Ithaka
Relationship First Housing

For Office Use Only Date of Receipt: _____

Staff Initials: _____ Referral Source: _____

Notes: _____

_____

_____

_____

_____

INDIVIDUAL TRANSITIONAL PROGRAM APPLICATION

****Please review the Program Information details before filling out this application****

REQUIREMENTS CRITERIA

Please review & check off each one to verify that each one applies to you before completing and submitting this application to Ithaka:

- ❑ I will fill out this application completely and correctly.
- ❑ I agree to be fully HONEST and ACCOUNTABLE with Ithaka.
- ❑ I am 25 years of age or older.
- ❑ I either have gotten or □ will get the COVID-19 vaccination before I move in, if accepted.
- ❑ I am willing and able to obtain full-time employment (35-40 hours/week) within 60 days of move-in.
- ❑ I desire to maintain self-sufficiency.
- ❑ I have stabilized my physical & mental health wellness using established self-care techniques & treatment methods.
- ❑ I agree to comply with house rules, at a minimum, if accepted, and to really thrive in this program, I commit to participating in open communication and community.
- ❑ I am open to random room inspections and drug screenings.
- ❑ I have well established sobriety which I will maintain, and I acknowledge that Ithaka is a sober environment but is NOT a sober living home/facility with adequate support structures in place for recovery from very recent substance abuse/dependency.
- ❑ I do not have any criminal murder convictions, outstanding murder charges, or convictions that result in a sexually violent predator (SVP) status being applicable.
- ❑ I am willing to always communicate truthfully and thoughtfully with Ithaka staff.
- ❑ I agree to meet with the case manager at least twice per month, if accepted.

APPLICANT INFORMATION

Name: _____ Alias(es): _____

Mailing Address: _____

Phone: ( ) _____ Ok to text msg? ☐ Yes ☐ No Ok to leave voice mail? ☐ Yes ☐ No

Email: _____ **Social Security #** __ __ __ - __ __ - __ __ __ __

Date of Birth: _____ **Gender**: _____ Preferred Pronouns: _____

Hispanic/Latino: ☐ Yes ☐ No **Race**: _____ **Highest Education Completed**: _____

Are you a veteran? ☐ Yes ☐ No If Yes, dates of service: _____ Branch: _____

Theater of operations: _____ Discharge Status: _____

Driver's License or State ID (if any): ID Number: _____ State: _____

Vehicle Information (if any): Make/Model: _____

Year: _____ License Plate State: _____

Have you applied to Ithaka before? ☐ Yes ☐ No. If yes, please describe: _____

RESIDENTIAL HISTORY

Describe your current living situation in as much detail as possible:

_____

_____

_____

_____

Last Known Permanent Address: (where you last lived for 90 days or more)

_____

Did you relocate to Colorado/Colorado Springs from another state/city? ☐ Yes ☐ No

If Yes, which state/city? _____ What were the reasons for relocation: (*select all that apply*)

☐ Care of sick relative ☐ Climate ☐ Natural Disaster ☐ Domestic Violence
☐ Colorado marijuana laws ☐ Employment/Job ☐ Family Support ☐ Medical Needs
☐ Driver's Licenses/ID for immigrants ☐ Refugee ☐ Needed services

Where did you stay last night? (select one of the following)

Homeless	
☐ Vehicle, outdoors, or abandoned building	☐ Safe haven
☐ Emergency shelter or emergency shelter voucher	☐ Interim housing
If you selected one of the above options: Approximate date homelessness started: _____ How many times have you been homeless in the past 3 years? _____ How many total months have you been homeless during the last 3 years? _____	
Institutional Situation	
☐ Foster home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or medical facility	☐ Psychiatric facility
☐ Detention facility	☐ Substance abuse treatment/detox facility
If your stay was less than 90 days, where did you stay before this situation? _____	
Transitional or Permanent Housing Situation	
Owned by client: ☐ without subsidy ☐ with subsidy	Rental through: ☐ no subsidy ☐ housing subsidy ☐ GPD TIP subsidy ☐ VASH subsidy
☐ Transitional housing for homeless persons	☐ Residential program with no homeless criteria
☐ Permanent housing for formerly homeless persons	☐ Motel paid without emergency shelter voucher
☐ Family member's residence	☐ Friends' residence
If your stay was less than 7 days, where did you stay before this situation? _____	

Reasons or Contributing Factors to Homelessness: (select all that apply)

