



Families (Women/Children)
Prospective Resident Application
3131 Oneida Road
Charlotte, North Carolina 28269
Office 704.962.6147 Cell 704.777.0155

Please complete this application to the fullest of your ability. This will not affect our decision in accepting you into Gracious Hands Transitional Housing for Women and Children program. We are trying to help families who want to excel to the next level in life. Please be honest, so that we will know to help you.

Applicant's Name _____ Social Security # _____ - ____ - _____

Applicant's Date of Birth _____ Cell Phone Number _____

Marital Status: Single ____ Marriage ____ Divorce ____ Legal Separated ____

Race: Afro-American (black) ____ White ____ Hispanic/Latino ____ Other _____

Mecklenburg County Residence: Yes ____ No ____ Homeless: Yes ____ No ____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Applicant's Email Address: _____

How do you feel about furthering your education? ____ Yes ____ No

Are you working? ____ Yes ____ No Do have need Child Care ____ Yes ____ No



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Employer's Name _____

Address _____

Supervisor's Name _____ Phone Number _____

Do you currently have a bank account? ___ Yes ___ No Name of Bank _____

Are you receiving SSI ___ Child Support ___ WIC ___ EBT/Food Stamp ___

Any benefits from any agency? _____

Name of the agency/Agencies in which you are receiving benefits:

Any Physical Disabilities: _____

Do you or your child/children have any medical conditions? _____

If yes, Please explain _____

Have you ever been tested for HIV/AIDS? ___ Yes ___ No Date _____

If yes, What were your results? Positive _____ Negative _____

Referral Date _____ **Date of available for admission** _____

Referral Agency/Facility _____

Referral Source Name _____

Referral Address _____



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Current Living Address _____

How long have you lived at the current address? _____

Where did you live before becoming homeless? _____

Reason for being homeless _____

Any court charges/cases pending _____ Probation/Parole _____

Do you have any Domestic Violence ____ Rape ____ Child Abuse Record _____

Explanation of Charges _____

Do you need just a bed for a night? _____ Are you looking to transition? _____

Are you currently doing drugs? Yes ____ No _____

What is your choice of drugs? Name all that apply _____

Have you ever attended a rehab program before? ____ Yes ____ No How Long? _____



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For safety reasons, do you have a husband/boyfriend looking for you Yes No

If yes, Please explain _____

Do the father of you child/children, visit him/her on a regular basis? Yes No

Do you own a car? Yes No - Make _____ Model _____ Year _____

Proof of insurance company _____

***** You will NEED the following before admission to the requested program at Gracious Hands Transitional Housing for Women and Children**

Identification (pictured) Verification of Homelessness

Social Security Card (all) Proof of TB Test

Prescriber Letter of Medication Proof of Physical Examination

Criminal Background Check Birth Certificate (all)