

# Admittance Criteria

## Requirements For Bridges to Hope:

- § Currently experiencing homelessness.
- § Male 18 years of age or older.
- § Negative drug and alcohol screening prior to admission.
- § If on medication, able and willing to self-medicate
- § Willing to work and find employment if able
- § Ability to live in a group environment setting
  - § Willing to submit random alcohol and drug testing.
  - § Willing to participate in all mandatory program activities.
  - § Willing to submit to a criminal background check and reference check.
- § Willing and able to save money towards permanent housing and willing to pay program fees.
  - § Have the ability to follow staff directions.
  - § Have the ability to communicate with staff both verbally and in writing.

**Client applications will be reviewed via a Coordinated Entry process. If you are deemed eligible, you will be housed on a first come first served basis.**

If accepted into our program, you will be expected to establish a housing plan in the first 30 days, during which time you will also be in-processed into our program. All clients receiving income are required to pay twenty to thirty percent of program fees, based on income. And eighty per cent (80%) of your pay must be put into a savings account in preparation for going out on your own.

You will also find information about the Arundel House of Hope and the many programs that are available through them. In 1992, we began with Winter Relief, an emergency shelter program for homeless men and women. In 2001, we opened The Fouse Center, the first transitional housing program for homeless men in AA County. We provide comprehensive support services, including substance abuse, mental health, healthcare, and employment support. In 2004, we opened a Permanent Supportive Housing Program for people experiencing chronic homelessness who also have a disability. In 2006, we opened our Resource and Day Center in Glen Burnie. In 2011 we opened the Patriot House, and in 2026 we opened Bridges to Hope, another transitional house for men.

Should you have any further questions, please feel free to give us a call.

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Signature

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Date

# BRIDGES TO HOPE

## Policy for Clients Personal Medication and Self Administration

All clients in Arundel House of Hope programs including but not limited to Winter Relief, all Safe Haven Programs, all Community House Programs, The Fouse Center, The Patriot House and Bridges to Hope must be psychically and mentally able to self-administer medications. For the purposes of this policy, "self- administration" means carrying and taking medication without the intervention of an Arundel House of Hope Staff member. Clients unable to self-administer medications will not be admitted to the above-named programs. At the clients' request, staff will provide a secure and locked location for medication to be stored. Both client and staff have key access to this location. At the client's request, a staff member *may* help in the organization of medication (pill box), ordering of medication, doctor appointment scheduling, and pharmaceutical pick up. At no time will a staff member administer medications to a client, willing or unwilling. Over the counter medication may be kept on site and given to clients to self-administer at their request.

### All clients

\*For purposes of this policy, "medication" means any prescription drug or over-the-counter medicine or nutritional supplement.

\*\*For the purposes of this policy, "self- administration" means carrying and taking medication without the intervention of an Arundel House of Hope Staff member.

\*\*Potential Clients who are currently on controlled substances (Oxycodone, Methadone, Suboxone, Benzodiazepines etc.) are not eligible for Bridges to Hope. The program does not have a medical staff and cannot ensure the safety of these clients and other clients as well (in addition, misuse of controlled substances can be dangerous to all party's concerned).

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**Signature**

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**Date**

**Bridges to Hope – Transitional Housing for the Homeless (Men)**

7164 E. Furnace Branch Rd, Suite A

Glen Burnie, Maryland 21060

Phone (410) 863-4888

**APPLICATION / REFERRAL FORM**

**Applications will be reviewed in the order they are received. All eligible clients must meet the above criteria as well as being homeless and sober upon admittance.**

**IDENTIFYING INFORMATION (*To ensure that this form can be processed, make sure that you complete everything on this application*)**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Referral Source:**

Name: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street outreach worker     Social Service staff     Church staff

Psychiatric hospital staff     PHA waiting list     Unknown

Mental Health Outpatient Clinic     Emergency or transitional shelter staff

Other (specify) \_\_\_\_\_

**Primary Disability**

Mental illness     Alcohol Abuse     Substance Abuse

Revision April 28, 2026

- HIV/AIDS and related diseases       Physical Disability  
 Domestic Violence                       Other

(specify) \_\_\_\_\_

**Please check all the applicable forms you currently possess (Note: all other forms will be required once accepted into the program, and the case manager can assist if needed).**

- Valid Driver's License or State ID       Birth Certificate  
 Social Security Card       Award Letter       Legal Issues or Probation  
 Employment Verification (if employed)

### **RENTAL/HOUSING INFORMATION**

#### Current Living Situation

Are you currently Homeless?  Y  N How long have you been homeless?

