H.O.P.E. Institute is currently open to homeless to moderate-level income women and men with or without families. Because of limited resources first priority is given to women veterans only. H.O.P.E. Institute maintains a waiting list of applicants and as resources become available applicants will be contacted based on their Application Entry Date (AED).

General applicant information

Application type (circle one):

Single woman veteran w/o dependents Single woman veteran w/ dependents Single woman non-veteran w/o dependents Single woman non-veteran w/ dependents

Single man veteran w/o dependents Single man veteran w/ dependents Single man non-veteran w/o dependents Single man non-veteran w/ dependents

Married veteran w/dependents Married non-veteran w/dependents

Name (last, first, middle initial) ____

Nickname, aliases ____

Maiden name ____________________________ **SSN** _________________________________

Date of birth (month/day/year) _______________ **Place of birth** __________________________

Age group of applicant (circle one): 18-39 40-64 65 & older

Race/ethnicity (circle all that apply): Caucasian Hispanic Black

Amer. Indian Alaskan native Asian Pacific Islander Other

Height: ______ **Weight** ______ **Hair color** _____ **Eye color** _____

Marital status (circle one): Single Married Separated Divorced Widow(er)

Family information (if applicable): Provide the names, genders, and ages of spouse and each dependent child.

____

____

____

____

____

Referral source (check one):

☐ Walk-in ☐ Alcohol/Drug program ☐ Family/Friend

☐ Outreach employee ☐ Police/corrections officer ☐ Social services staff

☐ Shelter ☐ Housing authority ☐ Psychiatric/mental health staff

☐ Church ☐ Hospital/Clinic ☐ Unknown

☐ Other: ____

Prior living situation (check one):

☐ Streets, etc. ☐ Emergency shelter ☐ Transitional housing

☐ Family/Friends ☐ Psychiatric facility ☐ Hospital (non-psychiatric)

☐ Correctional facility ☐ Substance abuse treatment facility

☐ House/Apt./Room ☐ Domestic violence situation

Duration of prior living situation (circle one):

Less than 1 week 1 week to 1 month 1 - 3 months 3 months - 1 year Over 1 year

How long have you lived in El Paso? _____years _____months

Last permanent address: ____

____ **Phone** (if applicable): ____________

Emergency contact (Last name, first name, relationship)

____

Phone: home ________________ cell________________ work______________

Contact's city and state of residency____

General health information

General health status (circle one):

Very good Good Fair Poor Frail

Are you aware of any physiological, physical, mental, emotional, or developmental conditions, to include disabilities, HIV/AIDS, diabetes, kidney failure, suicidal/homicidal tendencies, and diagnosable substance abuse problems? Yes No

Do you need physical assistance or medications (antidepressants, antipsychotic, insulin/diabetes medications, and seizure medicines) Yes No

Do you currently have any psychiatric or emotional problems other than drug/alcohol abuse? Yes No

Do you think this mental/emotional problem is long lasting (more than 3 months) or limits your ability to live independently? Yes No

Have you been released/discharged from any of the following facilities in the past 6 months? (Circle all that apply)

Drug/alcohol treatment center Jail/Prison/Half-way house Hospital Psychiatric facility None

Are you/your spouse or any of your female dependents pregnant:

Yes No Not sure If yes, how many months ____ If yes, who is pregnant (yourself, spouse or dependent)?_________________________________

Military/veteran information

Are you a military veteran? Yes No

Branch of service _____________________ **Active duty National Guard Reserves**

Conflict _________________________ **Length of service** ____ years ____ months

Total time in war zone(s): ______________months

Received hostile or friendly fire Yes No

Military discharge status (circle one):

Honorable General under honorable conditions Medical Bad conduct dishonorable other

Date of military discharge (month/year) ___________________

Homeless/domestic violence status

Are you currently homeless Yes No

Have you ever been homeless 4 or more times in the past 3 years? Yes No

If you are homeless now, how long have you been homeless? (Circle one)

Unknown Less than 1 week 1 week to 1 month 1-3 months 4-6 months

6 months to 1 year 1-2 years 2-5 years Over 5 years

Primary cause of homelessness (circle up to two):

Could not afford any housing Evicted/Foreclosed Loss of job Domestic violence

Drug/Alcohol problem Unemployable Fire/Condemnation Release from correctional facility

Left foster care program Physical health problems Mental health problems

Loss of public assistance Other_______________

Are you a victim of domestic abuse Yes No

Length of time since last incident of domestic abuse (circle one):

Within 3 months 4 to 6 months ago 6 months to 1 year ago More than 1 year ago

Alcohol/drug usage

Do you have a problem with alcohol? Yes No

Do you use illicit drugs? Yes No

Do you feel this problem will limit your ability to live independently?