☐ Abuse or Violence in My Home	☐ Lost a Job; Could not Find Work
☐ Alcohol/Substance Abuse Problems	☐ Medical Expenses
☐ Asked to Leave	☐ Mental Illness/Discharge from psychiatric facility
☐ Bad Credit	☐ Moved to Find Work
☐ Could Not Pay Utilities	☐ Problems with Public Benefits
☐ Discharge from Foster Care	☐ Reasons Related to My Sexual Orientation
☐ Discharged from Jail	☐ Relationship Problems or Family Break-up
☐ Discharged from Prison	☐ Unable to Pay Rent/Mortgage
☐ Family Member or Personal Illness	☐ Eviction
☐ Legal Problems	☐ Other: _____

CRIMINAL/LEGAL BACKGROUND

Are you currently involved in any court/legal proceedings? ☐ Yes ☐ No If Yes, please explain:

_____

_____

_____

_____

_____

Have you <u>ever</u> been charged with any misdemeanor or any felony? ☐ Yes ☐ No

If Yes, describe **each charge** including the **date**(s) and the **situation**(s) from your perspective in as much detail as possible (***what*** *happened*, ***who*** *was involved*, ***where*** *were you*, ***when*** *was this*, ***why*** *did it happen*):

_____

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IF YOU ARE CURRENTLY INCARCERATED, THIS SECTION IS ABSOLUTELY REQUIRED. YOU MUST ALSO LIST A CASE MANAGER AND CONTACT INFORMATION FOR YOUR CASE MANAGER IN THE REFERENCES SECTION AND SIGN A RELEASE OF INFORMATION IN ORDER TO COORDINATE AN INTERVIEW.

Are you on a tabled status with Parole? ☐ Yes ☐ No If Yes, when will your tabled status expire?
_____

Upon release, will you be required to register as a **Sexually Violent Predator (SVP)**? ☐ Yes ☐ No

Will you be released on a Mandatory Release date? ☐ Yes ☐ No What is that date? _____

Is there anything else that we should know to work with your Case Manager and/or Parole?
_____
_____
_____
_____

SUBSTANCE ABUSE HISTORY

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? _____

Has your drinking caused any problems for you? ☐ Yes ☐ No Please explain: _____

_____

_____

_____

Have you ever been in an alcohol treatment program? ☐ Yes ☐ No

If Yes, tell us about when and where, and how you think it did or did not help you:

_____

_____

_____

Have you ever used drugs? ☐ Yes ☐ No If Yes, what substance(s) and for how long?

_____

When was the last time you used drugs? _____

Have you ever been in a drug treatment program? ☐ Yes ☐ No

If Yes, tell us about when and where, and how you think it did or did not help you:

_____

_____

_____

HEALTH & MENTAL HEALTH HISTORY

Have you ever received treatment or care for an emotional problem or mental disorder? ☐ Yes ☐ No

If Yes, please tell us about the diagnoses and treatment(s): _____

_____

_____

Who is your mental health provider and when did you begin seeing them?

_____

Have you EVER been PRESCRIBED any medications for a mental, emotional, or behavioral concern?

☐ Yes ☐ No If Yes, please list name(s) of medication(s) and when you started taking them and when you stopped (if applicable): _____

_____

_____

Tell us about ALL medications that you are CURRENTLY taking, whether for physical, psychological or other health reasons, when you started taking your medication(s) and whether you take your medication(s) as prescribed or have modified your dosage: _____

_____

_____

Have you survived domestic violence? ☐ Yes ☐ No If Yes, over what time period? _____

Do you have a disability? ☐ Physical ☐ Developmental ☐ None

If so, please describe: _____

Do you have a chronic health condition? ☐ Yes ☐ No

If Yes, does this affect or will this affect your ability to live independently? ☐ Yes ☐ No

If so, please describe: _____

INCOME INFORMATION

Are you willing and able to work a full-time position? ☐ Yes ☐ No

Are there any limitations on your ability to work? ☐ Yes ☐ No

If Yes, please describe those limitations: _____

_____

_____

Current Employment Status: ☐ Full Time ☐ Part Time ☐ Unemployed

If you are currently employed, please list your employer, type of work, when you started, and a contact phone number: _____

_____

_____

If you marked 'Unemployed', please describe your past work history in detail. When was the last time you were employed? What work have you done in the past? Have you been job searching? If you have, how long have you been job searching? What barriers are you facing to securing employment?

