

Treasure Wythe Inn Housing Transitional Home Application

Dear Applicant,

The Treasure Wythe Inn Transitional Home is established to provide short-term housing for individuals and their children in a crisis situation. Our mission is to restore relationships in the entire family through biblical principles, programs, and individualized counseling sessions. These programs and sessions will service the immediate physical, spiritual, and psychological needs of all family members.

Eligibility for application submission:

- Must be 21 years of age or older
- Children must be under the age of 18
- Must be employed (verification is required)
- Must have a vehicle for daily transportation
- Must be a member for a minimum of 90 days at Mt. Gilead Full Gospel International Ministry
- Must adhere to all guidelines and procedures set forth by Mt. Gilead FGIM

The application process consists of the following:

1. Part I of Application Process
 - a. Submission of a completed application packet – incomplete applications will not be reviewed
 - b. Please attach a photograph of yourself with this application

2. Part II of Application Process
 - a. Provide a recent credit report
 - b. Phone Interview with Board Chair
 - c. Face to Face Interview with three panel members consisting of TWI International individuals selected by Board Chair

Criteria for Admission

1. Must be willing and able to participate in the program
2. Consent to release of information about previous treatment including medical and social history
3. Acceptance of rules and regulations regarding the residence, application and agreement form
4. Sufficient motivation conducive to change.

**The complete application packet must be returned to:
Overseer Janice Bonner
Mt. Gilead Full Gospel International Ministries
2501 Mt. Gilead Boulevard
Richmond, VA**

Rev: April 2014



**Treasure Wythe Inn International
Transitional Housing
Residency Application**

Please complete the application in its entirety. The information you provide is personal and will be kept confidential. Application reviewers will not share information about you outside of Treasure Wythe Inn without your written consent.

It is important that you complete the application truthfully with as much detail as possible. Your application is the will assist in determining your eligibility for Treasure Wythe Inn transitional housing.

Date: _____

Referred by: _____

Applicant Information

Name: _____ **Age** _____

Current address: _____

Phone, including area code: _____

(Please make sure this is a number where you can be reached in the case of additional questions or concerns)

Virginia Resident? Yes No

Residency proof: (Include a photocopy of either) Driver's License Utility Bill

Physical description: Hair color _____ Eye color _____ Height _____ ft _____ in.

Identifiable Marks _____ Race _____ Sex _____

Do you need any type of language interpreter? Yes No

If yes, indicate what type: Spanish Sign Language Other: _____

Employment: Currently Employed Unemployed Student Retired

If you are unemployed: How long have you been unemployed?

30 days 31 – 90 days over 90 days

Reason for unemployment: _____

If currently employed, complete the following information:

Employer Name: _____

Address _____

Occupation _____

Length of current employment: 30 days 31 – 90 days over 90 days



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Marital Status: Single Married Separated Divorced Widowed

Co-habituating / Live-In (at the present time) –
If separated, was it established through the court system?
 Y N

Relationship Status:
Are you currently involved in a relationship (either casual or serious)? Yes No

Are you willing to forgo contact and involvement with this relationship during your stay in the Treasure Wythe Inn International Housing program? Yes No

Highest Educational Level: Some HS HS Graduate GED
 Some College College Grad Some Graduate School Graduate Degree

Transportation: Personal Vehicle Public Transportation / Bus
 Vehicle of a friend/family member
Maintenance - Please provide date for the items listed below where last checked:
Oil change _____
Tire Rotation _____
Tune-Up _____

Do you have auto insurance? Yes No If so, with whom? _____

Do you have sole or joint custody of your child(ren)? Sole Joint
(Proof of custody is required)
Is there a visitation order in place? Y N

Children:

Child's Name	Age	Gender	Date of Birth	Father's Name

Please provide detail information on the absent parent i.e. location, visitation orders, actual visitation schedule, current marital status, and involvement with children: _____



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Medical & Social History

Do you currently have medical and dental coverage for yourself? Yes No

With whom _____

Do you currently have medical and dental coverage for your children? Yes No

With whom _____

When was the last physical exam for your children? _____

When was your last physical exam?

