******

***C2C***

***(Courage to Change)***

| **Application** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | |
| Name: | | | Phone: | | | |
| Date of birth: | | | Email address: | | | |
| Previous Living Situation (owned, renting, living with family or friends, etc.): | | | | | | |
| City: | | State: | | | How long at that address? | |
| What type of housing are you seeking now? | | | How much do you expect to pay monthly for housing/rent? | | | |
| **Employment Information** | | | | | | |
| Current/Previous employer: | | | | Date Started: Date Ended: | | |
| Employer address: | | | | | How long at that employer? | |
| City: | State: | | | | Hourly or Salary *(Please circle one)* | |
| Position: | If you are no longer there, why did you leave? | | | | | |
| If you are currently unemployed, what type of work are you seeking? | | | | | | |
| **General questions** | | | | | | |
| Are you willing to submit to an initial and random drug testing? Y / N | | | Are you legally authorized to work in the United States? Y / N | | | |
| Do you have your own transportation? Y / N | | | If so, explain: | | | |
| Do you have any medical problems, including illness or injuries? Y / N | | | If so, explain: | | | |
| What are the main goals that you need to accomplish in order to end your homelessness? | | | | | | |
| List action steps that you will need to take in order to achieve your goals? | | | | | | |
| Why are you seeking entrance into the C2C program? | | | | | | |
| **Signature / acknowledgement** | | | | | | |
| I understand that I am required to follow the program guidelines and all policies and procedures of the Union Rescue Mission. I understand that I may be removed from this program if I fail to actively make progress towards my established goals as determined by the case manager. I understand that it is up to me to accomplish my goals and that my case manager will challenge, encourage, and provide accountability for making progress. I understand that I am subject to random alcohol and drug testing and a positive test result may be grounds for removal from the program. | | | | | | |
| Signature of applicant: | | | | | | Date: |
| **office Use Only** | | | | | | |
| Date Application Received: | | | Interview Appointment Date: | | | |
| Accepted / Denied By: | | | May reapply at a later date: Y / N | | | |
| Reason for being denied: | | | | | | |
| Additional notes: | | | | | | |