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Income Sources (*complete all that apply*)

Employment source: _____	$ ____.____/month
Unemployment Insurance	$ ____.____/month
Supplemental Security Income (SSI)	$ ____.____/month
Social Security Disability Income (SSDI)	$ ____.____/month
VA Service-Connected Disability Compensation	$ ____.____/month
VA Non-Service-Connected Disability Pension	$ ____.____/month
Private Disability Insurance	$ ____.____/month
Worker's Compensation	$ ____.____/month
Temporary Assistance for Needy Families (TANF)	$ ____.____/month
General Assistance (GA)	$ ____.____/month
Retirement Income from Social Security	$ ____.____/month
Pension or Retirement Income from a former job	$ ____.____/month
Child Support	$ ____.____/month
Alimony or other spousal support	$ ____.____/month
Other source (specify): _____	$ ____.____/month
Total Monthly Income	$ ____.____/month

Non-Cash benefits

☐ Supplemental Nutrition Assistance Program (SNAP) $_____	☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care services	☐ Other TANF-funded services
☐ TANF transportation services	☐ Other _____

Health Insurance (All clients)

☐ Medicaid _____	☐ Medicare _____	☐ VA Medical Services
☐ State Children's	☐ Employer-Provided	☐ State Health Insurance for Adults
☐ Private Pay	☐ COBRA	☐ Indian health service program
☐ Other _____	☐ None	

REFERENCES

Please provide at least 2 references, as we may be unable to approve an application until connecting with at least 2 references. And listing more could allow us to connect and complete the process more quickly for you.

Personal Reference or Emergency Contact:

Name _____ Address _____

Phone _____ Relationship_____

Email Address: _____

Personal Reference:

Name _____ Address _____

Phone _____ Relationship_____

Email Address: _____

Professional Reference

Name _____ Address _____

Phone _____ Relationship_____

Email Address: _____

Professional Reference

Name _____ Address _____

Phone _____ Relationship_____

Email Address: _____

Parole/Probation Officer or Case Manager:

Name: _____ Organization: _____

Phone: _____ Extension: _____ Title: _____

Email Address: _____

Mental Health Counselor:

Name: _____ Organization: _____

Phone: _____ Title: _____

Email Address: _____

Your signature below indicates agreement with the following:

I understand that this is a preliminary application and the information provided does not guarantee housing. I certify that all information contained herein is true and correct to the best of my knowledge.

It is the policy of Ithaka to accept applications and to place applicants into housing units based on need and date of application. In compliance with local, state, and federal laws, we provide housing to applicants regardless of race, color, national origin, sexual orientation, age, gender identity, disability, or veteran status. In addition, policies that affect current residents will be carried out without regard for these irrelevant factors.

I authorize an investigation of my credit, tenant history, criminal history, and employment history for the purposes of renting a house, apartment or room from Ithaka Land, Inc.

Applicant hereby authorizes Ithaka Land, Inc, its employees and agents to verify said information and to make independent investigations in person, by mail, telephone, fax, or otherwise, to determine Applicant's rental, credit, financial, criminal, and character standing. Applicant hereby releases Ithaka Land, Inc., its employees and agents, First American Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, for any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. A copy, fax or other reproduction of this Authorization shall be as effective as the original.

_____ _____

Name (please print) Date

_____

Signature

AUTHORIZATION FOR USE/DISCLOSURE/OBTAINMENT OF HEALTH/SERVICES INFORMATION

Authorization for Use/Disclosure/Obtainment of Information: I voluntarily consent to authorize Ithaka Land, Inc. to use, disclose, or obtain records or knowledge of me or my treatment during the term of this Authorization to the recipient(s) that I have identified below.

Recipient: I authorize my information to be released to and/or obtained from the following recipient(s):

Name: _____

Role: _____

Phone/Email: *(optional)* _____

Purpose: I authorize the release/obtainment of my information for the specific purpose of application, interview, housing, or care coordination.

Information to be disclosed: I authorize the release/obtainment of the following information: *(check the applicable box below)*

- ❑ All information pertaining to Ithaka's application process and transitional housing program, including information relating to any medical or mental health history, mental or physical condition, substance use progress, behavior, program adherence, and any treatment received by me.
- ❑ Only the following records or types of information:

  _____

Term: I understand that this Authorization will remain in effect until I end my residency in the Ithaka Land, Inc.'s transitional program.

Redisclosure: I understand that Ithaka Land, Inc. cannot guarantee that the recipient will not redisclose my information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my information.

Questions: I may contact Ithaka Land, Inc. for answers to my questions about the privacy of my information at 321 Mesa Rd, Colorado Springs, CO 80905, or by telephone at (719) 578-1629.

_____	_____	_____
Signature	*Date*	*Signature of Witness*

If Individual is unable to sign this Authorization, please complete the information below:

_____	_____	_____	_____
Guardian/Representative Name	*Legal Relationship*	*Date*	*Witness*

Right to revoke: I understand that I can revoke this authorization by signing and dating below. The revocation will be effective immediately upon my signature. The revocation will not have any effect on any action taken by Ithaka Land, Inc. in reliance on this Authorization before it received my signed notice of revocation.

_____	_____
Signature	*Date of Revocation*