

COOL TRANSITIONAL HOUSING APPLICATION

PLEASE NOTE: If this application is NOT FILLED OUT COMPLETELY, you will not be considered for the program. DO NOT FAX YOUR APPLICATION. Mail application to 800 W. Glen Flora Ave., Waukegan, IL 60085

For Office Use Only:

Date Application Received _____ Date receipt of app. sent _____

Date _____

Referred By/ Agency _____

Case Worker _____ Phone _____

Identifying Information

Full Name _____ DOB _____ Age _____ Race _____

Other names used _____

Social Security Number (last four numbers only) _____ XXX-XX-_____

Current Address _____ City _____

State _____ Zip _____ Phone Number _____

Marital Status: (circle one) Single Married Widowed Divorced Separated

Spouse's Full Name _____ DOB _____ Age _____ Race _____

Social Security Number (last four numbers only) _____ XXX-XX-_____

Children's Full Names

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

_____ DOB _____ Gender _____

(if more room is needed for other children, please list on back of this page)

Are you pregnant now? Yes No (if yes) Due Date _____

Are you or your spouse a Veteran? Yes No Spouse Self Discharge Date _____

Have you or your spouse ever been convicted of a felony?

Self Y N (if yes) Date _____ Conviction _____

Spouse Y N (if yes) Date _____ Conviction _____

What is the primary reason you are homeless now? _____

History

Previous Address _____

City/State/Zip _____

Landlord _____ Rent/Mortgage \$ _____

Phone _____ Lease Date (start/end) _____

Reason for Leaving _____

Agencies Contacted for Services

_____ Date _____

_____ Date _____

Present Shelter:

Family Friend Motel PADS Car Other _____

Move in date? _____ Anticipated move out date? _____

BACKGROUND INFORMATION - Nearest relative/friend (in case of emergency)

Name _____ Relationship _____

Address _____ Phone _____
Street/City/State/Zip

Education (Years Completed-Please circle) (Applicant)

1 2 3 4 5 6 7 8 9 10 11 12 or GED

College 1 2 3 4 Post Graduate 1 2 3 4 Degree _____

Any plans to continue education? Yes No Field of Interest _____

Education (Years Completed-Please circle) (Spouse)

1 2 3 4 5 6 7 8 9 10 11 12 or GED

College 1 2 3 4 Post Graduate 1 2 3 4 Degree _____

Any plans to continue education? Yes No Field of Interest _____

Employment-Applicant (if unemployed, list last employer)

Company Name _____ Supervisor _____

Address _____ City _____ Zip _____

Phone _____ Position _____

Date started: _____ Date ended: _____ Hourly Wage? _____

Full Time (35+ hours per week) Part Time (20 or less hours per week)

Employment Spouse (if unemployed, list last employer)

Company Name _____ Supervisor _____

Address _____ City _____ Zip _____

Phone _____ Position _____

Dates started: _____ Date ended: _____ Hourly Wage? _____

- Full Time (35+ hours per week) Part Time (20 or less hours per week)

Outstanding Debts

Please attach a **SEPARATE PAGE** listing all your **OUTSTANDING DEBTS** and amounts of monthly payment to each creditor.

Present Child Care

Name _____ Phone _____

Cost \$ _____ per/ (circle one) day week month

Source	Family Member Receiving	Amount
Wages (employment)		
Public Aid		
Social Security/SSI		
Veterans Assistance		
Child Support		
Food Stamps		
Unemployment Compensation		
General Assistance		
Medical Coverage		N/A
Dental Coverage		N/A
Monthly Gross Income	TOTAL MONTHLY GROSS INCOME	\$
Monthly Net Income	TOTAL MONTHLY NET INCOME	\$

Have you received services from Christian Outreach of Lutherans before? ___Y ___N

If yes what year? _____ (check services received) ___ Food Pantry ___ Housing

Medical Background (Applicant)

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N
Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present medications _____

Medical Background (Spouse)

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N
Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present medications _____

Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N
Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N
Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

Medical Background- Dependent

Doctor's Name _____ Phone _____

Have you been hospitalized within the past 2 years? (circle one) Y N
Any current/previous illnesses? Y N (if yes, please list)

Diagnosis _____

Present Medications _____

(if more room is needed for other children, please list on back of application)

Transportation (Check all that apply)

- I own a car I borrow a car I take public transportation
Other (Please Explain) _____

Outline a two year plan for your progress toward self-sufficiency. Explain your goals and how you will accomplish them.

Goal for Year One _____
Steps to Accomplish Goal _____

Goal for Year Two _____
Steps to Accomplish Goal _____

Reason for wanting to be part of the T-H Program _____

Please list the qualities you possess that make you a good candidate for the COOL Transitional Housing Program

What types of help do you think will benefit you in becoming self-sufficient?

- ____ Budgeting/Finance ____ Parenting Skills ____ Life Skills
____ Permanent Housing ____ Medical/Dental Health ____ Ex-Felon

Have you experienced any of the following?

- ____ Domestic Violence ____ Developmentally Disabled ____ Alcohol/Substance Abuse
____ Sexual Abuse ____ Mental Health ____ Juvenile Delinquency

Other concerns or special needs _____

I verify that the information given in this application is complete, true and correct to the best of my knowledge.

I also understand that COOL will do a CRIMINAL BACKGROUND CHECK and drug screening before entry into the Family Housing program is possible.

Signature _____ **Date** _____

Social Security Number _____ **Date of Birth** _____

It is our policy to award Transitional Housing to families who fit our criteria at the time a housing unit becomes available. All applications are kept on file for six months from the date of receipt. In the event a housing unit becomes available that would suit your needs, a staff member will contact you to set up a time for a formal interview. Submitting an application is not a guarantee for admittance into the COOL Program.