



WOMAN SURVIVAL

Yolanda Dubose Foundation



P.O. Box 5034

| Milford, CT 06460

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| [womansurvival.com](http://womansurvival.com)

# WOMAN SURVIVAL TRANSITIONAL LIVING APPLICATION

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## APPLICATION PROCESS:

1. COMPLETE APPLICATION AND SUBMIT FORM WITH ALL REQUESTED DOCUMENTATION VIA MAIL OR FAX:
2. COMPLETE INTERVIEW WITH HOUSE MANAGER
3. IF ACCEPTED, ARRANGE TIME AND DATE OF ARRIVAL

Please note: An acceptance letter will be issued only after the completion of the above process.

Fill complete application to the best of your ability do not leave any question blank, if the question is non-applicable please write N/A.

Requested Move-in Date: \_\_\_\_\_

## Resident Information

1. [Full] Name: \_\_\_\_\_

2. Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

6. Previous Address

Address St & NO. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Marital Status: [Circle One] Single: Married: Divorced: Separated: Widowed

**Medical Information**

9. What was the date of your last physical?

\_\_\_\_\_

10. Do you have any serious illnesses that we should be aware of?

Yes\_\_\_ No\_\_\_

If yes, Explain \_\_\_\_\_

11. Are you currently taking any medications if so what and why (please include vitamins and any over the counter medications) Yes\_\_\_ No\_\_\_

If yes, please list \_\_\_\_\_

12. Have you know or ever have been treated for any type of mental illness, if so explain? Yes\_\_\_ No\_\_\_

If yes, Explain

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

13. Have you ever experienced any problems dealing with these circumstances, Depression, Anger, Rage or any other emotional issues? Yes\_\_\_ No\_\_\_

If yes, Explain

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

14. Do you have any permanent disabilities that may prevent you from employment?

Yes\_\_ No\_\_ If yes, explain \_\_\_\_\_

15. Have you ever had a substance abuse problem to drugs or alcohol?

Yes\_\_ No\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Answer questions 16-20 if you have replied “yes” to question 15.**

16. List all drugs of choice?

\_\_\_\_\_

17. How long have you been sober? \_\_\_\_\_

18. What is your current status addressing this problem?

Explain: \_\_\_\_\_

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

19. Have you treated in any Recovery Programs?

Explain: \_\_\_\_\_

\_\_\_\_\_

20. List all medical conditions:

\_\_\_\_\_

\_\_\_\_\_

21. Provide Health Insurance Information: \_\_\_\_\_

\_\_\_\_\_

### **Criminal Background**

22. Have you ever been arrested? Yes \_\_\_ No \_\_\_

Explain \_\_\_\_\_

23. Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ If Yes, Explain in detail including dates and charges:

\_\_\_\_\_

\_\_\_\_\_

24. Do you have a criminal record? : Yes \_\_\_ No \_\_\_ If Yes, Explain:

\_\_\_\_\_

\_\_\_\_\_

25. Are you required to register as a sex offender? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

26. Have you ever committed of arson? Yes \_\_\_ No \_\_\_ If yes, explain

27. Are you involved in any legal action? Yes \_\_\_ No \_\_\_ if yes, please explain \_\_\_\_\_

\_\_\_\_\_

28. Have you ever spent time in a Correctional Facility? Yes \_\_\_ No \_\_\_  
If yes, Explain \_\_\_\_\_

\_\_\_\_\_

Are you on probation or parole? : Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF PROBATION OR PAROLE OFFICER:

\_\_\_\_\_

PHONE# \_\_\_\_\_

Expected release date from supervision: \_\_\_\_\_

If incarcerated what is your expected Release date: \_\_\_\_\_

End of sentence date: \_\_\_\_\_

**Education, Employment & Special Interest**

27. Are you working now? , Yes\_\_\_ No\_\_\_ If No, Why Not, Explain

If yes, List the last three Employers you have worked for begin with most recent:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Years:** \_\_\_\_\_  
**May we contact this person as a reference?** \_\_\_\_\_  
**Reason for leaving?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Years:** \_\_\_\_\_  
**May we contact this person as a reference?** \_\_\_\_\_  
**Reason for leaving?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Years:** \_\_\_\_\_  
**May we contact this person as a reference?** \_\_\_\_\_  
**Reason for leaving?** \_\_\_\_\_

28. Do you want to work? : Yes\_\_\_ No\_\_\_  
If No, or Can't Explain: \_\_\_\_\_

29. Do you have a special Trade or Skills? : Yes\_\_\_ No\_\_\_ If Yes, Explain  
\_\_\_\_\_

30. Do you want to learn a new Trade or Skill? : Yes\_\_\_ No\_\_\_ If Yes,  
Explain \_\_\_\_\_

31. Highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12, College: 1 2 3 4 Trade or  
Vocational School: 1 2 3 4 Names of Schools, Addresses & Degrees Received:

32. Do you have any "Special Interest or Hobbies"? Yes\_\_ No\_\_ If Yes, Explain

33. Do you do any volunteer or community service work? Yes\_\_ No\_\_ If yes, please explain \_\_\_\_\_

**Financial Information**

34. What is your primary source of income? \_\_\_\_\_

34a. How often do you receive this income/benefit? \_\_\_\_\_

34b. How long are you expected to receive this income/benefit? \_\_\_\_\_

34c. What determines the length of time in receiving this income? \_\_\_\_\_

35. Please list any additional sources of income \_\_\_\_\_

35a. How often do you receive this income/benefit? \_\_\_\_\_

35b. How long are you expected to receive this income/benefit? \_\_\_\_\_

35c. What determines the length of time in receiving this income? \_\_\_\_\_

36. Do you have any court orders ie. Child support, liens, civil suits? How often must this be paid? \_\_\_\_\_

37. Do you own any Stocks, Bonds, Properties, Etc., Yes\_\_ No\_\_ If Yes, Explain:

38. Do you have any large sums of money deposited in a Bank, Savings & Loan or Credit Union, Yes\_\_ No\_\_ If Yes, Explain?

**Please respond to the following questions in detail:**

39. Why do you want to become a client at Woman Survival?

40. What are your strengths? \_\_\_\_\_

41. What are your weaknesses? \_\_\_\_\_

42. What do you hope to gain from the Woman Survival treatment program?  
\_\_\_\_\_  
\_\_\_\_\_

### **Aggreement**

43. You understand that absolutely **NO DRUGS or ALCOHOL** is allowed at Woman Survival? Yes\_\_\_\_ No\_\_\_\_\_

44. Do you understand that you will be required to follow and obey the “House Rules” at Woman Survival? Yes\_\_\_ No\_\_\_\_\_

45. Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be terminated from this Transitional Housing Program which entail means evicted? Yes\_\_\_ No\_\_\_\_\_

46. Do you have the desire, ambition and drive to want to change your life and better yourself. Yes\_\_\_\_ No\_\_\_\_\_

#### ***Special Note:***

All the information you have supplied in this application is kept completely confidential. We understand the sensitive nature of this data, but there is a specific reason why we have asked these questions. For the most part, it is for your benefit. This information allows us to better evaluate you as an individual, address your specific needs and find out what your goals are.

By signing below I, \_\_\_\_\_ agree to obey the rules and regulations set forth by Woman Survival, Inc., that all of the information I have supplied in this application is truthful and I further understand that I am responsible for my own behavior / actions. Any violations of said rules, I do understand I may be immediately terminated from this program.

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Drivers License No:** \_\_\_\_\_

***Please attach a copy of a form of identification.***