illness
Please specify _____

_____ Other _____

Has applicant been continually homeless for the past year? Yes _____ No _____

During the past 3 years, how many times has the applicant been homeless? _____

Please describe and provide dates for any unique barriers to housing such as: felony, sexual offender, manufacturing of drugs, previous rental history (including evictions), and credit barriers (including unpaid utility bills).

Identify area of town or apartment complex applicant would like to live (i.e. north/south/east/west part of town, near a job, family, service agency or treatment facility, etc. Please be specific):

**Completing this application does not guarantee acceptance into the Housing First Program. Also the area where applicant prefers to live may not be available or may not be an option at the time of approval.*

Chronic Homeless Verification

I certify that _____ stayed at the following shelters/facilities/programs:
(Client's Name)

Please list all episodes of homelessness for AT LEAST the past 3 years, including episodes on the streets.

Episode 1: _____
(In which city was the client homeless?)

Episode 2: _____
(In which city was the client homeless?)

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

Episode 3: _____
(In which city was the client homeless?)

Episode 4: _____
(In which city was the client homeless?)

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

Episode 5: _____
(In which city was the client homeless?)

Episode 6: _____
(In which city was the client homeless?)

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

For the following periods of time (please provide dates):

(1) between: ____/____/____ & : ____/____/____
(2) between: ____/____/____ & : ____/____/____
(3) between: ____/____/____ & : ____/____/____
(4) between: ____/____/____ & : ____/____/____

Additional detail about the client's episodes of homelessness may be written below; please asterisk any episodes that you cannot verify.

The homeless applicant is currently staying where? _____ This is classified as:

- Emergency Shelter
- Transitional Housing
- Permanent Housing
- Medical Institution

- Mental Health Institution
- Correctional Facility
- Substance Abuse Facility
- Other: _____

Signature: _____
(Signature of Staff)

Date: _____

Title: _____

Phone: _____