

TURNING POINT SHELTER APPLICATION

Date:	City:	County:	State:
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Name:	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: _____
