



YMCA of Reading & Berks County Housing Application

Overall Eligibility Criteria

To be eligible for these programs (not including SRO), applicants must be:

- Homeless
- Drug and alcohol free for at least 5 consecutive days
- Employable and willing to gain employment
- Motivated to remain clean and sober
- Able to participate in outpatient counseling
- Committed to setting goals and working to achieve them
- Berks County resident

STAFF USE ONLY

Received _____

Contacted _____

Interviewed _____

Please review the criteria for the programs and check the one you are applying for:

Men's Bridge House

- Male
- Substance Use Disorder

Twin Peaks

- Male
- Substance Use Disorder
- Diagnosed with a mental health disorder
- Stabilized on medications

Hacia Adelante

- Substance Use Disorder
- Spanish is primary language

Honor House

- Must be deemed as a benefit eligible veteran through the Lebanon VA

Specialty Court Program

- Must be a participant in Berks County Treatment Court

Y-Passages

- Single men and women
- Permanent housing
- Chronically Homeless

Women's Bridge House

- Female
- Substance Use Disorder

Women's SAFE House

- Female
- Substance Use Disorder
- On Berks County Probation or Parole

Y-Haven

- Female
- Permanent housing
- Single mother with up to 2 children under the age of 11

Single Room Occupancy (SRO) Units

- Single men and women
- Ability to pay fees
- Able to live independently in a responsible fashion

Camp Joy (located at 1120 Berks Rd Leesport)

- Male
- Substance Use Disorder
- On Berks County Probation or Parole

Our Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

Programs are collaborative projects of the County of Berks, City of Reading, Department of Public Welfare, Council on Chemical Abuse, Service Access Management, Inc., Housing and Urban Development, Federal Home Loan Bank, and Berks County Probation. EHO. The Bridge and SAFE Houses are funded, in part, under a contract with the Pennsylvania Department of Health, County of Berks and the SCA. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, PA, the County of Berks, and the Council on Chemical Abuse. The Department of Health, the County of Berks, and the Council on Chemical Abuse specifically disclaim responsibility for any analysis, interpretations, or conclusions.

(Revised 8/18)

Please complete the following questions to the best of your ability. Return completed application to the Front Desk of the Reading YMCA. **For SRO complete only sections A, C, E, F, G, H, I, J**

Date _____

A. DEMOGRAPHIC INFORMATION

Name _____ Telephone _____

Current Address _____

Email: _____

Best way to contact you: _____

Birth Date _____ Age _____

Gender: Male Female Transgender Are you a US citizen? Yes No

Birth Name(s): _____

Marital Status: _____ Current Relationship: _____

Referred by: _____

Do you have any disabilities that would require reasonable accommodations? Yes No

If so, please specify what accommodations will be needed: _____

Do you have any children? Yes No

Child's Name	Age	Who has custody/where are they living now?

Do you have your: Birth Certificate? Yes No Social Security Card? Yes No

State ID? Yes No Driver's license? Yes No

Are you legally able to work in the US? Yes No

Do you own a car? Yes No If so, do you have car insurance? Yes No

Have you ever been a victim of domestic violence? Yes No

Do you currently have a PFA on anyone? Yes No

B. HOUSING INFORMATION

What is/was your last permanent address? _____

How long did you live there? _____

Why did you leave? _____

What are your reasons for your housing crisis/homelessness? _____

Are you a resident of Berks County? Yes No If yes, for how long? _____

If no, why are you interested in living in Berks County? _____

Have you ever lived in the building of the YMCA of Reading? Yes No If so, explain: _____

Have or do any of your relatives, friends or acquaintances live or work at the YMCA? Yes No

If so, explain: _____

Have you lived in any emergency shelters, transitional programs, or halfway houses previously? _____

If yes, explain: _____

C. FINANCIAL INFORMATION

Please list your income:

<u>Source</u>	<u>Amount</u>
Wages	_____
Public Assistance (Welfare)	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Food Stamps	_____
Other (please specify)	_____

Have you ever applied for SSI/SSDI? Yes No

Do you have any outstanding debts for any of the following: Utilities School Loans Fines & costs Other

If yes, explain: _____

D. EDUCATION AND TRAINING

What's the highest grade you completed? _____ Do you have a high school diploma? Yes No GED

Please list ALL special training courses, certificates or degrees that you have had including on-the-job training.

