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| Firm Foundation of Virginia |
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| Admission Application Packet |
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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 program 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:

* Expectant and single mothers, age 18-35 years old
* No more than two children ages 0-12 (residing with her)
* Committed to becoming financially self-sufficient
* Currently part or full-time 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 a 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.
* Heat, water, and electricity are provided for the short-term housing program.
* Residents are provided sheets, pillowcases, blankets, towels, etc. (upon admission-as needed)

**What must the residents provide?**

* Supervision of children or childcare while working or on-premises.
* Residents are responsible for providing a month's notice before 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 the 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 the applicant meets the criteria and is considered a candidate for admission, you will be contacted to schedule an interview.

Candidates who 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 is 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 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, some guidelines keep people safe and set the ground rules for mutual respect within the household. These guidelines help you know what to expect. The Program Supervisor or designee will, as necessary, facilitate conversations 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 the 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. Everyone will respect the viewpoint of 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 bedrooms. No other resident or guest may enter their bedroom. Personal spaces are checked for cleanliness and 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 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 vehicles.

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

**Whereabouts and Extended absences:** Residents will notify the Program Supervisor or designated if they are planning overnight or extended stay away.

**Emergencies:** Call 911. Ensure the safety and whereabouts of each resident. Residents will notify Program Supervisor 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 room and sharing in the cleaning tasks of the community space. Housekeeping tasks will be assigned.

**Cooking:** Each resident is responsible for preparing their meals**.**  The program provides supplemental food items. Each resident will be assigned adequate space for personal food items.

**Laundry:** Each resident will be responsible for her laundry. Only resident 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. The 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:**

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

**Unplanned or enforced discharge consists of the following:**

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

Resident Admission Application

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| --- | --- | --- | --- |
| Demographic Information (Please Print) | | | |
| Date: Click or tap to enter a date. | | How did you hear about Firm Foundation of VA, Inc.? Click or tap here to enter text. | |
| Name: Click or tap here to enter text. | | Age: Click or tap here to enter text. | |
| SSN: Click or tap here to enter text. | | DOB: Click or tap here to enter text. | |
| Married Single Separated Divorced Widowed # of previous marriages?Click or tap here to enter text. | | | |
| Race: Choose an item. | Birthplace: Click or tap here to enter text. | | |
| Home Phone: Click or tap here to enter text. | Cell Phone: Click or tap here to enter text. | | |
| Work Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. | | |
| Current Address: Click or tap here to enter text. | | | |
| Child’s name: Click or tap here to enter text. | | | Age: Click or tap here to enter text. |
| DOB: Click or tap here to enter text. | | | Child Gender: Click or tap here to enter text. |
| Child’s Father name: Click or tap here to enter text. | | | Address: Click or tap here to enter text. |
| Other children not residing with you:  Choose an item. | | | Name/Age: Click or tap here to enter text. |
| Emergency Contact: Click or tap here to enter text. | | | Phone: Click or tap here to enter text. |
| Pregnancy Information | | | |
| Expected Delivery Date: Click or tap to enter a date. | | | Month and Term of pregnancy: Click or tap here to enter text. |
| OB/GYN: Click or tap here to enter text.  Address: Click or tap here to enter text. | | | OB/GYN Phone: Click or tap here to enter text.  Fax: Click or tap here to enter text. |

