



Project New Hope  
Shelter Plus Care Application

I. Agency Information

Referring Agency \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Telephone (include extension) \_\_\_\_\_ Fax \_\_\_\_\_  
Length of time applicant has been in your program \_\_\_\_\_

II. Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Telephone \_\_\_\_\_ Other Contact # \_\_\_\_\_  
Birth Date \_\_\_\_\_ SS# \_\_\_\_\_  
E-mail \_\_\_\_\_ Primary Language \_\_\_\_\_  
Marital Status (Circle One)

SINGLE MARRIED DIVORCED SEPARATED DOMESTIC PARTNER OTHER

List all household occupants including minors who will be applying with you:

| Name  | Date of Birth | Gender | Relationship | SS#   |
|-------|---------------|--------|--------------|-------|
| _____ | _____         | _____  | _____        | _____ |
| _____ | _____         | _____  | _____        | _____ |
| _____ | _____         | _____  | _____        | _____ |
| _____ | _____         | _____  | _____        | _____ |

Total Number of Persons in Household (including applicant) \_\_\_\_\_

III. Eligibility Criteria

*\*Please check all that apply*

Disability

- HIV-Symptomatic       HIV-Asymptomatic       AIDS
- Mental Health (Diagnosis \_\_\_\_\_)
- Alcohol/Drug Addiction (Substance \_\_\_\_\_)

Current Housing Situation

- Homeless Shelter       Transitional Housing       Rental Housing
- Living on the Streets       Other \_\_\_\_\_

Briefly describe your current housing situation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| <b>Income</b>         |                         |                       |
|-----------------------|-------------------------|-----------------------|
| <i>Household Name</i> | <i>Source of Income</i> | <i>Monthly Amount</i> |
| _____                 | _____                   | _____                 |
| _____                 | _____                   | _____                 |
| _____                 | _____                   | _____                 |
| _____                 | _____                   | _____                 |
| _____                 | _____                   | _____                 |
| _____                 | _____                   | _____                 |

Total amount of household income \$ \_\_\_\_\_

**IV. Identification**

- CA Driver's License
- CA ID Card
- Disabled Bus Pass
- Passport
- Out of state ID
- Mexican National ID
- Other \_\_\_\_\_

**V. Supportive Services**

Briefly describe all supportive services (medical, mental health, case management, support groups, recovery services, etc.) you are currently receiving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_