



freedomlifecompass.org

FREEDOM LIFE COMPASS, INC. TRANSITIONAL HOUSING PROGRAM

2022 Application

Date Applied: _____

Do not leave anything blank. If it does not pertain to you, put a N/A

1. How did you hear about FLC? (Check ALL that apply)

- Friend/Family Church HHA Fresh Start Resident Opportunity Place Internet
- Another Non-Profit United Way Other * **Please Specify:** _____

2. Have you or a family member applied for this Program in the past? Yes No *If yes, provide year, name and relationship of past applicant?* _____

Please Note: The information collected below is necessary for us to help us determine possible funding sources program opportunities for your growth and report our success rate based on demographics. Be honest. It will help us determine how to best help you take the next right step!

Full Name (as shown on your I.D.): _____

Phone: () - _____

E-Mail Address: _____

Other Last Names used (maiden name, alias, etc.): _____

List ALL Counties/States you have lived in:

DOB: Age Today: SSN: Pregnant or Disabled? _____

Race: Marital Status: Single Married Separated Divorced

Are you a Veteran? Yes No Are you a U.S. Citizen? Yes No / Legal to work in U.S.? Yes No

Do you have a car? Yes Year: Make & Model: Color: No

License Plate #: FL DL# (attach copy) State Registered in?

List any children and their current location? ____ Are you trying to regain custody? ____ Working with DCF? ____

Full Name	Age	DOB	Name	Race

If you have someone who has a disability and will require special accommodations, please specify:

Are you currently Homeless? Yes No Where did you sleep last night?
Please briefly explain circumstances that caused you to be homeless?

1. Most Recent Home:
Own Rent Monthly payment or rent: \$ How Long?

Address: _____



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Medical:

Pregnant or disabled? _____

Do you have any Medical or Mental Health problems? _____

Are you limited in any physical activity? _____

Have you had any serious illness or surgery? _____

List any prescription meds or over-the-counter medications you are taking:

_____	_____
_____	_____
_____	_____

Do you smoke ? Yes No Drink? Yes No _____

Drug & Alcohol History:

Type	Amount/Frequency	Last Day Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been in treatment for alcohol/chemical abuse? Yes____ No____

When & Where

Results of treatment: _____

Family History:	Father	Mother	Siblings	Grandparent
Alcoholism	_____	_____	_____	_____
Depression	_____	_____	_____	_____
Drug Abuse	_____	_____	_____	_____
Mental Illness	_____	_____	_____	_____
Eating Disorder	_____	_____	_____	_____
Sleep Disorder	_____	_____	_____	_____
Legal Problems	_____	_____	_____	_____

Legal:

Have you ever had contact with Children & Family Services: _____yes ____ When?

Circumstances? _____ substance abuse _____ Status _____



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THIS WILL NOT DISQUALIFY YOU PLEASE BE HONEST

Any Pending Charges? Yes _____ No _____ What type? _____

PENDING

Court Dates? _____ On Probation? Yes ___ No ___ Time left? _____

Prior offenses? _____ Fees owed ? _____

Probation Officer _____ Phone _____

What brings you here now? (Please be specific)

What else would you like us to consider for your admittance into the home?

Will you adhere to all of the rules and expectations? Church attendance, Meeting attendance, case planning, etc.? Yes _____ No _____

Do you understand that FLC and its affiliated partners are not responsible or liable for any loss or injury that occurs while on the property or in the program?

All residents will have a 3-week Grace period to find employment. The resident Program Fee will be based on income 30% of income (20% all living exp | 10% savings) Basic Requirements of the Program include but are not limited to no smoking, drinking, random drug testing, meetings and church attendance, and completion of the case management plan.

Print Name _____ Signature _____ Date _____