CURRENTLY, ONLY ACCEPTING SINGLE MALES AND FEMALES!

PROGRAM INTAKE FORM / RESIDENT APPLICATION

HEALING BY DEZIGNS Independent Living Program – Resident Application
Confidential Intake Form

SECTION 1: APPLICANT INFORMATION

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone Number:** _____
- **Email Address (if applicable):** _____
- **Preferred Contact Method:** ☐ Phone ☐ Text ☐ Email
- **Preferred Name/Nickname:** _____
- **Gender Identity:** ☐ Male ☐ Female ☐ non-Binary ☐ Prefer not to say
- **Pronouns:** ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- **Race/Ethnicity:** _____
- **Are you a U.S. Citizen or Permanent Resident?** ☐ Yes ☐ No
- **Primary Language Spoken:** _____
- **Emergency Contact (Name & Number):** _____
- **Relationship to Emergency Contact:** _____

SECTION 2: HOUSING NEEDS

- **Requested Move-In Date:** ____ / ____ / _____
- **Planned Move-Out Date (if applicable):** ____ / ____ / _____
- **Current Living Situation:**
  ☐ Homeless ☐ With Family/Friends ☐ Transitional Housing ☐ Shelter ☐ Other: _____
- **Current Address (if applicable):** _____
- **Have you ever lived in a shared housing environment before?** ☐ Yes ☐ No

- **Do you require any special accommodations (disabilities, mental health, etc.)?**
  ☐ Yes ☐ No
    - If yes, please explain: _____

ECTION 3: IDENTIFICATION & DOCUMENTATION

- Do you currently have the following documents (Check all that apply):
  ☐ State ID / Driver's License
  ☐ Social Security Card
  ☐ Birth Certificate
  ☐ Medical Insurance Card
  ☐ Proof of Income
  ☐ SNAP/EBT Card
  ☐ Immigration Documentation (if applicable)
    - If missing any documents, please list: _____

Which category best defines you your current situation?

☐ Homeless veteran
☐ Re-entrant
☐ At-risk individuals facing homelessness
☐ Low-income individual
☐ Individuals aging out of foster care
☐ Other

SECTION 4: EDUCATION

- **Highest Level of Education Completed:**
  ☐ Less than High School ☐ GED ☐ High School Diploma
  ☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree
  ☐ Trade/Certification Program
- **Can you read and write proficiently in English?** ☐ Yes ☐ No
- **Would you like help continuing your education or obtaining your GED?** ☐ Yes ☐ No

SECTION 5: EMPLOYMENT / INCOME

- **Are you currently employed?** ☐ Yes ☐ No
    - If yes, where? _____ Position: _____
    - Hours per week: _____ Income per month: $_____
- **How do you plan to pay for your stay?**

- **What method of payment will you be using to pay for your stay?**

  ☐ Check
  ☐ Direct deposit through organization or self
  ☐ Cash
  ☐ Credit /debit card
  ☐ Other: _____

- **Are you actively looking for a job?** ☐ Yes ☐ No
- **Would you like job readiness or resume support?** ☐ Yes ☐ No
- **Other Income Sources (Check all that apply):**
  ☐ Disability (SSI/SSDI)
  ☐ Public Assistance (TANF, General Relief)
  ☐ Job
  ☐ Child Support
  ☐ Other: _____
    - Total Monthly Income (including all sources): $_____

SECTION 6: CRIMINAL HISTORY

- **Have you ever been arrested or convicted of a crime?** ☐ Yes ☐ No
  - If yes, please explain: _____
- **Are you currently on probation or parole?** ☐ Yes ☐ No
- **Are there any restrictions or curfews related to your legal status?**
  ☐ Yes ☐ No – If yes, explain: _____

SECTION 7: PHYSICAL & MENTAL HEALTH

- **Do you have any physical or mental health diagnoses we should be aware of to support your well-being?**
  ☐ Yes ☐ No – If yes, describe: _____
- **Are you currently under a doctor's care or taking prescribed medication?** ☐ Yes ☐ No
- Do you have a history of substance use? [ ] Yes [ ] No If yes, last use date: _____
- Are you engaged in any counseling, therapy, or support groups? [ ] Yes [ ] No If yes, please provide agency/therapist name: _____
- **Do you have medical insurance?** ☐ Yes ☐ No

- **Do you need assistance applying for medical benefits?** ☐ Yes ☐ No

SECTION 8: PERSONAL GOALS & SUPPORT

- **What are your top 3 goals while staying with us?**
  1. _____
  2. _____
  3. _____
- What are your strengths that will help you succeed in this program?

