



Dear Applicant,

Thank you for your interest in Catholic Charities' St. Margaret of Cortona Transitional Residences. The mission of this transitional housing program is to implement the Church's commitment to social justice and a preferential option for the poor by offering up to 24 months of low cost housing and supportive services to married and single parents exiting emergency shelters for the homeless throughout the Diocese of Arlington (including twenty one counties). Residents must be at least 18 years of age and in custody of at least one child. St. Margaret's staff aims to assist residents to successfully reintegrate into mainstream society so that they may function without depending on others to meet their basic needs of food, housing, childcare and clothing.

Transitional Housing is just one of many paths families may choose as they embark on their journey out of homelessness. It is also a path that requires a strong commitment on the part of residents. The path offered by St. Margaret's is most appropriate for sober, highly motivated and employed individuals. We are eager to support you on your journey towards self-sufficiency. If you have questions regarding the program, current openings or your eligibility, please contact us at **(703) 910-4845**.

Peace,
St. Margaret of Cortona Staff

Application Procedures:

Please read and complete your application carefully and note that your application must include:

- A letter of recommendation from the homeless shelter at which you currently reside written by your Case Manager.
- A letter you have written to introduce yourself to staff. Please include information about how you became homeless and your personal goals, strengths and successes.
- Transitional living is the last step before independent living. To most effectively prepare for independent living and best utilize up to 24 months of program participation, you must commit *earned* income to participation fees (a nominal "rent" part of which is set aside in savings), savings and debt reduction. Catholic Charities' St. Margaret of Cortona Transitional Residences requires confirmation of employment through pay statements. Please make sure a copy of your latest pay statement is attached to your application.

Interested persons can learn more about this program or submit applications by contacting:

**St. Margaret of Cortona Transitional Residence Program
1423 G Street, K
Woodbridge, Virginia 22191
(703) 910-4845**

Instructions for completing the Program Participation Application:

1. Do not leave any spaces blank.
2. Include a written recommendation from your current Case Manager.
3. Write and include a letter of introduction.
4. Attach your most recent pay statement.
5. If you are applying with your spouse, your spouse needs to complete an additional application with their own specific information. Your spouse will also need to write a letter.

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Date: _____ Current Shelter of Residence: _____

Current Case Manager: _____

APPLICANT'S INFORMATION

First Name Middle Name Last Name

Social Security Number Age Date of Birth

Marital Status: _____ / _____
(Married? Your spouse needs to complete a separate application.) Date of Divorce/Separation

Spouse's Full Name: _____

Telephone Numbers: _____
Shelter Cellular Work

EMERGENCY CONTACT INFORMATION

First Name Middle Name Last Name

Street Address City State Zip

Telephone Numbers: _____
Home Cellular Work

APPLICANT'S CHILDREN: Please list all children, even if they are not currently living with you.

Full Name	Gender/ Age	Mother's Full Name or write "self"	Father's Full Name or write "self"	Child Support Received \$ _____

Are there custody agreements regarding all or any of your children? _____

Which of the children listed above are or will be living with you? _____

RENTAL/ HOUSING HISTORY

Most Recent Address #1: _____

Landlord: _____ Telephone: _____

Rental Amount: _____ How long at this address? _____

Who did you live with? _____ Reason for leaving: _____

Previous Address #2: _____

Landlord: _____ Telephone: _____

Rental Amount: _____ How long at this address? _____

Who did you live with? _____ Reason for leaving: _____

Previous Address #3: _____

Landlord: _____ Telephone: _____

Rental Amount: _____ How long at this address? _____

Who did you live with? _____ Reason for leaving: _____

Catholic Charities of the Diocese of Arlington
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Have you ever been homeless before? Yes No If yes, when? _____

Have you applied for section 8 housing? Yes No If yes, when? _____

Have you ever been denied or terminated from a Transitional Living Program before? Yes No

Please list all of the shelters in which you have resided:

Shelter	Location	Case Manager	Dates
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Shelter	Location	Case Manager	Dates
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Shelter	Location	Case Manager	Dates
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Shelter	Location	Case Manager	Dates
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FINANCIAL HISTORY

Please record the amount of assistance you are receiving. Do not leave any boxes blank.

Assistance	Amount you are currently receiving:	Have you applied?	Have you received this in the past?	Have you been denied?
TANF	\$ _____	YES / NO	YES / NO	YES / NO
SNAP (Food Stamps)	\$ _____	YES / NO	YES / NO	YES / NO
Medicaid	YES / NO	YES / NO	YES / NO	YES / NO
View Program	YES / NO	YES / NO	YES / NO	YES / NO
SSI	\$ _____	YES / NO	YES / NO	YES / NO
Workmen's Comp	\$ _____	YES / NO	YES / NO	YES / NO
Unemployment	\$ _____	YES / NO	YES / NO	YES / NO
Child Support	\$ _____	YES / NO	YES / NO	YES / NO
Other	\$ _____	Please Explain:		
Other	\$ _____	Please Explain:		

Please list any outstanding debts or recurring bills do not leave any space blank.