\_\_\_\_\_

Where are you currently living? \_\_\_\_\_

How long have you been there? \_\_\_\_\_

Have you been on the street &/or emergency shelter for a continuous year or more?  Y  N

Have you been on the street &/or emergency shelter 4 times or more within the last three years:  Y  N

Have you ever applied to an AHOH Transitional Housing Program in the past?  Y  N

If yes, did you come into the program?  Y  N If yes, what year \_\_\_\_\_

Have you been discharged from any facility?  Y  N

If yes, list type of facility \_\_\_\_\_

Who was your last landlord? (Include relative if you paid rent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If relative, state how you are related: \_\_\_\_\_

Rent \$ \_\_\_\_\_ per month. Dates lived there? \_\_\_\_\_ to \_\_\_\_\_

#### Primary reason for current homelessness (check all that apply):

- Evicted from rental housing       Left an over-crowded shared arrangement.

- Asked to leave by family/roommate  Unemployed  Fled abusive violence.  
 Hospitalization  Other (explain): \_\_\_\_\_

**Prior Living Situation**

- Street  Emergency shelter  Transitional  Psychiatric facility\*  
 Hospital\*  Substance abuse treatment facility\*  Incarceration\*  
 Domestic-violence Situation  Living with relatives/friends  Rental Housing  
 Place not meant for Habitation.  
 Other (specify) \_\_\_\_\_

*\*If you were in one of these facilities less than 30 days refer to living situation prior to entering the facility.*

Have you ever lived independently?  Y  N If yes, type of housing \_\_\_\_\_

Length of time in that housing \_\_\_\_\_

Are you on a waiting list for permanent housing?  Y  N

Have you ever lived in a group home (if so, what are they?  Y  N

If yes, list names of group homes, length of stay, and reasons for leaving):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEMOGRAPHICS**

Gender:  M  F

Marital Status  Single  Married  Living Together  
 Separated  Divorced  Widowed

Ethnicity:  Hispanic  Non-Hispanic or Non-Latino

Race:  American Indian/Alaskan Native  Asian/Pacific Islander  
 Black/African American  Asian & White

Native Hawaiian/Other Pacific Islander  White

American Indian/Alaskan Native & White

Black/African American & White  Other Multiracial

American Indian/Alaskan Native & Black/African American

State of Residency:  MD City/County \_\_\_\_\_

Out of state Date moved to MD (mo./yr.) \_\_\_\_\_

Veteran: Y N Branch \_\_\_\_\_ Yrs. of Service \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

**TRANSPORTATION USED**

Private Transportation  Public Transportation/own Vehicle

**FINANCIAL INFORMATION** (Your **total gross monthly** income including money from any assistance sources)

No income  \$1 – 150  \$151 – 250  \$251 – 500  
 \$501 – 1,000  \$1,000 – 1,500  \$1,500-2000  \$2000+

Income/Assistance Sources (Enter the monthly amount next to the source)

\$ _____ Supplemental Security Income (SSI)	\$ _____ Social Security
\$ _____ Social Security Disability Insurance (SSDI)	\$ _____ Veterans Benefits
\$ _____ Public Assistance	\$ _____ Food Stamps
\$ _____ State Children’s Health Insurance Program (SCHIP)	\$ _____ Medicaid
\$ _____ Temporary Aid to Needy Families (TANF)	\$ _____ Veteran Health Care
\$ _____ Employment Income	\$ _____ Unemployment
\$ _____ No Financial Resources	
\$ _____ Other (specify) _____	

**Total Monthly** Income and other benefits: \$ \_\_\_\_\_

**EMPLOYMENT AND EDUCATION HISTORY**

Are you able to work:  Y  N?

