



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).

Wait-list:

In the event there is not a family dorm 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 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?

- | | | |
|---|--|--------------------------------|
| <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? Or have an open Child Welfare Case?

- | | | |
|------------------------------------|--|-----------------------------|
| <input type="checkbox"/> Yes, FDDC | <input type="checkbox"/> Yes, Adult Drug Court | <input type="checkbox"/> 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?

- | | |
|--|---|
| <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"/> Housing Case Management | <input type="checkbox"/> Other | <input type="checkbox"/> Out-Patient AOD Treatment |
| <input type="checkbox"/> Residential AOD Treatment | | <input type="checkbox"/> 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: _____
