



The Deborah House Application

Please mail completed application to KLMCDC, 2317 Kalamazoo Ave. SE Grand Rapids, MI 49507

Today's date: _____

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Age: _____ Date of Birth: _____ Social Security Number _____

Emergency Contact: _____ Phone Number: _____

How did you hear about the Deborah House? _____

Are you currently homeless or living with someone? Homeless Living with someone

Please explain:

Are you currently pregnant? Yes No If yes, how many months? _____

Have you had a baby in the last two years? Yes No

How many children do you currently have? _____ What are their ages? _____

Are you currently employed? Yes No If yes, where? _____

Length of employment: _____ Employer Phone Number: _____

List all sources of income (State Assistance, Child Support, etc.)

Total Monthly Income: \$ _____

Do you currently have health insurance? Yes No If yes, what type? _____

Do you have a primary care physician? Yes No

Physician Name: _____ Physician Phone Number: _____

Do you have any allergies/medical problems? Yes No

If yes, please explain: _____



Additional Information:

Are you over 18 years of age or a legally emancipated minor? Yes No

What is your preferred language? _____

Are you able to understand (verbal and/or written) English? Yes No

Please list all children that will reside with you in the Deborah House. Please provide all requested information.

Name	Male or Female?	Age	Special Accommodations?

Are there any additional accommodations you would need to participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You may include any information you believe is relevant to your participation in Transitional Housing.

Current Living Situation

Are you currently homeless as a result of fleeing an abusive person? Yes No

Are you currently staying in a safe place while your participation in The Deborah House Program is determined? Yes No

If No, may someone contact you about options for safe, emergency shelter? Yes No

Are you willing to relocate to another community? Yes No

If yes, are there any areas you absolutely cannot or will not live in?

Is there anything else you would like to share with us about your immediate safety concerns?

Other

Have you ever been arrested? Yes No

If yes, please explain:

Do you currently use drugs or alcohol? Yes No

Do you suffer with depression, anxiety, or any other mental health issues? _____

Please include any other information you feel would be helpful for us, when considering your application: _____



Please describe any questions or concerns you have about The Deborah House, which we can discuss when we meet: _____

Community Resources

If you are not accepted into our housing program, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.):

References - Please list information for two (2) references that we may contact.

Name: _____ Phone Number: _____

Relationship: _____ Known for how long? _____

Name: _____ Phone Number: _____

Relationship: _____ Known for how long? _____

Please note that this is an application and does not constitute acceptance into The Deborah House. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Thank you!

Office Use Only

Accepted into The Deborah House? Yes No

If yes, date applicant was notified: _____ Date accepted/ move-in: _____

Was applicant placed on waiting list? Yes No If yes, date: _____

If no, reason? _____

If not accepted, date applicant was notified: _____

Reason for denial: _____

Was applicant provided information about the appeal process? Yes No

Other referrals/assistance given? _____