

*Gracious Hands Transitional Housing
for Homeless Women and Children*



*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 & 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. **If you are going to email this application, please put in the subject line – Intake Application.**

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 _____

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Referral Address _____

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)