Are you currently employed?  Y  N

List your current employer, **or** your *last employer* if not currently employed:

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Shift: \_\_\_\_\_

Wage: \_\_\_\_\_ Job Title: \_\_\_\_\_

List any specialized job skills or training \_\_\_\_\_

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**SUBSTANCE HISTORY**

When was the last time you consumed alcohol? \_\_\_\_\_

When was the last time you consumed illegal drugs? \_\_\_\_\_

List the drug(s) \_\_\_\_\_

When was the last time you consumed prescription drugs (prescribed to someone other than yourself)?

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List the drug(s) \_\_\_\_\_

Are there any medications that you take on an ongoing basis?  Y  N

If yes, list all the medications? \_\_\_\_\_

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If yes, do you self-medicate?  Y  N

If accepted, are you able to bring those medications with you?  Y  N

**CRIMINAL RECORD**

Have you ever been arrested?  Y  N If yes, *explain*: \_\_\_\_\_

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Have you ever been convicted of a crime?  Y  N If yes, *explain*:

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Are you currently on parole or probation?  Y  N If yes, list your parole/probation officer's name, address, and phone number.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have any open Warrants?       Y    N

**ADDITIONAL INFORMATION**

Do you have any disabilities that may prevent you from communicating with the staff?

Y    N

Do you have the ability to follow staff directions?       Y    N

Do you know how to read?       Y    N

Do you know how to write?       Y    N

\*\*\*\*\***MEDICAL**\*\*\*\*\*

I understand that I will be required to submit a Medical Problem List and a Medication List, with Primary Physician or with VAMC's verification.

I understand that I am required to sign a medical release statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBSTANCE ABUSE CONTRACT**

I understand that for my safety and the safety of all program’s participants at Bridges to Hope, The Bridges to Hope staff requires random and periodic alcohol and drug testing, for cause included but is not limited to apparent changes in behavior, speech patterns, violent activity, odor of alcohol and drugs, suspicion of possession of drugs or drug paraphernalia, or alcoholic beverages on the premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



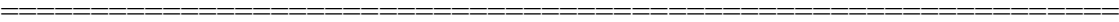
**TRUTHFULNESS STATEMENT**

To the best of my knowledge, I have filled out this application as truthfully, correctly, and completely as possible. I understand that this information will be used to determine my eligibility for admittance into Bridges to Hope and if it is false, incorrect, or incomplete, my application may be rejected or my stay at the center terminated.

I agree to allow Bridges to Hope employees or their designated agent to verify the information on this application by interviewing my references and representatives of other agencies, verifying my income and asset information, obtaining my rental history and other information as necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**FOR STAFF USE ONLY**

A  D  I

• Specifics:

RP

NT

NMR (specify):

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NV

NK

Other (specify):

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**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

**[Employer]** (the "Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) or any credit report information will be Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written

request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such a person's presence.

## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**[Employer]** ("the Company") may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **[Employer]** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

*New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **[Employer]** by contacting the consumer reporting agency identified above directly.*

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# BRIDGES TO HOPE

## Memo

**To:** Bridges to Hope Case Manager

**From:** \_\_\_\_\_

**CC:**

**Date:** \_\_\_\_\_

**Re:** Verification of Homelessness

Name of Applicant: \_\_\_\_\_

This memo is to verify that \_\_\_\_\_ is homeless

because of the following reasons:

- Homeless living on the street
- Was in a residential program for more than 30 days
- Was/will be evicted
- Incarcerated for more than 30 days
- Domestic violence situation
- Emergency shelter
- Hospital/psychiatric facility for more than 30 days

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Verifying Staff

\_\_\_\_\_  
Date

# BRIDGES TO HOPE

## Memo

**To:** Bridges to Hope Case Manager

**From:** \_\_\_\_\_

**CC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address: Bridges to Hope, 602 Crain Hwy South, Glen Burnie, MD 21061

I hereby certify that I am unemployed, homeless and living at

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SUPPORTER (CASE MANAGER)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER