



YMCA of Reading & Berks County Housing Application

Overall Eligibility Criteria

To be eligible for these programs (not including SRO), applicants must be:

- Homeless
- Drug and alcohol free for at least 5 consecutive days
- Employable and willing to gain employment
- Motivated to remain clean and sober
- Able to participate in outpatient counseling
- Committed to setting goals and working to achieve them
- Berks County resident

Please review the criteria for the programs and check the one you are applying for:

Men's Bridge House

- Male
- Substance Use Disorder

Men's SAFE House **Camp Joy**

- Male
- Substance Use Disorder
- On Berks County Probation or Parole

Twin Peaks

- Male
- Substance Use Disorder
- Diagnosed with a mental health disorder
- Stabilized on medications

Honor House

- Male
- Substance Use Disorder
- Must be deemed as a benefit eligible veteran through the Lebanon VA

Women's Bridge House

- Female
- Substance Use Disorder

Women's SAFE House

- Female
- Substance Use Disorder
- On Berks County Probation or Parole

Y-Haven

- Female
- Homeless
- Single mother with up to 2 children under the age of 11

Single Room Occupancy (SRO) Units

- Single men and women
- Exempt from the program eligibility requirements, although the Y strives to maintain a recovery atmosphere
- Ability to pay fees
- If recovering, at least 6 months of continuous sobriety
- Able to live independently in a responsible fashion

Our Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

Programs are collaborative projects of the County of Berks, City of Reading, Department of Public Welfare, Council on Chemical Abuse, Service Access Management, Inc., Housing and Urban Development, Federal Home Loan Bank, and Berks County Probation. EHO. The Bridge and SAFE Houses are funded, in part, under a contract with the Pennsylvania Department of Health, County of Berks and the SCA. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, PA, the County of Berks, and the Council on Chemical Abuse. The Department of Health, the County of Berks, and the Council on Chemical Abuse specifically disclaim responsibility for any analysis, interpretations, or conclusions.

(Revised 8/16)

YMCA HOUSING APPLICATION

Please complete the following questions to the best of your ability. Return completed application to the Front Desk of the Reading YMCA. For SRO complete only sections A, C, E, F, G, H, I, J

Date _____

A. DEMOGRAPHIC INFORMATION

Name _____ Telephone _____

Current Address _____

Birth Date _____ Age _____ S.S.# _____

Gender: Male Female Transgender Are you a US citizen? Yes No

Birth Name(s): _____

Marital Status: _____

Current Relationship: _____

Referred by: _____

Do you have any disabilities that would require reasonable accommodations? Yes No

If so, please specify what accommodations will be needed: _____

Do you have any children? Yes No

Child's Name	Age	Birth Date	Social Security Number	Who has custody/where are they living now?

Do you have your birth certificate? Yes No Do you have a driver's license? Yes No

Do you have a Social Security Card: Yes No Do you own a car? Yes No

Do you have state ID? Yes No Do you have car insurance? Yes No

B. HOUSING INFORMATION

Is this the first time you have experienced housing crisis/homeless? Yes No

What are your reasons for your housing crisis/homelessness? _____

When did you first leave the home of your parents or guardian? _____

Have you ever lived in the building of the YMCA of Reading? Yes No

If so, explain: _____

Have or do any of your relatives, friends or acquaintances live or work at the YMCA? Yes No

If so, explain: _____

Are you a resident of Berks County? Yes No If yes, for how long?

If no, why are you interested in living in Berks County? _____

What personal household items do you have? _____

Do you have any outstanding debts to local housing authorities? Yes No

If yes, to whom? _____

How much? _____

When was debt incurred? _____ How was debt incurred? _____

Are you currently on the list for subsidized housing? Yes No If yes, where? _____

Do you have any comments regarding any problems that you have had in keeping housing for yourself? _____

Begin with the address at which you lived 7 years ago. Please list all places you have lived and the place where you are staying now. Include all shelters, homes of relatives, rented dwellings, living in cars, on the street, or any other living arrangement. Please include name and address of landlords.

Address: _____
How Long? _____ Landlord Name: _____
Phone Number: _____ Amount of Rent: _____
Why You Left: _____

Address: _____
How Long? _____ Landlord Name: _____
Phone Number: _____ Amount of Rent: _____
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 Phone Number: _____ Amount of Rent: _____
 Why You Left: _____

Address: _____
 How Long? _____ Landlord Name: _____
 Phone Number: _____ Amount of Rent: _____
 Why You Left: _____

C. FINANCIAL INFORMATION

Please list your income:

<u>Source</u>	<u>Amount</u>
Wages	_____
Public Assistance (Welfare)	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Food Stamps	_____
Other (please specify)	_____

Do you have current checking account? Yes No Savings Account? Yes No

Do you have any outstanding debts for any of the following: Utilities School Loans Fines & costs Other

If yes, explain: _____

Have you had financial or budget counseling in the past? Yes No

If yes, where? _____

Do you buy lottery or scratch-off tickets? Yes No

Play bingo? Yes No

Have you been to a casino in the past 6 months? Yes No

Do you bet on sports events? Yes No

D. EDUCATION AND TRAINING

Please list all schools starting with the 7th grade. Include Vo-Tech, college, business school, technical school and any other school that you may have attended.

Name and Address of School	Years Attended	Program of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a high school diploma? Yes No GED

Please list ALL special training courses that you have had including on-the-job training.

