Unity Village Transitional Housing Program

139 Ford Street,
Ukiah CA 95482
(707) 462-1934 P
(707) 468-9860 F

Program:

The Ford Street Project Unity Village Transitional Housing Program is a housing and employment program in which residents are expected to work hard to succeed. The Ford Street Project is accepting 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, in stable medical condition, willing and able to be a part of a vocational program are employable(with additional criteria shown below).

Waitlist:

In the event there is not a family dorm available, your name will be placed on a waitlist. To remain on the waitlist, 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 8:00 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 ▪ Family with at least one Minor Child in their 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.

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: _____

Children joining you at the shelter:

1) Initials:____Year of Birth:____Gender:____% of Time:_____Notes:_____
2) Initials:____Year of Birth:____Gender:____% of Time:_____Notes:_____
3) Initials:____Year of Birth:____Gender:____% of Time:_____Notes:_____
4) Initials:____Year of Birth:____Gender:____% of Time:_____Notes:_____

Ethnicity

Are you Hispanic/Latino? □ Yes □ No

What is your Primary Race?

☐ *American Indian or Alaska Native*	☐ Black or African American	☐ Other
☐ Asian	☐ *Native Hawaiian or Other Pacific Islander*	☐ White

If Multi-Racial, what is your Secondary Race?

☐ American Indian or Alaska Native	☐ Black or African American	☐ Other
☐ Asian	☐ Native Hawaiian or Other Pacific Islander	☐ White

Are you on Probation?

☐Yes, Formal Probation	☐Yes, Summary Probation
☐Yes, Informal Probation	☐No

Are you on Parole?

☐Yes, Revocable Parole	☐Yes, Non-Revocable Parole	☐No

Are you in Drug Court? Or have an open Child Welfare Case?

☐Yes, FDDC	☐Yes, Adult Drug Court	☐No

Temporary Assistance for needy Families (TANF)

Do you receive Temporary Assistance for needy Families 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?

☐Yes, within the past three months	☐Yes, from six to twelve months ago
☐Yes, three to six months ago	☐No

Restraining Order

Do you have a restraining order, for any person(s)? ☐ Yes ☐ No	Would you like to provide us with a copy and a photo? ☐ Yes ☐ No

Pregnancy Status

Are you pregnant? Yes No

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

☐Housing Case Management	☐Other	☐Out-Patient AOD Treatment
☐Residential AOD Treatment		☐No

Relative

Do you have a relative who works at a Ford Street Project campus? ☐ Yes ☐ No

Please state who or where you were referred by _____

By signing below, you are stating that the 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: ☐ Entered UV Transitional Housing program
☐ On UV Transitional Housing waiting list
☐ Client refused/no show

☐ Not Eligible: _____

FSP Staff Signature: _____ Date: _____

FSP Staff comments: _____

_____

_____

_____

Updated 10/25/2021