



Pat Brister
Parish President

St. Tammany Parish Government

Department of Health & Human Services

Community Action Agency

P. O. Box 1629

Slidell, LA 70458

Phone: (985) 646-2090

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CAA@stpgov.org

- Prior to completing an application you **must** contact St. Tammany Parish Community Action Agency for an appointment. (985-646-2090)
- All of your answers must be complete and honest.
- If you knowingly give false information or intentionally fail to report required information, you may be ineligible for services.
- During your scheduled appointment the CAA worker will explain the program rules and help you complete any parts of the application that you have not filled out.
- The CAA worker will also ask you for proof of certain information you have given.
- Ask the worker to explain anything you don't understand. Please note that completing an application does not guarantee services and all applications are subject to program eligibility and funding.

I acknowledge that I have read and agree to the above terms and conditions:

Signature

SUPPORTIVE HOUSING INTAKE/ASSESSMENT FORM

(This form must be completed within 30 days of program entry)

IDENTIFYING INFORMATION

1. Applicant Last Name: _____ First Name: _____ MI: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____ Zip of last Address: _____
4. Phone where applicant can be reached: (ex: xxx-xxx-xxxx) _____
5. Social Security Number: _____
6. Date of Birth: _____ 6a. Place of Birth: _____
7. Gender: a. Male _____ b. Female _____ c. Transgender _____
8. Race:
____ a. White ____ b. Black/African American ____ c. Asian ____ d. Multi-Racial (Specify) _____
9. Ethnicity: _____ a. Hispanic or Latino ____ b. Non-Hispanic or Non-Latino
10. What is the applicant's primary language? _____ Secondary Language? _____
11. Relationship Status: _____ a. Single ____ b. Married ____ c. Widowed/Widower
____ d. Separated ____ e. Divorced ____ f. Significant Other
____ g. Domestic Partner ____ Other (Specify) _____
12. Are there any identified, past or current, domestic violence issues? ____ Yes ____ No ____ Current
a. Please describe, with dates of incidents: _____

13. Is Applicant a Veteran, (anyone who has been on active military duty) ____ Yes ____ No

FAMILY

14. Enter family members that may live with the applicant (If applicable, complete attached Children's Education Form)

Name (Not Applicant)	Relationship to Applicant	Social Security Number	Gender	Date of Birth

- a. Identify any service needs of applicants immediate family members: _____

15. Child Welfare Involvement: For parents of minor children, including non-custodial parents, history of child welfare involvement, including current case status: _____

a. Identify the ability of the parents(s)/guardian(s) to meet the needs and ensure the safety of minor child strengths and areas of support needed: _____

SUPPORTIVE HOUSING REFERRAL

16. Date of Referral: _____ 17. Referring Person's Name: _____

18. Referring Person's Agency & Telephone Number: _____

19. Application Date: _____

HOUSING HISTORY

As part of questions 20 & 21, the attached Homelessness Verification Form needs to be completed.

20. Is this person at risk of homelessness? ___ Yes ___ No

a. Please describe circumstances: _____

21. Length of Homelessness this episode:

- ___ a. Not homeless at present
- ___ b. Less than one month
- ___ c. At least 1 month but less than 6 months
- ___ d. At Least 6 months but less than 1 year
- ___ e. At least 1 year but less than 2 years
- ___ f. 2 years but less than 3 years
- ___ g. Three years or more

22. Number of episodes in past five years: _____

23. Approximate number in lifetime: _____

24. Within the last four (4) years, how many nights, months, or years, if any, have you spent in shelter (s)? _____

a. Can you provide names and dates of your shelter stay? _____

25. Where have you slept for the last thirty (30) days? Check all that apply.

Check all that apply.

a. Non-housing (street, park, car)	
b. Emergency Shelter, please name:	
c. Transitional Housing	
d. Psychiatric Facility	
e. Substance Abuse Treatment Facility	
f. Hospital	
g. Prison/Jail	
h. Domestic Violence Shelter	
i. Living with friends/family	
j. Rental Housing	
k. Own apartment or House	
l. Motel/hotel	
m. Foster Care	
n. Other (specify):	

26. Is applicant receiving a housing subsidy? ___Yes ___No

a. What type of housing subsidy is the applicant receiving? _____

27. Does/did applicant pay own rent? ___Yes ___No

28. Does/did applicant pay for own utilities? ___Yes ___No

29. Has applicant ever been evicted? ___Yes ___No

30. Reason for leaving last housing situation:

a. ___Eviction due to unpaid rent

b. ___Eviction for reason other than unpaid rent

c. ___Conflict with friends or family

d. ___Overcrowding

e. ___Domestic Violence

f. ___Incarceration

g. ___Hospitalization, including long term treatment

h. ___Housing condemned

i. ___Fire

j. ___Other, please explain _____

31. Please list housing history for last five (5) years including: Location, approximate dates, lease holder or relationship to primary tenant, reason(s) for leaving. _____

31a. Please identify any contributing factors to housing instability: _____

PERSONAL HEALTH INFORMATION

As part of questions 32 & 33, the attached Disability Verification Form needs to be completed.