  _____

- What are the biggest challenges you anticipate while in the program?

  _____

- **What kind of support do you feel you need the most right now?**
  ☐ Housing stability
  ☐ Employment support
  ☐ Mental health counseling
  ☐ Life skills training
  ☐ Addiction recovery
  ☐ Other: _____

SECTION 9: SERVICE PACKAGES (CHOOSE PREFERRED LEVEL OF SUPPORT)

☐ **Basic Shared Housing** – $700/month
Includes room, utilities, laundry and basic support

☐ **Enhanced Support Package** – $775/month
Includes room, utilities, laundry, 1 daily meal and computer/internet access

☐ **Full Support Package** – $850/month
Includes room, utilities, laundry, 2 daily meal, and limited transportation support

☐ **Private Room -** $950/month
Includes room, utilities, laundry, 3 daily meal, and limited transportation support

☐ **Daily Rate:** $35/night (Basic) | $40/night (Enhanced)
☐ **Weekly Rate:** $200/week (Basic) | $245/week (Full Support)

SECTION 10: WAIVER OF LIABILITY & ACKNOWLEDGMENT

WAIVER OF LIABILITY & ACKNOWLEDGMENT

I understand that I am applying to reside in an independent living environment and not a medical, treatment, or halfway facility. I acknowledge that I am responsible for my own actions and safety. I will follow the house rules provided.

I agree not to hold **(HEALING BY DEZIGNS NON-PROFIT)**, its staff, board members, volunteers, contractors, or partners legally liable for any incidents, injuries, damages, losses, or claims that may occur due to:

My own actions, choices, or decisions My failure to comply with established house rules and policies Normal wear and use of the premises and facilities Acts or omissions of other residents Any personal property loss, theft, or damage

I understand that this independent living arrangement requires personal responsibility and self-sufficiency. I acknowledge that staff are not required to provide medical supervision, treatment services, or 24-hour monitoring. I agree to seek appropriate medical care when needed and to inform staff of any conditions that may affect my safety or the safety of others.

RESIDENT RESPONSIBILITIES & AGREEMENTS:

Rent Payment: I agree to pay my rent in full when due on the first day of every month, with no grace period. Additionally, I understand that weekly rent payments must be made every Monday no later than 9:00 AM. **Medication Management:** I am solely responsible for taking any prescribed medications as directed by my healthcare provider. Staff will not remind me or supervise medication administration. **Cleanliness:** I am responsible for keeping my assigned living space clean and sanitary at all times, including regular cleaning of personal areas and shared spaces after use. **No Overnight Guests:** I understand and agree that overnight guests are strictly prohibited under any circumstances. **Visitor Policy:** I understand that any visitors must remain in designated outdoor areas only and are not permitted inside the facility at any time. **Quiet Hours:** I agree to observe designated quiet hours from 10:00 PM to 7:00 AM and respect other residents' right to peaceful enjoyment of the premises. **Personal Property:** I am responsible for securing my personal belongings and understand that the facility is not liable for theft or damage to personal items.

I understand that violation of house rules may result in termination of my residency. I acknowledge that I have received, read, and understand the house rules and policies that govern this independent living facility.

I declare that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or termination of housing.

By signing below, I voluntarily assume all risks associated with independent living and agree to hold harmless **(HEALING BY DEZIGNS NON-PROFIT)** and all associated parties from any liability.

Applicant Signature: _____ Date: ____ / ____ / _____

Printed Name: _____

Staff Signature: _____ Date Reviewed: ____ / ____ / _____

Staff Printed Name: _____