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 8/18)
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 ________________________________________________________________

Email: __________________________________________________________________________

Best way to contact you: ____________________________________________________________

Birth Date __________________________  Age __________________________

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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Who has custody/where are they living now?</th>
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Do you have your: Birth Certificate?  [ ] Yes  [ ] No  Social Security Card?  [ ] Yes  [ ] No

State ID?  [ ] Yes  [ ] No  Driver’s license?  [ ] Yes  [ ] No

Are you legally able to work in the US?  [ ] Yes  [ ] No

Do you own a car?  [ ] Yes  [ ] No  If so, do you have car insurance?  [ ] Yes  [ ] No

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

Do you currently have a PFA on anyone?  [ ] Yes  [ ] No

**B. HOUSING INFORMATION**

What is/was your last permanent address? ______________________________________________

How long did you live there? ________________________________________________________

Why did you leave? __________________________________________________________________

What are your reasons for your housing crisis/homelessness? _____________________________
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? ______________________________________________

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:______________________________________________________________________________________

Have you lived in any emergency shelters, transitional programs, or halfway houses previously? ________________
If yes, explain: ________________________________________________________________________________________

C. FINANCIAL INFORMATION
Please list your income:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Wages</td>
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<tr>
<td>Public Assistance (Welfare)</td>
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<tr>
<td>Supplemental Security Income (SSI)</td>
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<td>Social Security Disability Income (SSDI)</td>
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<tr>
<td>Food Stamps</td>
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<tr>
<td>Other (please specify)</td>
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Have you ever applied for SSI/SSDI? □ Yes □ No

Do you have any outstanding debts for any of the following: □ Utilities □ School Loans □ Fines & costs □ Other
If yes, explain:______________________________________________________________________________________

D. EDUCATION AND TRAINING
What’s the highest grade you completed? ________ Do you have a high school diploma? □ Yes □ No □ GED

Please list ALL special training courses, certificates or degrees 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:

<table>
<thead>
<tr>
<th>Employer’s Name:</th>
<th>Employer’s Address:</th>
<th>Position:</th>
<th>Start:</th>
<th>End:</th>
<th>Pay Rate:</th>
<th>Reason For Leaving:</th>
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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: ________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Have you ever been involved with CYS?  □ Yes  □ No  If yes, explain: ________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
H. PHYSICAL HEALTH HISTORY
List any health problems: ________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Are there any medical problems that would limit your ability to work?  □ Yes  □ No
If yes, explain: ________________________________
____________________________________________________________________________________________
Allergies to Food or Medications?  □ Yes  □ No  If yes, please list: ________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Are you pregnant?  □ Yes  □ No  If so, due date?  ________________________________
Are you presently taking any medication?  □ Yes  □ No
Name of Medication(s): ________________________________  Reason:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Do you have health insurance?  □ Yes  □ No
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:

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Reason</th>
<th>Date</th>
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I. BEHAVIORAL & EMOTIONAL HEALTH

Have you attended outpatient 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:

When was the last time you used drugs or alcohol? _______________________________________

What is your drug of choice? __________________________________________________________

Longest time chemically free: ________________________________________________________

Are you involved in a recovery program?  ☐ Yes  ☐ No

Do you identify as an addict/alcoholic? ________________________________________________
K. PLEASE ANSWER THE FOLLOWING QUESTIONS AS THOROUGHLY AS POSSIBLE

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

What has been your past reaction to authority figures?

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

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

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

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

What do you expect to accomplish while in residency at the YMCA? Be specific!
Who should we contact in case of emergency?

Name: ____________________________________________________________
Address: __________________________________________________________
Phone: ____________________________________________________________
Relationship: _______________________________________________________

Name: ____________________________________________________________
Address: __________________________________________________________
Phone: ____________________________________________________________
Relationship: _______________________________________________________

Did anyone assist you in completing this application? ☐ Yes ☐ No    If yes, name: __________________________

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

| STAFF USE ONLY | Accepted/Denied | Move in ___________ | Added to waiting list ___________
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<tbody>
<tr>
<td>Reason for denial ________________________________________________</td>
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