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| Education and Training | | | | | | | | | | | | |
| School/College Attended Name | | | Address | | | | | | | | Graduation Date | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | | | | | Click or tap to enter a date. | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | | | | | Click or tap to enter a date. | |
| Vocational Training/Certificates: Click or tap here to enter text. | | | | | | | | | | | | |
| Employed: Choose an item. | | | | | | | Full time/ Part time Choose an item. | | | | | |
| Name of Employer: Click or tap here to enter text. | | | | | | | Address: Click or tap here to enter text. | | | | | |
| Current Salary: | | | | | | | Transportation: yes / no | | | | | |
| Driver’s License: Click or tap here to enter text. | | | | | | | State Issued: Click or tap here to enter text. | | | | Exp. Date: Click or tap to enter a date. | |
| Work History (Last 3 years) | | | | | | | | | | | | | |
| Year | Company Name/ Job Title | | | | Duties | | | | | | | Reason for Leaving | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
| Job Skills | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | |
| Spouse Name: (Current/Ex) | | Age | | Address | | | | | | | | Phone# | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | |
| Personal History | | | | | | | | | | | | | |
| Do you smoke? Choose an item. | | | | | | How much per day? Click or tap here to enter text. | | | | | | | |
| Do you use drugs/Alcohol? Choose an item. | | | | | | Ever been in drug or alcohol rehabilitation? Choose an item. | | | | | | | |
| If yes, when? Click or tap here to enter text. | | | | | | Name of Substance: Click or tap here to enter text. | | | | | | | |
| Facility Name: Click or tap here to enter text. | | | | | | Address: Click or tap here to enter text. | | | | | | | |
| AA Participant? Choose an item. | | | | | | NA Participant? Choose an item. | | | | | | | |
| Have you ever been arrested? Choose an item. | | | | | | If yes, What for? Click or tap here to enter text. | | | | | | | |
| Did you receive fines/Sentence? Choose an item. | | | | | | | | Explain: Click or tap here to enter text. | | | | | |
| Have you ever been a battered person? Choose an item. | | | | | | | | When? Click or tap here to enter text. | | | | | |
| Have you ever served any time in jail? Choose an item. | | | | | | | | How long? Choose an item. | | | | | |
| Do you have pending tickets?(speeding, parking) Choose an item. | | | | | | | | What for? Click or tap here to enter text.  Court Date? Click or tap to enter a date. | | | | | |
| Are you on parole or probation at present? Choose an item. | | | | | | | | How long? Click or tap here to enter text. | | | | | |
| Parole/Probation Officer: Click or tap here to enter text. | | | | | | | | Phone#: Click or tap here to enter text. | | | | | | |
| Is there a warrant out for your arrest at present? Choose an item. | | | | | | | | Reason: Click or tap here to enter text. | | | | | | |
| Do you have a past, current or pending Child Protective  Services case? Choose an item. | | | | | | | | Reason: Click or tap here to enter text. | | | | | | |
| Current Credit Rating? Choose an item. | | | | | | | | Any current judgments/liens/garnishments?  Choose an item. If so, what? Click or tap here to enter text. | | | | | | |
| List Outstanding Debts/Fines: Click or tap here to enter text. | | | | | | | | | | | | | | |
| Financial Information | | | | | | | | | | | | | | |
| Income Sources: | | | | | | | | | Current Income (Amount) | | | | | |
| Child support | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Employment | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Food Stamps | | | | | | | | | $Click or tap here to enter text. | | | | | |
| General Public Assistance | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Medicaid | | | | | | | | | $Click or tap here to enter text. | | | | | |
| No Financial Resources | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Social Security/ SSDI/SSI | | | | | | | | | $Click or tap here to enter text. | | | | | |
| TANF | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Unemployment Benefits | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Veterans Benefit | | | | | | | | | $Click or tap here to enter text. | | | | | |
| Medical/Mental Health History | | | | | | | | | | | | | | |
| Current/Prior Physician: Click or tap here to enter text.  Address: Click or tap here to enter text. | | | | | | | | | | Phone#: Click or tap here to enter text. | | | | |
| Current/Prior Counselor/Psychiatrist: Click or tap here to enter text.  Address: Click or tap here to enter text. | | | | | | | | | | Phone#: Click or tap here to enter text. | | | | |
| Insurance Provider: Click or tap here to enter text. | | | | | | | | | | ID#: Click or tap here to enter text. | | | | |
| Secondary Provider: Click or tap here to enter text. | | | | | | | | | | ID#: Click or tap here to enter text. | | | | |
| Are you currently receiving counseling? Choose an item.  Have you received prior counseling? Choose an item. If so, explain? Click or tap here to enter text.  Current/Past Diagnosis:  Are you currently taking medication? Choose an item.; If so, what? Click or tap here to enter text. How long? Click or tap here to enter text.  Can you pass a drug test today? Choose an item.  Are you willing to take a drug test to enter into housing program? Choose an item.  Are you aware that you may be tested at any time during your participation in the program to remain eligible for the program? Choose an item. | | | | | | | | | | | | | | |
| Transportation | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Do you have a car? Choose an item. | | Year: Click or tap here to enter text. Make/Model: Click or tap here to enter text. | | | |
| Car Insurance: Choose an item. | | Tag#: Click or tap here to enter text. Current: Choose an item. | | | |
| Current Inspection: Choose an item. | |  | | | |
| References/Emergency Contact | | | | | |
| Name | Address | | | Phone | Relationship |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Current Living Situation | | | | | |
| Homeless Shelter | | | Relative’s home | | |
| Domestic Violence Shelter | | | Parent/Legal Guardian’s home | | |
| On the street | | | Friend’s home | | |
| Other transitional living program | | | Other Adult’s home | | |
| Correction/Detention Center | | | Other: | | |
| Have you ever been homeless? Choose an item. If yes, please explain: Click or tap here to enter text. | | | | | |
| 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 | | | | | |
| Short Term Transitional Housing- 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, bathroom). Single mothers must be employed (part or fulltime). Required to pay 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. | | | | | |
| Transitional Housing-Services provided for up to 24 months. The resident will reside in a single-family dwelling. Resident must be employed. Resident responsible to pay for rent and responsible for 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. | | | | | |
| Home Ownership Program- 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. | | | | | |
| Additional Questions | | | | | |
| What steps are you prepared to make to participate in this program? Click or tap here to enter text. | | | | | |
| What are your personal goals for the next 12 months? Click or tap here to enter text. | | | | | |
| How do you deal with stress? Click or tap here to enter text.  Describe what type of behaviors you have when you are stressed? Click or tap here to enter text. | | | | | |
| Are you aware that this is a faith-based organization? Choose an item.  Do you currently practice any religious activities? If so, please explain. Click or tap here to enter text. | | | | | |
| Are you willing to participate in faith-based activities as part of this program? Choose an item. | | | | | |
| Applicant Signature | | | | | |
| I certify that the above information included in this application is true and correct to my knowledge.  Signature: Click or tap here to enter text. Date: Click or tap to enter a date. | | | | | |
| Approval Determination  Do Not complete information in the below section for office use only. | | | | | |
| Housing Program for which resident is eligible:  Emergency Housing  Transitional Housing  Homeownership Program  Not eligible | | | | | |
| Additional Comments: Click or tap here to enter text. | | | | | |