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Debt or Recurring Bill	Total Amount Due	Existing judgment ?	Additional Information
Auto Loan	\$	YES/ NO/ NA	
Credit Cards (total)	\$	YES/ NO/ NA	
Student Loans	\$	YES/ NO/ NA	
Furniture Loans	\$	YES/ NO/ NA	
Electric company	\$	YES/ NO/ NA	
Gas company	\$	YES/ NO/ NA	
Phone company	\$	YES/ NO/ NA	
Daycare	\$	YES/ NO/ NA	
Vehicle Insurance	\$	YES/ NO/ NA	
Medical Bills	\$	YES/ NO/ NA	
Rent/Mortgage	\$	YES/ NO/ NA	
Child support you owe	\$	YES/ NO/ NA	
Legal fines/tickets	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	
Other	\$	YES/ NO/ NA	

Have you ever filed for bankruptcy? _ Yes _ No If so, when? _____

Banking Information:

Bank for Savings: _____

Bank for Checking/Direct Deposit: _____

Amount in savings \$ _____

If you do not have a bank account, please explain how you cash checks, pay bills and access cash:

TRANSPORTATION HISTORY

Do you have a current Driver's License? Yes No If so, what state? _____

Do you have your own car? Yes No

Do you know how to use public transportation? Yes No

Do you owe any outstanding fines? Yes No If so, explain. _____

Have you ever been arrested for DUI? Yes No If so, when? _____

EDUCATIONAL HISTORY

Do you have a high school diploma or GED? Diploma GED Neither

Year: _____ School: _____ City/ State: _____

Have you taken any college/ vocational courses? Yes No

Year: _____ School: _____ City/ State: _____

Do you have an Associate's degree? Yes No _____ (Major)

Year: _____ School: _____ City/ State: _____

Do you have a Bachelor's degree? Yes No _____ (Major)

Year: _____ School: _____ City/ State: _____

EMPLOYMENT HISTORY Please list current employment first:

Employer:		
Start Date:	End Date:	Full/Part time:
Job Title:	Temporary/Permanent:	Wage: \$ _____ /hour
Supervisor's Name and Title:		
Address:		Telephone:
Reason for Leaving:		

Employer:		
Start Date:	End Date:	Full/Part time:
Job Title:	Temporary/Permanent:	Wage: \$ _____ /hour
Supervisor's Name and Title:		
Address:		Telephone:
Reason for Leaving:		

Employer:		
Start Date:	End Date:	Full/Part time:
Job Title:	Temporary/Permanent:	Wage: \$ _____ /hour
Supervisor's Name and Title:		
Address:		Telephone:
Reason for Leaving:		

MEDICAL HISTORY

When was the last time you visited your doctor or health clinic? _____

For what reason? _____

Name of Physician/ Health Clinic: _____

Are you or another household member pregnant? Yes No

Do you have any physical disabilities? Yes No Type: _____

Have you been hospitalized before? Yes No If yes, for what reason? _____

Have you or a family member ever been diagnosed with depression, anxiety or any other mental health disorder? Yes No self and family member self only family member only

If yes, what? _____

Are you seeing a counselor/ therapist? Yes No

If yes, who? _____ Agency: _____

Are you currently taking any medications other than over the counter medicines? Yes No

Name of Medicine	Reason for Taking	Side Effects	Prescribing doctor
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Name of Medicine	Reason for Taking	Side Effects	Prescribing doctor
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Name of Medicine	Reason for Taking	Side Effects	Prescribing doctor
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Name of Medicine	Reason for Taking	Side Effects	Prescribing doctor
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Have you ever experienced the following from an intimate partner?

Action	YES	NO	Action	YES	NO
Name calling			Destruction of Property		
Strangling			Humiliation		
Kicking			Pinching		
Controlling Behaviors			Forced Sex		
Put Downs			Shooting		
Stalking			Hitting		
Forced Detention			Slapping		
Threats of Homicide			Hurting Pets		
Threats of Suicide			Threats of taking children		

Do you have a protective order?

Do you want a protective order?

Were the police involved?

Have you ever or do you currently use drugs or alcohol?

Have you attended AA/ NA meetings?

Do you have a sponsor?

Please tell us about your child/children's Health

When was/were your child/children last seen by a physician or health clinic? _____

For what reason? _____

Name of Physician/ Health Clinic: _____

Are immunizations current? _ Yes _ No

Does/Do your child/children have and physical, developmental or mental challenges? _ Yes _ No

If yes, please explain. _____

Please list medicines your child/children may be taking

Child's Name	Medication	Reason for Taking	Side Effects
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Child's Name	Medication	Reason for Taking	Side Effects
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Child's Name	Medication	Reason for Taking	Side Effects
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Have you ever or are you currently involved with Child Protective Services? Yes No

If so, please explain. _____

Social Worker: _____ Telephone: _____

Counseling Services? Yes No Counselor's Name: _____

LEGAL HISTORY

Have you or anyone in your household ever been arrested? Yes No

If yes, when and what state? _____ What were the charges? _____

Are charges pending? Yes No

How long were you or household member incarcerated? _____

Outstanding fines: _____ Community Service hours: _____

Probation/ Parole? Yes No Date Began: _____ Date Ends: _____

Probation/ Parole Officer's Name: _____ Telephone: _____

REFERENCES:

Please list two references other than family members or your Case Manager that we may contact:

Name: _____ Address: _____

Telephone: _____ Relationship: _____

Name: _____ Address: _____

Telephone: _____ Relationship: _____

Please read carefully and initial

_____ I confirm that the information provided here is true to the best of knowledge and belief. I understand that the information that I have provided, and may later provide, will not be released for general dissemination or publication.

_____ I also understand that for purposes of assessment and program eligibility, information will need to be obtained from other individuals or agencies listed on this application (landlords, employers, probation/parole officer, counselor, educational institutions, Department of Social Services, Community Services Board) to which I give my consent.

_____ However, Catholic Charities may not discuss my case with: _____.
I also understand the information that the above-mentioned may have provided may be reflected in this application process.

Applicant's Signature

Date

IMPORTANT

Before submitting your application, please make sure that:

1. You have written and attached a letter about yourself;
2. You have written and attached a letter from your Case Manager;
3. If you are married and applying to live at St. Margaret's with your spouse, your spouse has also completed a separate application with their information (even if *most* of the information is the same). Ensure that your spouse's letter is also attached and;
4. You have attached a photocopy of your most recent pay statement.