

## P.A.T.H Transitional Housing Program Application

<b>STOP! Read this section carefully.</b>		
Are you required to register or registered Section 457.1 CA Penal Code § 457.1 (2017) (a) As used in this section, <b>"arson"</b> means a violation of Section 451, 451.5, or 453, and attempted arson, which includes, but is not limited to, a violation of Section 455?	YES	NO
Are you required to register or registered Section 290 (a) Sections 290 to 290.024, inclusive, shall be known and may be cited as the <b>"Sex Offender Registration Act?"</b>	YES	NO
If you answered YES to EITHER of these questions, you do not qualify for the program.		

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying for the P.A.T.H. Transitional Living Program. Your application will be reviewed by a Case Manager who may wish to speak to you regarding your eligibility for the program. It is important they can reach you to conduct this interview. To remain eligible for transitional housing you will be required to check in on a weekly basis to ensure your information is up to date and you are still interested in the program. You may check in via phone at (530) 727-9291 or in person at the P.A.T.H. Day Center at 440 Antelope Blvd, Suite 2 in Red Bluff.

The purpose of transitional housing is to allow our program participants to have the opportunity and support needed to become self-sufficient. You will be expected to work with a Case Manager to remove barriers to you attaining permanent housing and the means to sustain it. The maximum stay for transitional housing is 24 months. During that time, your Case Manager will provide you with guidance and expectations for you to meet. Each person is treated as the individual they are, and your case plan will be tailored specifically for you. You must be willing to work with your Case Manager, follow your case plan, follow the house rules, and make the changes necessary to become self-sufficient.

Are you willing to?		
1. Work with a case manager and follow a case plan?	YES	NO
2. Follow a curfew?	YES	NO
3. Refrain from having guests?	YES	NO
4. Share a room if necessary (women living with children excluded)?	YES	NO
5. Consent to random drug testing and search of your room and property?	YES	NO
6. Participate in counseling, programs, or treatment as assigned by your case manager?	YES	NO
7. Participate in life-skills training as assigned by you case manager?	YES	NO
8. Keep your room clean and complete your daily and weekly assigned chores?	YES	NO
9. Follow all house rules?	YES	NO
If you answered YES to ALL the above questions, please complete the application below.		

Name: \_\_\_\_\_ Phone (Personal/Message): \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have an area where you can be located? \_\_\_\_\_

Do you currently have a source of income? YES NO

If YES: Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

How long have you been homeless? Years \_\_\_\_\_ Months \_\_\_\_\_

Briefly describe your current living situation (car, friends, unsheltered):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have 30 or more days clean and sober?	YES	NO
Are you enrolled in any Drug and Alcohol program?	YES	NO
Are you a client at Mental Health?	YES	NO
Are you currently on Probation or Parole?	YES	NO
Are you exiting Foster Care?	YES	NO
Are you pregnant?	YES	NO
Do you have an open CPS case?	YES	NO
Are you a victim of Domestic Violence?	YES	NO
Are you attending Anger Management / D.V. classes?	YES	NO
Are you taking any prescription medication? (Please list if YES)	YES	NO
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Please list members of your household below:

First / Last Name	M/F	Age	Does this person live in the household? If no, please explain



