



TURNING POINT HOMELESS SHELTER APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

City State County

Date of Birth _____ Social Security Number: _____

Veteran: Y or N YES NO Branch of Service: _____ Provide a copy of DD Form 214 or Equivalent

Dates of Service: Enter... Month & Year _____

Phone: _____ Have you or any Family Member ever stayed at Turning Point? YES NO

Names and Year of persons that stayed at Turning Point Previously Name(s): Year: Name(s): Year:

Number in Family: Adults Children Full Name(s) & DOB(s) of Child/Children:

Need a separate application for spouse or significant other.

WARRANTS		SEX OFFENSE CONVICTION		DOMESTIC VIOLENCE		PROTECTIVE ORDER	
YES	NO	YES	NO	YES	NO	YES	NO
If Yes Explain		If Yes Explain		If Yes Explain		If Yes Explain	

Why are you Homeless NOW?

Employed? Y N Employer: _____ Able to Work? Y N Willing to Work? Y N

Pass a Drug Test? Y N Drivers License: Y N Transportation? Y N Last used date: _____ If not... Why? Insurance Co: _____

HISTORY AND/OR CURRENT USE OR CONDITION Are YOU NOW or EVER been in a program?

Drugs: Y N Explain: _____	Program: Y N Explain: _____
Alcohol: Y N Explain: _____	Program: Y N Explain: _____
Mental Health: Y N Explain: _____	Program: Y N Explain: _____
Violence: Y N Explain: _____	Program: Y N Explain: _____
Disability: Y N Explain: _____	Program: Y N Explain: _____

Staff Member: _____

Staff Comments: _____