

**TURNING POINT HOMELESS SHELTER APPLICATION**

Date:	City:	County:	State:
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First Name:	M:	Last:	DOB: ___/___/___	SSN: ___-___-___
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Veteran: Y or N Branch: Army Navy Air Force Marines Guard	Dates of Service: ___/___/___ Provide a copy of DD Form 214 or equivalent.
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Phone: ___-___-___	Referral Source & Phone:
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Number in Family: ___ Adults ___ Children	Name(s) and Age(s) of Child(ren):
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Warrants: Y or N If yes, explain:	Sex Offense conviction: Y or N If yes, explain:	Domestic Violence: Y or N If yes, explain:	Protective Order: Y or N If yes, explain:
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Previous homelessness?		If yes, when:	where:
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Previously lived in a Shelter?		If yes, when:	where:
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Reason for Referral:  
 \_\_\_ Eviction, \_\_\_ Fire, \_\_\_ Outreach, \_\_\_ Institutional Release, \_\_\_ Other

ANY HISTORY?	Description below	Are you now or ever been in a program?
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Drugs	Y or N		Y or N	
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Alcohol	Y or N		Y or N	
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Mental Health	Y or N		Y or N	
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Violence	Y or N		Y or N	
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EMPLOYED? Y or N Employer: \_\_\_\_\_ ABLE to work? \_\_\_\_\_ Willing to work? \_\_\_\_\_

Pass a drug test? \_\_\_\_\_ Driver's License? \_\_\_\_\_ Transportation? \_\_\_\_\_  
 Last used date: \_\_\_/\_\_\_/\_\_\_ If not, why? \_\_\_\_\_ Insurance: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Staff: \_\_\_\_\_ MH Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Walk in: \_\_\_\_\_

Refused: \_\_\_\_\_ Sheltered: \_\_\_\_\_ No Show: \_\_\_\_\_ Referred to: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
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