

New Connections Shelter Plus Program for Women

Irma Gary House & Ann Flagg Cottage

Application

Mail completed application to: New Connections, 613 S. 15th Street, Tacoma, WA 98405-4409
OR scan and e-mail to: info@nctacoma.org

APPLICANT'S CONTACT INFORMATION

Please fill form as completely and clearly as possible

Name _____

- Seeking Housing for myself only
 Seeking housing for myself and _____ child(ren) in my custody

If currently incarcerated, please fill in the box below and go on to personal data.

Correctional Institution: <input type="checkbox"/> WCCW <input type="checkbox"/> Mission Creek <input type="checkbox"/> Federal Detention, SeaTac <input type="checkbox"/> Pierce Jail
DOC, BOP, or other identifying number (to help us contact you) # _____ Unit _____
Earliest Possible Release Date _____ Maximum Release Date _____
Unit Counselor/Contact _____ Phone # _____ Ext. _____

If not currently incarcerated, please fill in the box below and go on to personal data.

Address _____ City _____ State _____ Zip _____
Phone _____ Date when housing is needed _____
<i>If staying at a work release, transitional house, or similar facility, please complete this section also:</i>
Primary agency contact: _____ Phone _____

PERSONAL DATA

Date of Birth: _____

Former resident of Irma Gary House or Ann Flagg Cottage? No Yes **If yes**, when? _____

Race/ethnicity: Asian; Black or African American; Hispanic; Native American, (tribe: _____);
 Native Hawaiian or Other Pacific Islander; White; Two or More Races; Other _____

Marital Status: Married Divorced Separated Widowed Single

Children: No Yes **If yes**, please provide information about your children below

Name	Date of Birth	In your custody upon release? (yes or no)

Emergency Contacts

Name	Address	Relationship & Phone

INCOME

Do you have a source of income? ___ No ___ Yes

If yes, what is the source _____

Amount per month _____ If other than monthly income, please explain: _____

Current savings/assets _____

CONVICTION HISTORY

County of first felony conviction: _____ (New Connections' houses are in Pierce County)

Total Felony Convictions (including current) _____

Currently serving time for: _____

Length of Sentence: _____ Date of current incarceration: _____

Use this space to summarize any additional convictions:

Did you follow previous sentencing conditions? ___ Yes ___ No

If no, please explain: _____

Current Stay:

Have you received any infractions while in prison? ___ No ___ Yes

If yes, how many infractions? _____ Please explain: _____

Have you ever been put in solitary confinement? ___ No ___ Yes

If yes, how many times and for what reason? _____

SPECIAL NEEDS

A. Do you have any medical conditions or physical disabilities? ___ No ___ Yes

If yes, please explain any related special needs: _____

IMPORTANT: Most bedrooms are on the 2nd floor of the house; are stairs a problem for you? _____

B. Do you have a history of substance use disorder ___ No ___ Yes

If yes, from what age? _____

Specific Drugs Used (include alcohol, marijuana, and prescription medications that are relevant)

C. Are you currently taking any prescription medications? ___ No ___ Yes

If yes, list medications: _____

D. Have you received a mental health diagnosis? ___ No ___ Yes

If yes, what is your diagnosis? _____

Year of diagnosis _____

Current Treatment _____

E. Are you at risk for domestic violence? ___ No ___ Yes If yes, please explain: _____

At risk for other type of violence? ___ No ___ Yes If yes, please explain: _____

GOALS

What goals (educational, employment, personal) do you have for the future? _____

Is there anything else you want us to know? _____

WORK HISTORY

Begin with most recent employment

Employer	Type of Work	Dates	Skills

EDUCATION/ TRAINING

List your educational experience (most recent experience first) including high school, accredited colleges, and trades/skills training.

Name of School	City & State	Dates Attended	Diploma/Certificate/Degree

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all information provided here and understand that false or misleading information in my application or interview may result in disqualifying my application for consideration.

Signature

Date

For Office Use Only	Additional Notes & Dates of Correspondence
Date Received:	
Date Interviewed:	
Recommended?	
Waiting List?	
Status Letter Sent:	
Interviewed by:	