



*Gracious Hands*

**PROSPECTIVE RESIDENT APPLICATION**

**245 N Hoskins Road. Charlotte, NC 28216**

**(704) 962-6147- Office**

**Families (Women/Children)**

Please complete this application to the fullest of your ability. This will not affect our decision in accepting you into Gracious Hands 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 to help you.

Applicant's Name \_\_\_\_\_ Social Security # \_ \_ - \_ - \_

Applicant's Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

Referral Date \_\_\_\_\_ Date available for admission \_\_\_\_\_

Referral Agency/Facility \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

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

How long have you lived at the current address? \_\_\_\_\_

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

Reason for being homeless \_\_\_\_\_

Mecklenburg County Residence: YES / NO

Homeless: YES / NO

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Any Physical Disabilities: \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

Are you receiving Child Support/Wic/Food Stamps/SSI or any benefits from any agency? \_\_\_\_\_

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

\_\_\_\_\_

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 or 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? \_\_\_\_\_ How long? \_\_\_\_\_

For safety reasons, do you have a husband or boyfriend looking for you? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Do the father of your child/children, visit him/her on a regular basis? \_\_\_\_\_

Are you willing to work? \_\_\_\_\_

How do you feel about furthering your education? \_\_\_\_\_

Have you ever been tested for HIV/AIDS? \_\_\_\_\_ Date \_\_\_\_\_

If yes, What were you results? \_\_\_\_\_

Do you currently have a bank account? \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

- You will need the following before admission to the requested program at Gracious Hands Transitional House:

\_\_\_\_ Pictured Identification

\_\_\_\_ Verification of Homelessness

\_\_\_\_ Social Security Card

\_\_\_\_ Proof of TB Test

\_\_\_\_ Proof of Physical Examination

\_\_\_\_ Prescriber Letter for Medication

\_\_\_\_Criminal Background Check

\_\_\_\_Birth Certificate (Adult & Children)