



A community response for homeless families.

Dear prospective guest family,

We are sorry that your family is currently in need of a place to live, but we believe that with hard work and determination, you can provide stable housing for your family. We hope that Family Promise can be a positive experience for you and help you work toward your goal of living independently.

This is a unique program. The following page explains our program and services. We work hard to provide our families with resources and encouragement to get back on their feet, and we expect all of our families to do everything in their power to reach their goals. In order to make sure this will be a positive experience for you, our other families, and our staff, we would like for you to fill out our application on the following pages. After you have filled it out as completely as possible, please do one of the following:

- Mail the application to us at 72 Broad St., Lyons, N.Y. 14489.
- Call us at (315) 597-9171 in order to fax over your application.
- E-mail the application to director@fpwayne.com.

After we receive your application, we will call you within 1-2 business days to set up an interview. For your interview, please bring id, birth certificates, and social security cards for anyone listed on your application. We will ask you questions based on your application and will explain our program in more detail at that time.

We will then complete background checks for all adults and review your application. We will call you within 1-2 business days to let you know if you have been accepted, put on the waiting list, or not accepted into the program.

If you have questions about our program or the application process, please do not hesitate to contact us at any time. We look forward to meeting you.

Sincerely,

Family Promise Staff
Executive Director
Case Manager

Family Promise's mission is to empower families through relationships and skill-building to move from homelessness to home.

How It Works

At Family Promise, we seek to provide you with the basic necessities, skill-building opportunities, and space to allow you to move your family into stable housing. We believe you have what you need to be successful. Below is a list of things that we provide to address every barrier your family may have so that we can work together to get your family into housing.

- Overnight accommodations at rotating (1/week) congregations including:
 - Air mattresses with sheets, pillows, and blankets
 - Time at the congregation from 6:30pm-6:45am, depending on school/work schedules
 - Private space for your family to stay together
 - 1 home-cooked meal each evening
 - Grab-and-go food stuffs provided by volunteers, packed by you, for breakfast and lunch
 - Compassionate and encouraging volunteers who can listen, play games, watch movies, etc. with your family
- Transportation to and from the Day Center and the congregations in our 15-passenger van
- Your family can stay anywhere from 2 weeks to 90 days, depending on your needs, progress in working on your goals, and your willingness to work with staff and volunteers
- Day Center facilities – your “home base” while in the program
 - Open every day of the year for our families
 - Showering facilities, laundry facilities, and storage for your personal items
 - Computers to work toward employment, housing, and other related goals
 - A place to unwind and “hang out” on weekends
- Director & case manager support to help your family make plans for getting a job, securing child care, saving money, finding housing, and connecting to other services/resources as needed
- Mandatory life skills, parenting, and budgeting classes



Family Promise of Wayne County
72 Broad St.
Lyons, N.Y. 14489

315-597-9171

Date: _____ Referred by: _____ Referral Phone: _____
Applicant's Phone: _____ E-mail: _____

Personal Information:

Name (first, middle, last)	DOB	SSN	Relationship	Race/Ethnicity

Are you currently pregnant? Yes No If so, what is the due date: _____
Status of the pregnancy: _____

Birthplace: _____

Citizen: US Citizen Registered Alien Undocumented Alien **Alien Registration:** _____

Basic Information:

Street Address: _____

City, State, Zip: _____

Do you have your birth certificate? Yes No

Do you have a Social Security Card: Yes No

Do you have family in the Harrisburg Capital Region: Yes No

Relationship(s): _____

Primary Language:

English

Spanish

French

Chinese

Other: _____

Emergency Contact:

Name: _____ Phone #: _____ Relationship: _____

Housing History:

Is this the first time you have experienced housing crisis/homelessness? Yes No

What are your reasons for your housing crisis/homelessness? _____

Have you been a guest of another Family Promise program? Yes No

If yes, when? _____ Where? _____

Begin with the address where you are currently staying and work backwards for the last 5 years. Please list all places you have lived, including all shelters, doubled up situations, rented dwellings, living in cars, or any other arrangement. Please use another sheet of paper if needed.

