



**Including now, how many times in the past 3 years have you been homeless - in a place not meant for human habitation, or an emergency shelter, or a safe haven?**

- Never in 3 years     This time only     2 times  
 3 times     4 or more times

In the past three years, how many **months** have you been homeless? \_\_\_\_\_

What was your last permanent (90 days or more) address?

\_\_\_\_\_

| Address | City | County | State | Zip Code |
|---------|------|--------|-------|----------|
|---------|------|--------|-------|----------|

Please tell us briefly a little more about what has happened in the recent past that has led to you being homeless

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Primary Race**

*Check only one*

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> White |
| <input type="checkbox"/> African American or Black                 | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                |

**Secondary Race**

*Check only one and  
Only if multi-racial*

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> White |
| <input type="checkbox"/> African American or Black                 | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                |

**Ethnicity**

*Check only one*

- Hispanic/Latino  
 Non-Hispanic/Non-Latino

Are you a veteran? Yes  No  Have you ever served in the military? Yes  No  Have you ever served in a war zone? Yes  No  Do you receive Veteran's benefits? Yes  No  Monthly Amount \_\_\_\_\_

**Your Health History**

Are you a domestic violence victim/survivor? Yes  No  If yes, when did the experience occur?

- |   |   |
|---|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Six months to one year ago |
| <input type="checkbox"/> Three to six months ago      | <input type="checkbox"/> One year ago or more       |

Are you currently fleeing or attempting to flee a domestic violence situation? Yes  No

If yes, do you have a restraining order? Yes  No  Does the person know where you are? Yes  No

Name/description of person involved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does anyone have a restraining order against you? Yes  No  If so, who, and for what reason? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Needs or disabilities? (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> A. Physical Disability                | <input type="checkbox"/> E. Mental Health Problem       |
| <input type="checkbox"/> B. Developmental Disability           | <input type="checkbox"/> F. Alcohol Abuse               |
| <input type="checkbox"/> C. Chronic Health Condition           | <input type="checkbox"/> G. Drug Abuse                  |
| <input type="checkbox"/> D. HIV/AIDS                           | <input type="checkbox"/> H. Both Alcohol and Drug Abuse |
| <input type="checkbox"/> Learning/Reading/Writing Difficulties | <input type="checkbox"/> K. Pregnant? Due Date _____    |

If you have any physical disabilities please tell us about them and include the month/year they started:

\_\_\_\_\_

Have you received a  disability determination, or applied for one  When? \_\_\_\_\_

If you have any developmental disabilities please tell us about those \_\_\_\_\_

\_\_\_\_\_

Have you received a  disability determination, or applied for one  When? \_\_\_\_\_

Have you been diagnosed with a mental health problem? Yes  No  What is your diagnosis? \_\_\_\_\_

\_\_\_\_\_

Are you currently seeing a mental health professional? Yes  No  Who is that and when was your last visit?

\_\_\_\_\_

Has the use of alcohol ever resulted in a life problem (DUI, hurt relationships, lost jobs, etc.?) Yes  No  Are you an alcoholic? Yes  No  When was your last drink? \_\_\_\_\_

Has the use of illegal drugs or substances like Spice ever resulted in a life problem? Yes  No  Please tell us which drugs and when you used them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ When did you last use an illegal drug or substance like Spice? \_\_\_\_\_

How long have you been drinking and/or taking drugs? \_\_\_\_\_

If alcohol or drugs have resulted in life problems, are you currently going to AA or NA meetings? Yes  No

Do you have a sponsor? Yes  No  Are you working the steps? Yes  No

Please list all medications you are currently taking and what they are for \_\_\_\_\_

\_\_\_\_\_

Are you currently or have you previously received in or out patient treatment for addiction or mental health needs? Yes  No

What types of out-patient services, when, and through what agency \_\_\_\_\_

\_\_\_\_\_

What types of in-patient services, when, and through what facility? \_\_\_\_\_

\_\_\_\_\_

If you have health insurance, what type and which company? \_\_\_\_\_

Do you receive Medicaid? Yes  No  Do you receive Medicare? Yes  No

Please list which agencies are currently providing supportive service (i.e., job search, mental health) to you and what kind of service they are providing.

