

# New Connections Shelter Plus Program for Women

*Irma's Place & Annie's 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 emergency contacts.

Correctional Institution:  WCCW  Mission Creek  Federal Detention, SeaTac  Pierce Jail  
 DOC, BOP, or other identifying number (to help us contact you) # \_\_\_\_\_ Unit \_\_\_\_\_  
**Earliest Possible Release Date** \_\_\_\_\_ **Maximum Release Date** \_\_\_\_\_  
 Are you being considered for the GRE or FOSA/CPA program?  No  Yes  
 Estimated release date if accepted into the program \_\_\_\_\_  
 Unit Counselor/Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

**If not currently incarcerated,** please fill in the box below and go on to emergency contacts.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Date when housing is needed \_\_\_\_\_  
***If staying at a work release, transitional house, or similar facility, please complete this section also:***  
 Primary agency contact: \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contacts

Name	Address	Relationship & Phone

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

**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)

**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?  No  Yes

If no, please explain: \_\_\_\_\_

**Current Stay:**

Have you received any infractions while in prison?  No  Yes

If yes, how many infractions? \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

## 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 2<sup>nd</sup> 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

Please check all that apply:

Educational

Job skills

Financial independence

Entry level employment

Career development

Family reunification

Regaining custody of children

Community engagement

Advocacy

Other goals \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you want us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

Begin with most recent employment. If you don't have exact dates please give an estimate.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date