

# Short Term Housing Program

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# Admission Package

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## **OVERVIEW OF AGENCY**

Firm Foundation of Virginia, Inc. is a faith based 501(c)3 non-profit organization. We accept residents through self- referrals and community referral sources. We provide housing, life skills support, case management for single mothers and pregnant women age 18 to 35 facing economic and housing issues. This is a voluntary program; residents are free to leave the program at any time.

Firm Foundation of Virginia, Inc. is self-governing with a biblical base to give the residents self-respect and responsibility. Upon your admission, residents complete a Transition Plan to help them become financially self-sufficient and empower them to overcome the cycle of poverty and homelessness.

The rules, policies and procedures at Firm Foundation of Virginia, Inc. are in place to ensure safety, health and overall well-being. The house operation is set up to assist residents with skills necessary to reach the goal of becoming financially fit to move to financial freedom. While working with our staff and other residents, residents build the necessary life skills to equip, empower and rebuild their lives.

## **ADMISSION CRITERIA**

Residents must meet the following admission criteria to become a resident or participant in Firm Foundation of Virginia, Inc. program:

- Single mother and pregnant women, age 18-35 years old
- No more than two children ages 0-12 (residing with her)
- Committed to becoming financially self sufficient
- Currently unemployed, underemployed, actively seeking employment, living at or below the poverty line, experiencing homelessness or crisis
- Must be alcohol and drug free
- No serious medical or mental health conditions

An applicant may be considered ineligible if:

- Household characteristics are not appropriate for shared living environment.
- The applicant falsifies her application.
- The applicant does not meet Firm Foundation of Virginia, Inc. admission criteria.

## **FREQUENTLY ASKED QUESTIONS**

### **Is there a security deposit?**

- No security deposit is required.

### **What is provided for residents?**

- Furniture and accessories for all common areas including the living room, and kitchen are provided by Firm Foundation of Virginia, Inc.
- Parking is available for residents' cars.
- Internet, heat, water, sewer, electricity and local phone service are provided for the short-term housing program.
- Residents are provided sheets, pillowcases, blankets, towels etc. (upon admission)

### **What must the residents provide?**

- Supervision of children or childcare while working or on premise.
- Residents are responsible for providing a month notice prior to planned departure.

### **What is needed during the application process?**

- The completed application
- Proof of income
- A government issued picture ID

### **What happens after the application packet is turned in?**

The information provided on application form will be reviewed and verified. The background and credit check will be reviewed along with personal references you provided may be contacted. If it is determined that applicant meets criteria and are considered as a candidate for admission, you will be contacted to schedule an interview.

Candidates who successfully complete the application and interview process will be eligible for openings as they become available. If a space at Firm Foundation of Virginia, Inc. is not available, the candidate may elect to be placed *on the waiting list*. When an opening occurs and a candidate is selected from the list she will be contacted regarding availability.

If the applicant does not respond within five days or are unable to be contacted from the information on file, the applicant will be deleted from the waiting list. The candidate's completed application will be kept on file for one year.

Firm Foundation of Virginia, Inc. reserves the right to require any resident to vacate the premise if, in the judgment of Program Manager, the resident is unable or unwilling to comply with the requirements of Firm Foundation of Virginia, Inc. as set out in this provision, or to adjust to living in the shared or transitional housing program. The resident will be responsible for vacating the premises and making arrangements to pick up any personal or household items.

## Guidelines

As in most families and community living situations, there are guidelines that keep people safe and set the ground rules for mutual respect within the household. These guidelines help you know what to expect. The Program Manager or designee will, as necessary, facilitate conversations if and when disagreements, misunderstandings or major infractions of the guidelines occur.

**Smoking:** There will be no smoking by residents or guests inside or in front of any of Firm Foundation of Virginia, Inc. properties. Residents are allowed to smoke in designated smoking areas on the property. Residents are responsible for notifying their guests of smoking policy.

**Weapons:** No firearms or other weapons will be allowed on the property of Firm Foundation of Virginia, Inc. by residents or visitors. Residents are responsible for notifying their guests that weapons are not permitted.

**Group Decision Making:** Residents will participate in decisions that affect their daily lives. Each individual will respect the viewpoint of the others. Decisions will be made using the majority rule.

**Privacy:** Each bedroom is the personal private space for the resident and her children. Residents may lock their bedroom. No other resident or guest may enter their bedroom. When necessary, authorized staff may check personal spaces for cleanliness or for needed repairs.