Are you pregnant? Yes No Possibly, but not confirmed

Has a doctor confirmed your pregnancy? Yes No

Due Date: _____ Is the biological father aware of your pregnancy? Yes No

What involvement do you anticipate the birth father will have during your pregnancy?

Which option are you considering for the child? Parenting Placing for Adoption Undecided

What medication(s) are YOU currently taking and for what medical reason?

Medication	Condition / Diagnosis

TWI International does not have the medical personnel to monitor the prescription of psychotropic drugs (i.e. anti-depressants, tranquilizers, anti-anxiety, etc.) If you are on these medications, we will need a statement from the attending physician explaining fully the need for the prescription(s).

Can you provide physician orders for any prescribed medication? _____

Have you or your dependent(s) ever been diagnosed with depression? Yes No

Have you or your dependent(s) ever tried to commit suicide? Yes No



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Does your child(ren) have any medical conditions? Yes No

If yes, please provide name of child and medical issue:

Child	Condition	Medications

Do you or your dependent(s) have any physical limitations that will prevent you performing activities of daily living, i.e., standing, lifting, climbing stairs, or bending? Briefly explain:

Do you smoke? Yes No How often? _____

Do you drink Alcohol? Yes No How often? _____

Are you currently using any illegal drugs or taking narcotics that have not been prescribed to you? Yes No

If yes, please complete the following information:

Name of illegal drug	How often do you use?

Legal Background:

Do you have any pending court dates? Yes No

Court Dates	Reason



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Have you ever been in jail or prison? Yes No
If yes, please provide dates and charges below:

Dates of Incarceration	Charges	Convicted (Y/N)

Have you ever been a victim of domestic violence? Yes No
If yes, please answer the following questions:

Do you know your assailant? Yes No
If yes, please list his/her name: _____

Was he/she your spouse, intimate partner or family member? Yes No
If yes, please identify which one: _____

Is your assailant the parent of any of your children? Yes No
If yes, please identify which children: _____

Do you still have contact with your assailant? Yes No

Have you ever filed a protective order against your assailant? Yes No

Do you have a current protective order filed against your assailant? Yes No
If yes, please list the dates and justification for the order:

What Circuit, General District, or Juvenile and Domestic Relations Court is your current protective order filed?

Have any of the youth or adults in your family unit been convicted of a felony or misdemeanor (Please answer this question honestly as it may effect what outside resources we may be able to refer you to). Yes No



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If yes, please list the following information:

Name of Youth or Adult	Charge	Misdemeanor or Felony?

Do you have any support or involvement with your family? Please briefly explain _____

Services

Do you currently have a social worker or case manager? Yes No

If yes, please provide the following information:

City/County where services are being received: _____

Social worker's name: _____

Contact number of social worker: _____

Are you currently receiving any of the following?

a. Food Stamps Yes No

b. TANF Yes No

c. Medicaid Yes No

Have you ever been in a shelter before? Yes No

Name of Shelter: _____

Dates: _____ Duration of Stay : _____

Reason for Leaving: _____

Have you previously received financial or non-financial assistance through a request to Mt. Gilead Full Gospel International Ministries (i.e. Food Bank, Human Services Team, Administrative Office, etc.) Yes No

Amount and type of assistance: _____

Helps Ministry Team that provided the assistance: _____



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Services you believe you need to receive:

- Transitional housing
- Job training/ preparation
- Legal aid
- Childcare
- Employment
- Education
- Substance abuse counseling
- Victim Witness/Court advocate
- Support Group
- Medical assistance
- Individual Counseling
- Interpreter (for hearing impaired or foreign language translations)

Goals:

What goals are most important to you to accomplish within the next 30 days?

Within the next 3 months?

Within the next 6 months?

Within the next year?



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