If you are using/abusing drugs or alcohol are you willing to receive treatment? Yes No

Have you had problems with alcohol or drugs in the past? Yes No

Have you previously participated in a treatment program? Yes No

If yes, did you complete the program? Yes No If yes, date complete ___________________

Education

Are you currently enrolled in a school? Yes No

Have you completed a trade school, apprenticeship program, or postsecondary degree?
Yes No Partially completed

Highest level of education (circle one):

No school K-4th grade 5th-6th grade 7th-8th grade 9th grade 10th grade 11th grade 12th grade

High school diploma/GED Trade/technical program some college Associate's degree

Bachelor's degree Master's degree Doctorate degree Other graduate/professional degree

Employment and economic hardship

Are you employed? Yes No

If you are working how many hours per week do you work on average? __________

If unemployed how long have you been so? ________months _____years

If you are not employed are you actively looking for work? Yes No

Job status (circle one): Permanent Temporary Seasonal Not employed

If you are unemployed do you have a physical or mental disability preventing you from working? Yes No

Gross (pre-tax) household income from all sources (jobs, VA compensation, GI Bill/vocational rehabilitation stipends, social security, pensions, other): $__________________

Are these sources a long-term source of income (job, pension, VA compensation) Yes No

If not, how long will you be receiving this source of income? ________________

In the last 30 days please circle all sources you have received income from and the amount of income received from each source in the last 30 days (if income is $0.00 please check here ____)

Job(s): $_______________________

Unemployment benefits $_______________________

Worker's compensation: $__________________

Private disability payments $_____________________

Private pension $________________

Veteran's pension $________________

Veteran's disability compensation$_____________

SS disability (SSDI) $__________________

Supplemental SS (SSI) $______________________

SS retirement income $_________________

Temporary Assistance to Needy Families (TANF) $_______________________

General public assistance (NOT food stamps/SNAP) $________________________

Alimony/spousal support $_______________________

Child support $_____________________________

GI Bill/Vocational rehab stipends $___________________________

Other sources $______________________________

Other types of benefits (in the last 30 days)

Food stamps (SNAP) benefits card Yes No If yes, $__________________ monthly

WIC assistance Yes No

Medicaid health insurance (for you) Yes No

Health insurance from job Yes No

Health insurance government subsidies under ACA Yes No

Have you registered with the El Paso VA Health Care System? Yes No

Veteran's Administration (VA) medical services Yes No If yes, what your VA service-connected rating?

Do you qualify for VA dental or vision care? Yes No

TANF benefits (circle all that you receive): Child care Transportation Other

Optional notes about income and benefits:

____

____

Criminal history

Have you ever been convicted of a misdemeanor or felony? Yes No

Did you complete your sentence? Yes No Exonerated

Are you a fugitive from the law? Yes No

Have you ever been charged with domestic violence? Yes No

Assistance needed

In the past 12 months what type of assistance have you needed but NOT been able to access? (Check all that apply):

- ☐ Employment assistance
- ☐ Help budgeting
- ☐ Health care
- ☐ Help finding housing
- ☐ Educational assistance
- ☐ Vision care
- ☐ Transportation assistance
- ☐ Legal assistance
- ☐ Dental care
- ☐ Child care
- ☐ Help getting benefits
- ☐ Mental health care
- ☐ Substance abuse counseling
- ☐ Other _______________________________________

I, (print name) ___________________________, hereby certify that all the above information is true and accurate and will be used in determining my eligibility for The H.O.P.E. Institute and connecting me with other appropriate resources. I understand this information may be verified at a later date.

Sign ____ Date ________________________

APPLICANT DO NOT WRITE IN THIS SECTION

ADMINISTRATIVE PERSONNEL ONLY

If applicant acknowledged current or recent domestic violence situation does the abuser possess financial and/or emotional control over the applicant? Yes No

Information reviewed? Yes No

Information verified? Yes No Date verified _____________ Verified by __________________

Client approved for assistance through The H.O.P.E. Institute Yes No

Staff member approving (print name) ____

Signature of staff member ____

Date approved ____

If client is not approved list reason(s) and resources applicant was referred to:

____

____

____

____

Initials of staff member: ______