Address	Landlord	Rent Amount	Length of Residence	Reason for Leaving

<p>Housing Status:</p> <input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at-risk of losing housing <input type="checkbox"/> Stably housed	<p>Homeless Duration:</p> <input type="checkbox"/> 0 – 30 days <input type="checkbox"/> 31 – 60 days <input type="checkbox"/> 61 – 90 days <input type="checkbox"/> 91 – 180 days <input type="checkbox"/> 6 – 12 months <input type="checkbox"/> 12 months +	<p>Episodes of Homelessness:</p> 0 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> 4 <input type="checkbox"/> 10 or more <input type="checkbox"/> 5
---	---	---

Organizations you are currently working with:

Organization Name	Contact Person & Info	Type of Assistance

Financial Information:

Do you have current checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any outstanding loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Owed: _____
Do you owe any back rent/utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Owed: _____
Do you have any outstanding medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Owed: _____
Do you have any credit card debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Owed: _____
Do you have any outstanding Court fines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Owed: _____
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____

<p>Monthly Income Source: [Check all that apply]</p> Earned Income: \$ _____ Unemployment Benefits: \$ _____ SSI/SSDI: \$ _____ Private Disability Insurance: \$ _____ Worker’s Compensation: \$ _____ General Public Assistance: \$ _____ Retirement income from SSA: \$ _____ Veteran’s Pension: \$ _____ Child Support: \$ _____ Other: _____ \$ _____	<p>Benefits: [Circle all that apply]</p> SNAP (Food Stamps) MEDICAID Health Insurance MEDICARE Health Insurance Children’s Health Insurance Program Women, Infant and Children (WIC) Veteran’s Administration (VA) Medical Services TANF Child Care Services TANF Transportation Services <input type="checkbox"/>
---	---

Name (Adults) _____ Last Grade Completed _____ Location _____

Child's Name	School/Day Care	Grade

Please list ALL special training courses that you have (CAN, on-the-job-training, forklift, etc.)

Type of Training	Where	When

Transportation:

Year/Make/Model of Vehicle: _____ Color: _____
 License Plate Number: _____ Driver's License Number: _____

Military History:

Have you ever been in the military? Yes No If yes, which branch? _____
 When? _____ Type of Discharge: _____

Legal History:

Have you ever been convicted of a crime? Yes No
 If yes, on what charge: _____

Are you *currently* involved in the court system in any way? Yes No
 In yes, explain: _____

In the past? Yes No If yes, explain: _____

Is anyone in your family on parole/probation? Yes No If yes, explain: _____

Is anyone in your family currently ordered to perform community service hours? Yes No
 If yes, explain: _____

Does anyone in your family currently owe any court ordered fines? Yes No
 If yes, explain: _____

Are you or any member of your family a registered sex offender or violent offender in Pennsylvania or any other state? Yes No If yes, explain: _____

Employment History:

Are you currently employed? Yes No

If no, why not? _____

What kind of job do you want? _____

Please list ALL employers beginning with the most recent or current job:

Employer	Position	Time Frame	Reason for Leaving

What job did you like best, and why? _____

Medical History:

List any outstanding medical or health problems: _____

Allergies: Food or medications? Yes No

If yes, list: _____

Have you ever been a victim of domestic violence? Yes No

Have you ever been a victim of sexual abuse? Yes No

Have you ever inflicted self-injury (i.e. cutting, bingeing, purging, etc.?) Yes No

If yes, explain: _____

If history of psychiatric treatment or counseling, what is your current mental health diagnosis? _____

Who made this diagnosis? _____ When? _____

Describe your feelings about your mental health treatment experience: _____

Do you have a history of suicide attempts? Yes No

If yes, explain: _____

If you are currently taking any medication(s), please explain what medication(s) and for what reason(s): _____

When was the last time you had medical care, and why? _____

List all hospitalizations within the last year: _____

Family doctor: _____

Phone number: _____

Children's Health:

List below any outstanding medical or health problems: _____

Allergies: Food or medications? Yes No

If yes, please list: _____

Has the child(ren) ever been a victim of domestic violence? Yes No

Has the child(ren) ever been a victim of sexual abuse? Yes No

Has the child(ren) ever inflicted self-injury (i.e. cutting, bingeing, purging, etc.?) Yes No

If yes, explain: _____

Name of Child	Medication	Reason

When was the last time the child(ren) had medical care, and for what reason? _____

Are your child(ren)'s immunizations up to date: Yes No

Name of Child	Hospitalized in the Last Year	Reason
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any medical problems that would limit the child(ren)'s ability to be in child care or school? Yes No

If yes, explain: _____

Any history of attempted suicide by the child(ren)? Yes No

If yes, explain: _____

Family History:

Were you raised by your parent(s) or by someone else? _____

Does anyone in your family have a chronic disease or illness? Yes No

Does anyone in your family currently have lice? Yes No

Does anyone in your family currently have bed bugs? Yes No

If yes to any of the above, please explain treatment: _____

How does your family typically deal with stress (i.e. problem solve, eat, sleep, medicate, etc.)? _____

Describe your support system: _____

