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-administer
- 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 you have not had any treatment for substance abuse recently, we recommend you complete an inpatient drug and alcohol treatment first, such as Hope House (410.923.6700)

If accepted into our program, you will be expected to establish a housing plan in the first 30 days. During this time, you will also complete the intake and in-processing requirements for the program. All clients who have income are required to contribute 20–30% toward program fees, based on their income. In addition, 80% of all income must be placed into a savings account to help you prepare for independent living.

Should you have any further questions, please feel free to give us a call at 410.863.4888

_____ _____

Signature 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 physically 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 medications may be stored on site and provided to residents for self-administration upon 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 prescribed or using controlled substances (including but not limited to Oxycodone, Methadone, Suboxone, Vivitrol and Benzodiazepines) are not eligible for the Bridges to Hope program.

Because the program does not have on-site medical staff, we are unable to safely monitor or support individuals requiring these medications. This policy is in place to protect the health and safety of both the individual and other program participants.

Additionally, the misuse of controlled substances can pose serious risks to everyone in the program environment, and we must ensure a safe and stable setting for all residents.

_____ _____

Signature **Date**

Bridges to Hope – Transitional Housing for the Homeless (Men)
602 Crain Highway
Glen Burnie, Maryland 21061
Phone (410) 863-4888, Ext. 153
Fax (410) 589-0523

APPLICATION / REFERRAL FORM

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

IDENTIFYING INFORMATION (To ensure proper processing of this form, please complete all sections of this application in full.)

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

☐ HIV/AIDS and related diseases ☐Physical Disability

☐ Domestic Violence ☐ Other (specify)_____

Please check all the applicable forms you currently possess (Note: Once accepted into the program, additional forms will be required. A case manager can assist you with completing them if needed.)

☐ DD214 ☐ 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 3 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**********

☐ Private Transportation/own vehicle ☐ Public Transportation

**********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

☐ $1,5000-2000 ☐ $2000+

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

$_____Supplemental Security Income (SSI)

$_____Social Security Disability Insurance (SSDI)

$_____Public Assistance

$_____State Children's Health Insurance Program (SCHIP)

$_____Temporary Aid to Needy Families (TANF)

$_____Employment Income

$_____No Financial Resources

$_____Other (specify)_____

$_____Social Security

$_____Veterans Benefits

$_____Food Stamps

$_____Medicaid

$_____Veterans Health Care

$_____Unemployment

Total Monthly Income and other benefits: $_____

**********EMPLOYMENT AND EDUCATION HISTORY**********

Veteran: ☐ Y ☐ N Branch: _____ Years of Service: _____

What was your rank? _____

Where and when did you serve: _____

Where you honorable discharged? If not, what type, explain: ☐ Y ☐ N

_____

_____

_____.

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 _____

_____

_____

_____

****************************SUBSTANCE USE 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 took prescription medication that wasn't prescribed to you?

_____

List the drug(s) _____

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

If yes, list all the medications? _____

_____

_____

If yes, do you self-administer? ☐ 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***: _____

_____

_____

_____

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

_____

_____

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 Health History 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 participants in the Bridges to Hope program, staff may require random and periodic alcohol and drug testing. Testing may also be conducted for cause, including but not limited to noticeable changes in behavior, speech patterns, or appearance; violent or disruptive activity; the odor of alcohol or drugs; or suspected possession of drugs, 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 _____

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FOR STAFF USE ONLY

☐ A ☐ D ☐ I

- Specifics:
  - ☐ RP
  - ☐ NT
  - ☐ NMR (specify): _____
  - ☐ NV
  - ☐ NK
  - ☐ Other (specify): _____

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. ICRAs 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 ICRAs.*

"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* **[Employe***r]* *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, 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