

New Connections Shelter Plus Program for Women

Irma's Place & Annie's Cottage

Application

Mail completed application to: New Connections, 613 S. 15th Street, Tacoma, WA 98405-4409
OR scan and e-mail to: info@nctacoma.org

APPLICANT'S CONTACT INFORMATION

Please fill form as completely and clearly as possible

Name _____

Seeking Housing for myself only Seeking housing for myself and _____ child(ren) in my custody

If currently incarcerated, please fill in the box below and go on to emergency contacts.

Correctional Institution: WCCW Mission Creek Federal Detention, SeaTac Pierce Jail
 DOC, BOP, or other identifying number (to help us contact you) # _____ Unit _____
Earliest Possible Release Date _____ **Maximum Release Date** _____
 Are you being considered for the GRE or FOSA/CPA program? No Yes
 Estimated release date if accepted into the program _____
 Unit Counselor/Contact _____ Phone # _____ Ext. _____

If not currently incarcerated, please fill in the box below and go on to emergency contacts.

Address _____ City _____ State _____ Zip _____
 Phone _____ Date when housing is needed _____
If staying at a work release, transitional house, or similar facility, please complete this section also:
 Primary agency contact: _____ Phone _____

Emergency Contacts

Name	Address	Relationship & Phone

For Office Use Only	Additional Notes & Dates of Correspondence
Date Received:	
Date Interviewed:	
Recommended?	
Waiting List?	
Status Letter Sent:	
Interviewed by:	

PERSONAL DATA

Date of Birth: _____

Former resident of Irma Gary House or Ann Flagg Cottage? No Yes **If yes, when?** _____

Race/ethnicity: Asian; Black or African American; Hispanic; Native American, (tribe: _____);
 Native Hawaiian or Other Pacific Islander; White; Two or More Races; Other _____

Marital Status: Married Divorced Separated Widowed Single

Children: No Yes **If yes, please provide information about your children below**

Name	Date of Birth	In your custody upon release? (yes or no)

Income

Do you have a source of income? No Yes

If yes, what is the source _____

Amount per month _____ If other than monthly income, please explain: _____

Current savings/assets _____

CONVICTION HISTORY

County of first felony conviction: _____ (New Connections' houses are in Pierce County)

Total Felony Convictions (including current) _____

Currently serving time for: _____

Length of Sentence: _____ Date of current incarceration: _____

Use this space to summarize any additional convictions:

Did you follow previous sentencing conditions? No Yes

If no, please explain: _____

Current Stay:

Have you received any infractions while in prison? No Yes

If yes, how many infractions? _____ Please explain: _____

SPECIAL NEEDS

A. Do you have any medical conditions or physical disabilities? No Yes

If yes, please explain any related special needs: _____

IMPORTANT: Most bedrooms are on the 2nd floor of the house; are stairs a problem for you? _____

B. Do you have a history of substance use disorder No Yes

If yes, from what age? _____

Specific Drugs Used (include alcohol, marijuana, and prescription medications that are relevant)

C. Are you currently taking any prescription medications? No Yes

If yes, list medications: _____

D. Have you received a mental health diagnosis? No Yes

If yes, what is your diagnosis? _____

Year of diagnosis _____

Current Treatment _____

E. Are you at risk for domestic violence? No Yes If yes, please explain: _____

At risk for other type of violence? No Yes If yes, please explain: _____

GOALS

Please check all that apply:

Educational

Job skills

Financial independence

Entry level employment

Career development

Family reunification

Regaining custody of children

Community engagement

Advocacy

Other goals _____

Is there anything else you want us to know? _____

WORK HISTORY

Begin with most recent employment. If you don't have exact dates please give an estimate.

Employer	Type of Work	Dates	Skills

EDUCATION/ TRAINING

List your educational experience (most recent experience first) including high school, accredited colleges, and trades/skills training.

Name of School	City & State	Dates Attended	Diploma/Certificate/Degree

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date