



Emergency Family Shelter Program Pre-Application

Program:

The Ford Street Project Emergency Family Shelter Program is an emergency shelter and employment program in which residents are expected to work hard to succeed. The Ford Street Project is accepting pre-applications and seeking highly motivated individuals who are committed to learning a new way of living. We accept families with at least one minor child in their physical custody, are homeless, in stable medical condition, willing and able to be a part of a vocational program are employable (with additional criteria shown below).

Wait-list:

In the event there is not a family room available, your name will be placed on a wait-list. To remain on the wait-list you will need to call (707-462-1934) or check-in at the Ford Street Administration Office *every Wednesday, (except on Holidays) between the hours of 10:00 AM and 12:00PM*. Once your name comes to the top of the list, you will be called/notified to come in for a screening appointment. At that time you must pass a basic screening and drug and alcohol test, prior to admittance. If you turn down the bed or cannot pass the screening, your name will be placed on the bottom of the list.

Eligibility Criteria:

Mendocino County Resident ▪ Literally homeless, Imminent Risk of Homelessness, or Fleeing/ Attempting to Flee DV ▪ Family with at least one Minor Child in their physical custody ▪ Free from alcohol and drugs ▪ Willing and able to participate in housing, vocational services and able to live peacefully in a close community ▪ Able to perform self-care (such as eating, bathing, dressing, and grooming) without the assistance of a live-in caregiver ▪ non-violent / not an arsonist / not a registered sex offender

You are NOT eligible for services if you have been actively using drugs and/or alcohol, have a warrant, or do not meet the minimum requirements to participate in all aspects of the program, including treatment and vocational services.

Most important things we expect

- For those with substance abuse issues, remain clean and sober and make your recovery the top priority.
- Treat yourself and others with respect.
- Participate in all aspects of the program.
- Hold yourself to a higher standard.

Most important things NOT to do

- Threaten or act with violence toward anyone.
- Drink or do drugs on or off the property.
- Steal or damage property-ever.
- Waste your time or our resources.

Identifying Information – Head of Household (HOH)

HOH Name: _____ SS#: _____ - _____ - _____
 Alias: _____ Primary Language: _____
 Your Phone: _____ is this: Voicemail Cell Phone Other: _____
 ID: _____ CA Driver License CA ID Other _____
 DOB: ____/____/____ Gender: _____ Eye Color: _____ Hair Color: _____
 Emergency Contact: Name _____ Phone: _____

Identifying Information – Other Adult (as appropriate)

Name: _____ SS#: _____ - _____ - _____
 Alias: _____ Primary Language: _____
 Your Phone: _____ is this: Voicemail Cell Phone Other: _____
 ID: _____ CA Driver License CA ID Other _____
 DOB: ____/____/____ Gender: _____ Eye Color: _____ Hair Color: _____
 Emergency Contact: Name _____ Phone: _____

How many Children will be joining you at the shelter? _____

What is your Marital Status?

- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | |

Ethnicity _____

Are you Hispanic/Latino? Yes No

What is your Primary Race?

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

If Multi-Racial, what is your Secondary Race?

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

Are you on Probation?

- | | |
|--|---|
| <input type="checkbox"/> Yes, Formal Probation | <input type="checkbox"/> Yes, Summary Probation |
| <input type="checkbox"/> Yes, Informal Probation | <input type="checkbox"/> No |

Are you on Parole?

- | | | |
|--|--|-----------------------------|
| <input type="checkbox"/> Yes, Revocable Parole | <input type="checkbox"/> Yes, Non-Revocable Parole | <input type="checkbox"/> No |
|--|--|-----------------------------|

Are you in Drug Court?

- | | | |
|------------------------------------|--|-----------------------------|
| <input type="checkbox"/> Yes, FDDC | <input type="checkbox"/> Yes, Adult Drug Court | <input type="checkbox"/> No |
|------------------------------------|--|-----------------------------|

General Assistance

Do you receive General Assistance through Mendocino County? Yes No

Employment

Are you currently working? Yes No

If yes, who is your employer? _____

How many hours do you work per week? _____

Military Veteran

Have you ever served in the military? Yes No

Domestic Violence

Have you ever experienced domestic violence?

- | | |
|--|---|
| <input type="checkbox"/> Yes, within the past three months | <input type="checkbox"/> Yes, from six to twelve months ago |
| <input type="checkbox"/> Yes, three to six months ago | <input type="checkbox"/> No |

Pregnancy Status

Are you pregnant? Yes No

Do you currently receive services from another Ford Street Project program?

- | | | |
|---|---|--|
| <input type="checkbox"/> Supportive Housing Program | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Out-Patient AOD Treatment |
| <input type="checkbox"/> Residential AOD Treatment | <input type="checkbox"/> DUI Programs | <input type="checkbox"/> No |

Please state who or where you were referred by _____

I hereby certify that above information is true and correct.

Signature _____

Date _____

Staff Use Only:

Outcome of Referral:

- Unable to contact
 Contacted - Client refused/no show
 Screening Conducted on (date): _____

Outcome of Screening:

- Eligible - Enrolled in FSP Family Shelter
 On FSP Family Shelter waiting list
 Client refused/no show
 Not Eligible: _____

FSP Shelter Staff Signature: _____ Date: _____

FSP Shelter Staff comments: _____