

Supportive Housing for
Homeless Women & Families
Application for Residency



First Fruit Ministries
2750 Vance Street
Wilmington, NC
28412
Phone 910.794.9656
Fax 910.794.9657

_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	Name You Prefer	Date
_____	_____	_____	_____	_____
Age	Date of Birth	Last four digits of your Social Security Number	Your Phone Number	Other Phone Number
_____		_____	_____	_____
Current Street Address or Shelter Name		City	State	Zip Code
_____				_____
Email Address				Office Only CHIN#

Have you read our Program Guidelines? Yes No If No, please do so.
Please answer every question in full. Incomplete applications will not be considered.

About You

Your Marital Status: Single Married Divorced Separated Widowed

Your Gender: Female Male Transgender

Are you applying just for yourself or for you and family members

Please tell us the name, address, and phone number of your Next-of-kin: _____

Please tell us the name, address, and phone number of your emergency contact: _____

Your Driver's License or State ID Number is _____ State Issued _____ Valid? Yes No

Your Current Living Situation

Where are you sleeping now? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Foster care home or group home | <input type="checkbox"/> Rental place, no ongoing housing subsidy |
| <input type="checkbox"/> Hospital or other non-psychiatric mental facility | <input type="checkbox"/> Rental place, with other ongoing housing subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Rental place, with VASH subsidy |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Rental place, with GPD TIP subsidy |
| <input type="checkbox"/> Long-term care facility or nursing facility | <input type="checkbox"/> Halfway house with no homeless criteria |
| <input type="checkbox"/> Owned place, no ongoing housing subsidy | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Owned place, with ongoing housing subsidy | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> Permanent supportive housing for formerly homeless persons (CoC project, HUD program, HOPWA PH) | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Place not meant for human habitation (vehicle, outside, abandoned building, bus/train station) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| | <input type="checkbox"/> Transitional housing for homeless persons |
| | <input type="checkbox"/> Other _____ |

How long have you been staying where you are now?

- | | |
|--|--|
| <input type="checkbox"/> One day or less | <input type="checkbox"/> One to three months |
| <input type="checkbox"/> Two days to one week | <input type="checkbox"/> More than three months, but less than on year |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One year or longer |

Is homelessness due to a natural disaster? Yes No

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
---------	------	--------	-------	----------

Have you lived at First Fruit Ministries before? Yes No **What dates?** _____

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):

- A. Physical Disability
- B. Developmental Disability
- C. Chronic Health Condition
- D. HIV/AIDS
- Learning/Reading/Writing Difficulties
- E. Mental Health Problem
- F. Alcohol Abuse
- G. Drug Abuse
- H. Both Alcohol and Drug Abuse
- 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

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 _____

What is the date you last had an alcoholic drink, use an illegal drug, or substance like Spice? _____

How old were you when you started 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.

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: _____

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? _____

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 _____

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

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? _____

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 Social Security #	Last 4 digits Social Security #	Last 4 digits Social Security #
Who does she/he live with?	Who does she/he live with?	Who does she/he 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 childcare? By whom and how much?	Do you receive financial assistance for childcare? By whom and how much?	Do you receive financial assistance for childcare? By whom and how much?
Do you receive child support? Amount And from whom?	Do you receive child support? Amount And from whom?	Do you receive child support? Amount And from whom?

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

Have you ever been investigated by DSS? 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:

Source of Monthly Income	Amount
<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	\$ _____
Total Monthly Income Reported	\$ _____

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

Please take time to think about and then answer the following questions thoroughly

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?

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

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

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?

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

In that six months, what steps do you need to take to accomplish your goals?

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.

Drop off Application Office open 9am-4pm weekdays	Mail Application	Fax Application
First Fruit Ministries 2750 Vance St Wilmington, NC 28412	First Fruit Ministries P. O. Box 15354 Wilmington, NC 28408	First Fruit Ministries 910-794-9657