Prince of Peace Center
P. O. Box 89
502 Darr Ave.
Farrell, PA 16121
724-346-5777

Family Supportive Services Application

Revised 5-15-2013

DATE: _____

REFERRED BY

_____

PROGRAM APPYING FOR

- ☐ **HOPE**
- ☐ **RUTH—Homeless Housing**

Head of Household Information

First Name	Last Name

Date of Birth	Age

Address

City	State	Zip

Telephone #1	Telephone #2

Social Security Number

GENDER				
	MALE			FEMALE

MARITAL STATUS				
	MARRIED			SINGLE

ETHNIC ORIGIN				
	BLACK			ASIAN
	WHITE			INDIAN
	HISPANIC			HAWAIIAN
	OTHER			

Employment Status:				
	FULL-TIME			DISABLED
	PART-TIME			STUDENT
	UNEMPLOYED			RETIRED
	OTHER			

Notes:

	YES	NO
Are you pregnant?		
If yes, are you receiving prenatal care?		
When is your due date?		

List other adults living in home (over 18).

	Date of Birth	Age	Gender	Social Security #	Ethnic Origin

List children living in home under 18 years old.

	Date of Birth	Age	Gender	Social Security #	Ethnic Origin

Are You Currently Homeless? ☐ **YES** ☐ **NO**

If yes, how long? ☐ **YEARS** ☐ **MONTHS**

Have you ever been evicted or verbally asked to vacate/ move from any past residence? ☐ **YES** ☐ **NO**

Do you have a copy of the eviction notice? ☐ **YES** ☐ **NO**

WHERE HAVE YOU RESIDED FOR THE LAST 30 DAYS?

☐	**OWN RESIDENCE**	☐	**STREET/CAR/VACANT BUILDING**	☐	**HOSPITAL**
☐	**WITH FRIENDS/ RELATIVES**	☐	**TREATMENT FACAILITY/ GROUP HOME**	☐	**SHELTER**
☐	**JAIL/PRISON**	☐	**OTHER:** _____		

MAY WE CONTACT YOUR LANDLORD? ☐ **YES** ☐ **NO**

If yes, please provide:

1. Name: _____

Phone#: _____

2. Name: _____

Phone#: _____

Actual Household Income (within last 30 days):

EMPLOYMENT	WELFARE	FOOD STAMPS	SSI/SSD	UNEMPLOYMENT
CHILD SUPPORT	**RETIRED/PENSION**	**OTHER:**	**MONTHLY TOTAL**	**MEDICAL CARD**
				☐ YES ☐ NO

UNPAID/PAST DUE EXPENSES

RENT	ELECTRIC	GAS	WATER	PHONE
SEWAGE	**MEDICAL**	**DENTAL**	**OTHER**	**OTHER**

Please briefly explain why you are applying for the FSS Program:

_____

_____

_____

_____

_____

_____

_____

PERSONAL INFORMATION

Are you currently on probation or parole? YES NO	Do you have any fines to pay? YES NO	Have you been convicted of a felony? YES NO
If yes, for how much longer?	If yes, list balance(s):	If yes, list charge(s):

Please check all items that you currently have:

Driver's License	
State ID Card	
Birth Certificate(s)	
Social Security Card(s)	

What is your highest educational grade completed? _____

Please check all housing programs for which you have applied:

	Section 8	Date:
	Public Housing/MCHA	Date:
	Private Landlord	Date:
	Centennial Place	Date:
	Orange Village	Date:
	Reynolds West	Date:
	Shenango Park	Date:
	Willow Village	Date:

MEDICAL INFORMATION

Have you:	YES	NO
had a physical exam in the last year?		
had an eye exam in the last year?		
had a dental exam in the last year		
had a mammogram/pap smear in the past year? (women only)		

Do you have a personal physician? ☐ YES ☐ NO

If yes, please provide:

Name: _____

Address: _____

Phone #: _____

Check all of the following medical/mental problems you have or have had:

	Anxiety		Diabetes		High Blood Pressure
	Asthma		Epilepsy/Seizures		Homicidal thoughts
	Bipolar		Heart Problems		Pneumonia
	Cancer		Hepatitis		Suicidal thoughts
	Depression		Other:		

Have you ever had a positive Tuberculosis (TB) Skin Test? YES NO	Have you been hospitalized for any of the above? YES NO	Has there been any trauma, including physical or sexual abuse? YES NO
Do you have a current or past history of infectious or communicable diseases? YES NO	When?	If yes, please explain:
	Where?	
If yes, please specify:	Are you receiving treatment now for any of the above? YES NO	

Medication Name	Medication Purpose

Check all of the following you have used in your lifetime:

	Alcohol		Amphetamines		Cocaine
	Crack		Hallucinogens		Heroin/Opiates
	Marijuana		PCP/LSD		Tobacco
	Methadone		Other:		

Is there a history of substance abuse?	
What was/were the last drug(s) you used	WHEN?

Substance abuse intervention:

	None		Inpatient		Outpatient		Drugs		Alcohol		Both

Can you pass a drug test today? ☐ YES ☐ NO

OTHER INFORMATION

What services are you currently involved in (Family Center, Literacy Council, Career Link, WIC, etc.)?

What goals would you like to accomplish by participating in FSS?

What barriers are you facing that keep you in your current situation?

List three (3) personal strengths and weaknesses:

Personal Strengths	Personal Weaknesses
1.	1.
2.	2.
3.	3.

Please list at least three (3) people that you have known for at least six months who can attest to your character (personal or professional).

Name	Phone	Relationship
1		
2		
3		

Do you give us permission to contact these individuals prior to a scheduled interview? ☐ **YES** ☐ **NO**

In case of an emergency, we should contact:

Name: _____

Address: _____

_____

Phone: (_____) _____ - _____

The information that I have provided on this application is true. I understand that any false or misleading information may lead to termination from the Project RUTH or HOPE Advocacy program(s), should I be enrolled as a participant.

_____ _____

Applicant's Signature **Date**

_____ _____

Director's Signature **Date**