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### Criminal History

Have you ever served time in jail/prison? Yes  No  Please tell us the dates, where you served and what your conviction(s) were for: \_\_\_\_\_

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Are you currently on probation? Yes  No  For what reason? \_\_\_\_\_

Name of and phone number for your probation officer: \_\_\_\_\_

Do have any current charges pending? Yes  No  If yes, what are they for? \_\_\_\_\_

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### Employment History

What is your highest level of education? \_\_\_\_\_ Did you obtain a GED?  or High School Diploma?

College level degree or certification?  What degree or certification? \_\_\_\_\_

If you are currently enrolled in school please tell us which school and which program \_\_\_\_\_

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Have you ever received vocational or job skills training? Yes  No  If yes, what kind? \_\_\_\_\_

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Right now, you are:

- |  |   |
|--|---|
| <input type="checkbox"/> Employed full-time, not looking for additional work/hours | <input type="checkbox"/> Disabled – receiving disability services                     |
| <input type="checkbox"/> Employed full-time, looking for additional work/hours     | <input type="checkbox"/> Disabled – NOT receiving disability services                 |
| <input type="checkbox"/> Employed part-time, not looking for additional work/hours | <input type="checkbox"/> Unemployed   |
| <input type="checkbox"/> Employed part-time, looking for additional work/hours     | <input type="checkbox"/> Other – participating in an unpaid job experience/internship |
| <input type="checkbox"/> Employed seasonally/intermittently                        | <input type="checkbox"/> Other – retired  |
| <input type="checkbox"/> Other _____   |   |

If you are working, please tell us who your employer is: \_\_\_\_\_

If not employed, are you receiving unemployment/worker's compensation benefits? Yes  No

Are you currently working with any agencies that are providing employment assistance to you? Yes  No

If yes, which agencies \_\_\_\_\_

Name of your last employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Last date of employment? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

What types of work have you done in the past? \_\_\_\_\_

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## Household Information

Children - please list your children, including those adopted out, in foster care, and deceased.

|   |   |   |
|---|---|---|
| Full Name   | Full Name   | Full Name   |
| Age   | Age   | Age   |
| Date of Birth   | Date of Birth   | Date of Birth   |
| Gender  | Gender  | Gender  |
| Race  | Race  | Race  |
| Ethnicity   | Ethnicity   | Ethnicity   |
| Last 4 digits<br>Social Security #  | Last 4 digits<br>Social Security #  | Last 4 digits<br>Social Security #  |
| Who does she/he<br>live with?   | Who does she/he<br>live with?   | Who does she/he<br>live with?   |
| Relationship  | Relationship  | Relationship  |
| Father's Name   | Father's Name   | Father's Name   |
| Is he involved in the child's life?   | Is he involved in the child's life?   | Is he involved in the child's life?   |
| Do you have a legal agreement?  | Do you have a legal agreement?  | Do you have a legal agreement?  |
| Is child enrolled in daycare or school?                                     | Is child enrolled in daycare or school?                                     | Is child enrolled in daycare or school?                                     |
| What school and grade level?  | What school and grade level?  | What school and grade level?  |
| Does an agency provide childcare? Who?                                      | Does an agency provide childcare? Who?                                      | Does an agency provide childcare? Who?                                      |
| Do you receive financial assistance for<br>childcare? By whom and how much? | Do you receive financial assistance for<br>childcare? By whom and how much? | Do you receive financial assistance for<br>childcare? By whom and how much? |
| Do you receive child support? Amount<br>And from whom?                      | Do you receive child support? Amount<br>And from whom?                      | Do you receive child support? Amount<br>And from whom?                      |

*If you have more than three children please print and fill in additional page 5s*

Have you ever been investigated by DDS? Yes  No  Relating to which children? \_\_\_\_\_

Please explain, including the results of the investigation: \_\_\_\_\_

### Your Monthly Resources

Do you currently have a monthly income? Yes  No  Please show the amount \$ \_\_\_\_\_

Please list the sources of your monthly income and the amount received from each:

| <b>Source of Monthly Income</b>  | <b>Amount</b>   |
|--|-----------------|
| <input type="checkbox"/> Alimony or other spousal support                            | \$ _____        |
| <input type="checkbox"/> Child support   | \$ _____        |
| <input type="checkbox"/> Earned income (Employment)                                  | \$ _____        |
| <input type="checkbox"/> Pension or retirement Income from a former job              | \$ _____        |
| <input type="checkbox"/> Private disability insurance                                | \$ _____        |
| <input type="checkbox"/> Retirement income from social security                      | \$ _____        |
| <input type="checkbox"/> SSDI (Social Security Disability Income)                    | \$ _____        |
| <input type="checkbox"/> SSI (Social Security Income)                                | \$ _____        |
| <input type="checkbox"/> TANF (Temporary assistance for Needy Families or FIP) grant | \$ _____        |
| <input type="checkbox"/> Unemployment Insurance                                      | \$ _____        |
| <input type="checkbox"/> VA Service-Connected Disability Compensation                | \$ _____        |
| <input type="checkbox"/> VA Non-Service Connected Disability Pension                 | \$ _____        |
| <input type="checkbox"/> Workers Compensation  | \$ _____        |
| <input type="checkbox"/> Other, please specify _____                                 | \$ _____        |
| <input type="checkbox"/> No Financial Resources                                      | \$ _____        |
| <b>Total Monthly Income Reported</b>   | <b>\$ _____</b> |

Please list the sources of any monthly non-cash benefits and the amount received from each:

|   |          |
|---|----------|
| <input type="checkbox"/> SNAP – Supplemental Nutrition Assistance Program (Food Stamps) | \$ _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for WIC                 | \$ _____ |
| <input type="checkbox"/> TANF Child Care Services                                       | \$ _____ |
| <input type="checkbox"/> TANF Transportation Services                                   | \$ _____ |
| <input type="checkbox"/> Other TANF Funded Services                                     | \$ _____ |
| <input type="checkbox"/> Section 8, Public Housing or rental assistance                 | \$ _____ |
| <input type="checkbox"/> Other Source   | \$ _____ |

### Essay Questions

Imagine that right now you are in a great place. You have the opportunity to pursue the dream of your heart, the thing that you most want to do with your life, your calling. God puts gifts and talents in you specifically for you to accomplish this calling and right now is the time to develop those gifts and talents, to receive the peace and joy that comes from doing what you were made to do. Please take the time to think about your answers to the following questions.

What would you do if there were no obstacles you could not overcome? What is your dream for your future?

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What talents, skills and gifts have you been given that could be developed to help you achieve your dream? What are you good at?

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In that future you have imagined, doing the thing you love most, how do you see supporting yourself while you live that dream?

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What changes do you need to make in your habits, heart, and in your thinking to turn yourself into the person who could achieve and support their dreams?

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If you had one year to work on your goals while you lived at First Fruit Ministries, what would you want to accomplish in six months?

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In one year?

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Our goal in our Transitional Housing Program is to help you realize your dreams, work toward your goals, and become financially independent in your own housing. What is your plan for the next year that we can help you implement in order to reach these goals?

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We know that surviving homelessness takes a lot of work, a lot of energy. Please ask yourself, are you willing to turn the energy you spend surviving homelessness into self-discipline, and to put in the work that turning your life around would take? To work on the emotional, the mental, the physical, the spiritual, the practical? Are you willing to accept our direction, our policies, and our rules? Most importantly, are you willing to let us help you?  
 Yes  No

If you have questions or need help with the application you are welcome to call the office at 910.794.9656 ext 106 between 9am and 2pm weekdays; we'll be glad to talk with you.

**Please include with your application:**

1. A proof of homelessness letter from a caseworker, therapist, shelter staff, or other professional detailing your current living situation, on letterhead, signed and dated.
2. If you are seeing a mental health professional, please ask them to attach a copy of their latest clinical or psychological assessment.
3. A copy of your criminal history from each State where you have been convicted of a crime. You can go to the State's Department of Correction's website.

| <b>Drop off Application<br/>Office open 9am-2pm weekdays</b>    | <b>Mail Application</b>   | <b>Fax Application</b>                 |
|---|---|--|
| First Fruit Ministries<br>2750 Vance St<br>Wilmington, NC 28412 | First Fruit Ministries<br>P. O. Box 15354<br>Wilmington, NC 28408 | First Fruit Ministries<br>910-794-9657 |