******

***Working Guest***

***Program***

| **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? |
|  |  |
| **Employment Information** |
| Current employer: | Date Started:  |
| Employer address: | Hourly or Salary (please circle one) |
| City: | State:  | Hourly rate?  |
| Position: | Hours per. Week? |
| Do you owe on Child Support or Fines? How much do you owe? |
| **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: |
| How much money do you believe you need to save before being able to move out of the Working Guest Program? (Please be detailed) |
| What financial goals do you hope to accomplish while in the Working Guest Program? |
| Why are you seeking entrance into the Working Guest 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 you I fail to actively make progress towards my established goals as determined 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:  |