**Noise:** Individual residents and their guests will respect the rights of the other residents to live in a quiet home by minimizing noise.

**Conservation of Utilities:** Residents will conserve these resources in order to minimize utility costs. For instance, lights and appliances will be turned off when the resident is not in the room; full loads of dishes will be cleaned in the dishwasher; sweaters will be worn instead of increasing the heat.

**Parking:** Parking is available for resident's vehicle.

**Visitors:** No overnight visitors will be allowed.

**Whereabouts and Extended absences:** Residents will notify staff when leaving and expected time of return. If resident is planning overnight or extended stay away, they must notify Program Manager.

**Emergencies:** Call 911. Ensure the safety and whereabouts of each resident. Residents will notify Program Manager and/or designated staff with critical follow-up information that may require additional attention.

**Household Duties:**

**Cleaning:** Both public and private spaces will be kept clean and free from debris or dangerous substances. Each resident is responsible for the cleanliness of their own room and sharing in the cleaning tasks of the community space. Housekeeping tasks will be assigned.

**Cooking:** Cooking tasks, including weekly meal planning is shared by all residents. Dinner along with supplemental food items is provided by program. Each resident will be assigned adequate space for personal food items.

**Laundry:** Each resident will be responsible for her own laundry. Only resident's laundry may be done on Firm Foundation of VA's properties.

**Household Security:** All doors will be locked at night or when all residents are out of the house. Keys may not be duplicated or shared with others. Loss of keys must be reported for replacement. Replacement cost is \$5.

**DISCHARGE**

Firm Foundation of Virginia, Inc. is a voluntary program. Residents can discontinue their stay or participation in the program at their discretion. However, the following guidelines govern discharge.

Planned discharge consists of the following:

- Resident should provide verbal/written notification 30 days prior to discontinuing services.
- Resident has satisfactorily completed established goals according to transition plan.
- Resident has extenuating circumstances that supersedes transition plan (ie. Marriage, out of state move, sickness)

Unplanned or enforced discharge consists of the following:

- No planned discharged or notification of discontinuation of services.
- Terminated due to violation of agency policies and procedures.
- Absent without notification for three or more days.



Complete and send to [info@firmfoundationva.org](mailto:info@firmfoundationva.org)

**Resident Admission Application**

<b>Demographic Information (Please Print)</b>		
Date:	Referred by:	
Name:	Age:	
SSN:	DOB:	
Married ___ Single ___ Separated ___ Divorced ___ Widowed ___ Previous marriages? _____		
Race:	Birth Place:	
Home Phone:	Cell Phone:	
Work Phone:	Email:	
Current Address:		
Child's name:	Age:	
DOB:	Child Gender:	
Child's Father name:	Address:	
Other children not residing with you: yes ___ no ___	Name/Age:	
Emergency Contact:	Phone:	
<b>Pregnancy Information</b>		
Expected Delivery Date:	Month and Term of pregnancy:	
OB/GYN:	OB/GYN Phone:	
Address:	Fax:	
<b>Education and Training</b>		
School/College Attended Name	Address	Graduation Date
Vocational Training/Certificates:		
Employed: yes / no	Full time/ Part time	
Name of Employer:	Address:	
Current Salary:	Transportation: yes / no	
Driver's License: Yes ___ No ___	State Issued:	Exp. Date:

<b>Work History (Last 3 years)</b>			
Year	Company Name/ Job Title	Duties	Reason for Leaving
<b>Job Skills</b>			
<b>Family Information</b>			
Parent's Name	Age	Address	Phone #
Siblings Name	Age	Address	Phone#
Spouse Name: (Current/Ex)	Age	Address	Phone#
<b>Personal History</b>			
Do you smoke? Yes___ No___		How much per day?	
Do you use drugs/Alcohol? Yes___ No___		Ever been in drug or alcohol rehabilitation?	
If yes, when?		Name of Substance:	
Facility Name:		Address:	
AA Participant? Yes___ No___		NA Participant? Yes___ No___	
Have you ever been arrested? Yes___No___		If yes, What for?	
Did you receive fines/Sentence? Yes___ No___		Explain:	
Have you ever been a battered person? Yes___No___		When?	
Have you ever served any time in jail? Yes___ No___		How long?	
Do you have pending tickets?(speeding, parking) Yes___ No___		What for? Court Date?	
Are you on parole or probation at present? Yes___ No___		How long?	