Type of Training	Where	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you feel was the biggest problem that you had while you were attending school? _____

What are your personal and career goals? _____

E. MILITARY HISTORY

Have you ever been in the military? Yes No

If yes, which branch? _____ When? _____

Type of Discharge: _____

F. EMPLOYMENT HISTORY

Please list ALL employers beginning with the most recent job you've held:

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Employer's Name: _____
Employer's Address: _____
Title: _____
Start: _____ End: _____ Salary Per Hour: _____
Reason For Leaving: _____

Which job did you like the best and why? _____

G. LEGAL HISTORY

Have you ever been convicted of a crime? Yes No

If yes, on what charge(s)? _____

Are you currently on Probation or Parole? Yes No

If yes, name & phone number of Probation/Parole Officer _____

Are you involved in any way with the court system at present? Yes No

If yes, explain: _____

In the past? Yes No If yes, explain: _____

Are you on file for child abuse or have you ever been convicted of a child abuse crime? Yes No

If yes, explain: _____

Have you ever been accused or investigated of any child neglect and/or abuse? Yes No

If yes, explain: _____

Have you ever been accused of domestic violence? Yes No

If yes, explain: _____

Have you ever been served with a Protection From Abuse Order (PFA)? Yes No

If yes, explain: _____

Have you ever requested a PFA? Yes No

If yes, explain: _____

Have you received any counseling for domestic violence or anger management? Yes No

If yes, explain: _____

What has been your past reaction to authority figures? _____

H. PHYSICAL HEALTH HISTORY

Client's description of present state of health: Good Fair Poor

List any outstanding medical or health problems: _____

Allergies to Food or Medications? Yes No

If yes, please list: _____

Are there any medical problems that would limit your ability to work? Yes No

If yes, explain: _____

Are you pregnant? Yes No If so, due date? _____

Status of pregnancy: _____

Pregnancy history: _____

Are you presently taking any medication? Yes No

Name of Medication(s): _____ Reason: _____

Do you have health insurance? Yes No If yes, Insurance provider: _____

When was last time you had medical care? _____

For what reason? _____

Have you had a TB test? Yes No

If yes, when? _____ Results _____

If no, would you like to receive a TB test? Yes No

List all hospitalizations:

Name of Hospital	Reason	Date
_____	_____	_____
_____	_____	_____

I. BEHAVIORAL & EMOTIONAL HEALTH

Have you ever been a victim of domestic violence? Yes No

Have you ever been a victim of emotional, physical or sexual abuse? Yes No

Have you ever had any psychiatric treatment or counseling? Yes No

Have you ever inflicted self injury such as cutting, bingeing, purging, etc.? Yes No

If yes, to any of the above, please explain: _____

Have you attended outpatient counseling for mental health treatment? Yes No

Have you ever been in inpatient treatment for mental health? Yes No How many times? _____

If history of mental health treatment or counseling, what is your current diagnosis? _____

Who made this diagnosis and when was it made? _____

Describe your feeling about your mental health treatment experiences: _____

Have you had any thoughts, gestures, incidents, or attempts at suicide or homicide? Yes No

If yes, explain: _____

J. ALCOHOL AND DRUG USE:

Do you identify as an addict/alcoholic? Yes No

What is your drug of choice? _____

How old were you the first time drugs and/or alcohol were used? _____

Date of last use: _____ Chemical Substance: _____

Longest time chemically free: _____

Are you in recovery? Yes No

Describe your recovery process: _____

Describe your support system: _____

Have you ever been in Detox? Yes No How many times? _____

Have you ever been in residential treatment for alcohol/drugs? Yes No How many times? _____

Treatment Center	Month/Year	Length of Stay	Completed?

Describe your feelings about your drinking or drug use: _____

K. FAMILY HISTORY:

Number and ages of brothers: _____

Number and ages of sisters: _____

Were you raised by your parent(s) or someone else? _____

Describe your home life growing up: _____

Describe your past and current relationship with your mother: _____

Describe your past and current relationship with your father: _____

Is there a history of addiction in your family? _____

L. PERSONAL ASSESSMENT:

Please identify your strengths and limitations in achieving your goals toward self-sufficiency:

Strengths

Limitations

Describe your spiritual and/or religious experience:

Past: _____

Current: _____

1. What are the circumstances leading up to your application to the Y-Housing Program?

2. What are your current circumstances regarding (a) food, (b) clothing, (c) employment, (d) transportation, and (e) other elements relevant to your ability to achieve independence?

3. Would you be willing to use the social welfare system within this area to better your circumstances? Yes
 No. What do you expect from them?

4. If admitted to residency, what do you expect from the YMCA staff?

5. Would you be willing to meet with staff individually once a week to review the status of your goals?

6. How do you feel about following directions in a situation of need?

7. In what areas will you need help if you are accepted into the YMCA Housing Program?

8. What do you expect to accomplish while in residency at the YMCA? Be specific!

9. Who should we contact in case of emergency?

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Phone _____
Relationship _____

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Phone _____
Relationship _____

I, _____, verify that the information on my application is accurate and truthful. In addition, I understand that at any time during the application and interviewing process or after acceptance into the YMCA Housing Program, if it is determined/discovered that I have lied on my application, I may become ineligible to apply or participate in the Housing Programs of the YMCA of Reading.

Signature Date

Drop-off or Mail Application to:
YMCA of Reading & Berks County
Housing Department
631 Washington Street
Reading, PA 19601