

## Tubman's Youth Transitional Housing Application

Please note: If you need any assistance with interpreting or completing this application please do not hesitate to tell the person who gave you the form. Staff can provide the form in languages other than English and you have the option of verbally dictating your answers.

We are glad you are interested in applying for Tubman's Youth Transitional Housing. Tubman's Youth Transitional Housing aims to: *assist survivors of domestic and sexual assault and stalking gain economic stability and achieve their personal goals. We do this by providing a variety of practical and emotional support, and housing assistance.*

Described here are the eligibility criteria for Tubman's Youth Transitional Housing and some basic program information. *This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire.* The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation. You have the right to not answer any question you believe is not necessary to determine eligibility.

Please complete this application and return it to the person you received it from (shelter advocate, Transitional Housing staff) or email it to [teens@tubman.org](mailto:teens@tubman.org). Once we receive your application, we will review it and contact you within 3 business days. If you are eligible, we will set up a time to meet and discuss the next steps in the process. This meeting can take place at any public place we both feel is safe (coffee shop, library, Transitional Housing office, shelter office) and that will provide enough privacy for our conversation. If we don't currently have space in our transitional housing program, we will refer you to other relevant programs, interested.

Thank you for your interest. We look forward to hearing from you soon!

## **Eligibility Criteria**

Determination of acceptance into Tubman's Youth Transitional Housing for single, head of households age 24 and under and child/ren if parenting, will be made on a case by case basis, based on the following minimum criteria and guidelines.

Applicant must be:

- ◆ A survivor of domestic and/or sexual violence, dating violence or stalking;
- ◆ In need of housing as a result of domestic and/or sexual violence, dating violence, or stalking;
- ◆ Twenty-four years old or under
- ◆ Willing and desiring to participate in Tubman's Youth Transitional Housing and meet with staff on a mutually-determined schedule;
- ◆ Willing to create an individualized safety plan, with the assistance of Tubman's Youth Transitional Housing staff; and

\*Tubman's Youth Transitional Housing program recognizes that the applicant does not have control over an abusive person's behavior or the behavior of people associated with the person who has been abusive. We also strive to help each participant maintain the safest life possible, and will not exclude participation or withhold assistance based on the abusive person's behavior.

### **Tubman's Youth Transitional Housing Information**

Tubman's Youth Transitional Housing can provide:

- ◆ Rent-free living for duration of the program (24 months)
- ◆ Advocacy and emotional support, including counseling and case management
- ◆ Assistance finding and maintaining permanent housing
- ◆ Safety planning and safety devices for your home
- ◆ Vocational, career, and employment assistance
- ◆ Assistance with transportation, child care and household furnishings
- ◆ Referrals to community resources and services
- ◆ Follow-up services, for a minimum of 3 months, upon exiting transitional housing

## Application

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred method of contact (this will be the way that you are contacted to be informed of your application status):  
\_\_\_\_\_

If we contact you by phone, is it safe to leave a message?

Yes  No

If no, when would be the best day and time to call? \_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?  
\_\_\_\_\_

Where did you hear about Tubman's Youth Transitional Housing Program?  
\_\_\_\_\_

### **Background**

Are you 24 or under?  Yes  No

Identified gender (how you identify): \_\_\_\_\_

What is your preferred language? \_\_\_\_\_

Are you able to understand (verbal and/or written) English?  Yes  No

Please list all other people who would reside with you in transitional housing. Please include all relevant dependents, including those of which you may not currently have custody. Provide gender, age, and any specific needs or accommodations for each individual: (Please note: the funding for Tubman's Youth Transitional Housing Program requires we provide housing assistance only to survivors of domestic, sexual, or dating violence, or stalking and their dependents.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a companion or service animal(s)?  Yes  No

Do you have other animals that you are concerned for that might need temporary housing?  Yes  No

If yes, please describe the species and any other relevant characteristics of each animal.

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Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You are welcome to skip this question or only include information you believe is relevant to your participation in Transitional Housing.

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### **Current Living Situation**

Are you currently homeless as a result of domestic and/or sexual violence, dating violence, or stalking?

Yes  No

Are you currently staying in a safe place while your participation in Tubman's Youth Transitional Housing is determined?  Yes  No

If No, would you like someone to contact you about options for safe, emergency shelter?  Yes  No

Are you willing to relocate to another community?  Yes  No

If yes, are there any areas you absolutely cannot or will not live?

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### **Safety**

Please let us know if you would like us to assist you with creating a safety plan while your application is being reviewed. Answering the following question will not influence or jeopardize your eligibility. This is simply to learn more about how we can help you.

Is there anything else you would like to share with us about your immediate safety concerns?

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**Additional Support & Services?**

Please describe the types of assistance and support would you like to get from Tubman's Youth Transitional Housing: \_\_\_\_\_

**Other**

Please describe any questions or concerns you have about Tubman's Youth Transitional Housing, which we can discuss when we meet: \_\_\_\_\_

**Community Resources**

If you are not accepted into Tubman's Youth Transitional housing program, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.): \_\_\_\_\_

Please note that this is an application and does not constitute acceptance into transitional housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Thank you!

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**Office Use Only**

Accepted into Tubman's Youth Transitional Housing?  Yes  No

If yes, date applicant was notified: \_\_\_\_\_

Date accepted/ move-in: \_\_\_\_\_

Was applicant placed on waiting list?  Yes  No If yes, date: \_\_\_\_\_

If no, reason? \_\_\_\_\_

If not accepted, date applicant was notified: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Was applicant provided information about the appeal process?  Yes  No

Other referrals/assistance given? \_\_\_\_\_