

*Gracious Hands Transitional Housing  
for Homeless Women and Children*



*Families (Women/Children)  
Prospective Resident Application*

**3131 Oneida Road  
Charlotte, NC 28269**

**3430 Fincher Blvd  
Charlotte, NC 28269**

**Office 704.962.6147**

**Cell 704.777.0155**

**This program is for Single women with child/children**

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 how help you.

**Please mail to the above address or you can email this application to  
gracioushandshousing@gmail.com, 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 \_\_\_\_\_

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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 other 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 \_\_\_\_\_

Have you ever been tested for COVID 19? \_\_\_ Yes \_\_\_ No Date \_\_\_\_\_

If yes, what were your results? Positive \_\_\_\_\_ Negative \_\_\_\_\_

**Referral Date** \_\_\_\_\_ **Date of available for admission** \_\_\_\_\_

Referral Agency/Facility \_\_\_\_\_

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Referral Source Name \_\_\_\_\_

Referral Address \_\_\_\_\_

Current Living Address \_\_\_\_\_

How long did you live your lived at the current address? \_\_\_\_\_

Where did your live before becoming homeless? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your 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 \_\_\_\_\_

\_\_\_\_\_

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Have you ever attended a rehab program before? \_\_\_\_ Yes \_\_\_\_ No      How Long? \_\_\_\_\_

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

If yes, Please explain \_\_\_\_\_

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Does 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)