Parole/Probation Officer:	Phone#:
Is there a warrant out for your arrest at present? Yes__ No__	Reason:
Do you have a past, current or pending Child Protective Services case? Yes__ No__	Reason:
Current Credit Rating? Good__ Fair__ Poor__ Excellent__	Any current judgments/liens/garnishments? Yes__ No__ If so, what?
List Outstanding Debts/Fines:	
<b>Financial Information</b>	
Income Sources:	Current Income (Amount)
Child support	
Employment	
Food Stamps	
General Public Assistance	
Medicaid	
No Financial Resources	
Social Security/ SSDI/SSI	
TANF	
Unemployment Benefits	
Veterans Benefit	
<b>Medical/Mental Health History</b>	
Current/Prior Physician: Address:	Phone#:
Current/Prior Counselor/Psychiatrist: Address:	Phone#:
Insurance Provider:	ID#:
Secondary Provider:	ID#
Are you currently receiving counseling? Yes__ No__ Have you received prior counseling? Yes__ No__; If so, explain? Current/Past Diagnosis: Are you currently taking medication? Yes__ No__; If so, what? <span style="float: right;">How long?</span> Can you pass a drug test today? Yes__ No__ Are you willing to take a drug test to enter into housing program? Are you aware that you may be tested at any time during your participation in the program to remain eligible for the program? Yes__ No__	
<b>Transportation</b>	
Do you have a car? Yes__ No__	Year: <span style="margin-left: 100px;">Make/Model:</span>

Car Insurance: Yes__ No__		Tag#: _____		Current: Yes__ No__	
Current Inspection: Yes__ No__					
References/Emergency Contact					
Name		Address		Phone	Relationship
Current Living Situation					
<input type="checkbox"/> Homeless Shelter			<input type="checkbox"/> Relative's home		
<input type="checkbox"/> Domestic Violence Shelter			<input type="checkbox"/> Parent/Legal Guardian's home		
<input type="checkbox"/> On the street			<input type="checkbox"/> Friend's home		
<input type="checkbox"/> Other transitional living program			<input type="checkbox"/> Other Adult's home		
<input type="checkbox"/> Correction/Detention Center			<input type="checkbox"/> Other:		
Have you ever been homeless? If yes please explain:					
Select Housing Program you are interested in applying for (check all that apply)					
Note: All programs require you to work toward employment and financial self -sufficiency goals					
<input type="checkbox"/> <b>Short Term Transitional Housing-</b> Single mother and child will reside in a shared living arrangement. They will have private room. They will share common areas (i.e. living room, kitchen, laundry room). Single mothers must be employed (part or fulltime) or actively seeking employment. Resident are required contribute 30% of income for living expenses. This is an alcohol and drug free environment and no serious health concerns are admitted (single mother or child). Maximum length of stay twelve months.					
<input type="checkbox"/> <b>Transitional Housing-</b> Services provided for up to 24 months. Resident will reside in a single family dwelling. Resident must be employed. Resident responsible for rent and utilities. Participate with case management services to help residents establish short and long term goals for financial self- sufficiency. In addition, residents must open a savings to assist with stable housing or home ownership upon discharge from program.					
<input type="checkbox"/> <b>Home Ownership Program-</b> Residents have to financially qualify for this long term option. Residents are expected to enter purchase agreement of current residency or another identified home to become a homeowner upon completion of this program. Residents will continue to receive case management services and financial counseling to maintain homeownership as needed.					

<b>Additional Questions</b>
What steps are you prepared to make to participate in this program?
What are your personal goals for the next 12 months?
How do you deal with stress? Describe what type of behaviors you have when you are stressed?
Are you aware that this is a faith based organization? Yes___ No___ Do you currently practice any religious activities? If so, please explain.
Are you willing to participate in faith based activities as part of this program? Yes___ No___
<b>Applicant Signature</b>
I certify that the above information included in this application is true and correct to my knowledge. Signature:_____ Date:_____
<b>Approval Determination</b>
<b>Do <u>Not</u> complete information in the below section for office use only.</b>
<b>Housing Program for which resident is eligible:</b>
<input type="checkbox"/> <b>Emergency Housing</b> <input type="checkbox"/> <b>Transitional Housing</b> <input type="checkbox"/> <b>Homeownership Program</b> <input type="checkbox"/> <b>Not eligible</b>
<b>Additional Comments:</b>