Type of Training	Where	When
_____	_____	_____
_____	_____	_____

What do you feel was the biggest problem that you had while you were attending school? _____

What are your personal and career goals? _____

E. MILITARY HISTORY

Have you ever been in the military? Yes No

If yes, which branch? _____ When? _____

Type of Discharge: _____

F. EMPLOYMENT HISTORY

Please list ALL employers beginning with the most recent job you've held:

Employer's Name: _____ Employer's Address: _____ Position: _____ Start: _____ End: _____ Pay Rate: _____ Reason For Leaving: _____
Employer's Name: _____ Employer's Address: _____ Position: _____ Start: _____ End: _____ Pay Rate: _____ Reason For Leaving: _____
Employer's Name: _____ Employer's Address: _____ Position: _____ Start: _____ End: _____ Pay Rate: _____ Reason For Leaving: _____

Which job did you like the best and why? _____

G. LEGAL HISTORY

Have you ever been convicted of a crime? Yes No If yes, on what charge(s)? _____

Are you currently on Probation or Parole? Yes No

If yes, name & phone number of Probation/Parole Officer _____

Are you involved in any way with the court system at present? Yes No

If yes, explain: _____

In the past? Yes No If yes, explain: _____

Have you ever been involved with CYD? Yes No If yes, explain: _____

H. PHYSICAL HEALTH HISTORY

List any health problems: _____

Are there any medical problems that would limit your ability to work? Yes No

If yes, explain: _____

Allergies to Food or Medications? Yes No If yes, please list: _____

Are you pregnant? Yes No If so, due date? _____

Are you presently taking any medication? Yes No

Name of Medication(s): _____ Reason: _____

Do you have health insurance? Yes No

When was last time you had medical care? _____

For what reason? _____

Have you had a TB test? Yes No

If yes, when? _____ Results _____

If no, would you like to receive a TB test? Yes No

List all hospitalizations:

Name of Hospital	Reason	Date
_____	_____	_____
_____	_____	_____

I. BEHAVIORAL & EMOTIONAL HEALTH

Have you attended outpatient mental health treatment? Yes No

Have you ever been in inpatient treatment for mental health? Yes No How many times? _____

If history of mental health treatment or counseling, what is your current diagnosis? _____

Who made this diagnosis and when was it made? _____

Describe your feeling about your mental health treatment experiences: _____

Have you had any thoughts, gestures, incidents, or attempts at suicide or homicide? Yes No

If yes, explain: _____

J. ALCOHOL AND DRUG USE:

When was the last time you used drugs or alcohol? _____

What is your drug of choice? _____

Longest time chemically free: _____

Are you involved in a recovery program? Yes No

Do you identify as an addict/alcoholic? _____

K. PLEASE ANSWER THE FOLLOWING QUESTIONS AS THOROUGHLY AS POSSIBLE

What are the circumstances leading up to your application to the Y-Housing Program?

What has been your past reaction to authority figures?

If admitted to residency, what do you expect from the YMCA staff?

Would you be willing to meet with staff individually once a week to review the status of your goals?

How do you feel about following directions in a situation of need?

In what areas will you need help if you are accepted into the YMCA Housing Program?

What do you expect to accomplish while in residency at the YMCA? Be specific!

Who should we contact in case of emergency?

Name: _____

Address: _____

Phone _____

Relationship _____

Name: _____

Address: _____

Phone _____

Relationship _____

Did anyone assist you in completing this application? Yes No If yes, name: _____

I, _____, verify that the information on my application is accurate and truthful. In addition, I understand that at any time during the application and interviewing process or after acceptance into the YMCA Housing Program, if it is determined/discovered that I have lied on my application, I may become ineligible to apply or participate in the Housing Programs of the YMCA of Reading.

Signature Date

Drop-off or Mail Application to:
YMCA of Reading & Berks County
Housing Department
631 Washington Street
Reading, PA 19601

STAFF USE ONLY Accepted/Denied Move in _____ Added to waiting list _____
Reason for denial _____