32. Does application have a disability of a long duration? ___ Yes ___ No ___ Don't Know ___ Refused

33. Is applicant currently or have they ever been diagnosed with any of the following?

- a. Mental illness..... ___ Yes ___ No ___ Currently
- b. Alcohol abuse..... ___ Yes ___ No ___ Currently
- c. Drug abuse..... ___ Yes ___ No ___ Currently
- d. HIV/AIDS and related diseases..... ___ Yes ___ No ___ Currently
- e. Developmental disability..... ___ Yes ___ No ___ Currently
- f. Physical disability..... ___ Yes ___ No ___ Currently

34. Does applicant have a history of any psychiatric conditions? ___ Yes ___ No

Check all that apply.

	Currently Experiences:	History of:
Homicidal idea/attempts		
Assaultive behavior		
Delusions		
Severe depression		
Severe thought disorder		
Cognitive impairment		
Suicidal ideas		
Suicidal attempts		
Hallucinations		
Arson/fire setting		
Victim of Sexual abuse/assault		
Victim of Trauma		
Other (specify)		

a. If applicable, please list hospitalizations for these conditions: _____

35. Does applicant receive psychiatric care? ___ Yes ___ No

a. if yes, please list name, address and phone number of all psychiatric care providers: _____

36. Does applicant have a history of any substance abuse disorders? ___Yes ___No

a. If yes, please list drug(s) of choice, frequency of use, approximate date of last use: _____

37. Does applicant have any current or past history of substance abuse treatment? _____Yes ___ No

a. If yes, please list name, address and phone number of all substance abuse treatment providers.

38. Is applicant involved in any 12-step or other self-help recovery programs? _____ Yes ___ No

a. If yes, which program(s)? _____

39. If applicant is substance free, for how long as s/he been substance free? _____

40. If applicant is currently using substances, is s/he interested in substance abuse treatment? _____ Yes ___ No

a. if no, what type of treatment is applicant interested in? _____

41. Does applicant have a history of any medical conditions? ___Yes ___ No

a. If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

42. Is applicant allergic to any medications? ___ Yes ___ No

a. If yes, please list medication allergies. _____

b. PLEASE LIST CURRENT MEDICATIONS THE TENEANT IS CURRENTLY ON: _____

43. Where does applicant receive medical care? Please list name, address and phone number of all health care providers. _____

SOCIALIZATION

44. Describe applicant's participation in faith/spiritual activities, if any? _____

45. Describe applicant's participation in any social networks, or recreational activities. Please list the name(s) of the social/recreational network: _____

VOCATIONAL & EDUCATION HISTORY

46. Does applicant or anyone living with him/her have a source of income? _____ Yes ___ No

a. What is the source of income? _____

47. Does applicant or anyone living with him/her have any entitlements pending? ___ Yes ___ No

a. What entitlement(s) is/are pending? _____

Person Receiving Income	Other's Name	Source of Income	Date Applied	Amount Receiving
____ Applicant	____ Other _____	a. Social Security Income (SSI)	_____	\$ _____
____ Applicant	____ Other _____	b. Social Security Disability Income (SSDI)	_____	\$ _____
____ Applicant	____ Other _____	c. General Assistance (SAGA)	_____	\$ _____
____ Applicant	____ Other _____	d. Temporary Aid to Needy Families (TANF)	_____	\$ _____
____ Applicant	____ Other _____	e. Child Support	_____	\$ _____
____ Applicant	____ Other _____	f. Alimony	_____	\$ _____
____ Applicant	____ Other _____	g. Veteran Benefits	_____	\$ _____
____ Applicant	____ Other _____	h. Employment Income	_____	\$ _____
____ Applicant	____ Other _____	i. Unemployment	_____	\$ _____
____ Applicant	____ Other _____	j. Medicare	_____	\$ _____
____ Applicant	____ Other _____	k. Medicaid	_____	\$ _____
____ Applicant	____ Other _____	l. Food Stamps	_____	\$ _____
____ Applicant	____ Other _____	m. Other (please specify)	_____	\$ _____
____ Applicant	____ Other _____	n. No financial resources	_____	\$ _____

48. Please list any outstanding debts, including type of debt and amount: _____

49. Please list any financial obligations including the amount (e.g. Child support, alimony): _____

50. Is applicant currently employed, either part-time or full-time? ___ Yes ___ No

a. If yes, where is applicant employed? _____

b. If no, does applicant wish to be employed, either now or in the future? ___ Yes ___ No

b2. If yes, in what area of employment does applicant wish to work? _____

c. Describe applicant's work experience or history, if applicable. _____

51. Does applicant need training or vocational support to achieve employment in desired occupation? ___ Yes ___ No

52. Is applicant currently participating in vocational or employment training programs? ____ Yes ____ No

a. If yes, please identify the training program. _____

b. If no, does applicant wish to enroll in a vocational or employment training program? ____ Yes ____ No

53. Is applicant currently enrolled in an educational program, either part-time or full-time? ____ Yes ____ No

a. If yes, where is the applicant enrolled? _____

b. If no, does the applicant wish to be enrolled, either now or in the future? ____ Yes ____ No

LEGAL INFORMATION/HISTORY

54. Does applicant have any current legal issues? ____ Yes ____ No

a. If yes, please list description of charges and any pending court dates. _____

b. Does applicant have legal representation ____ Yes ____ No

b2. If yes, please list name, address, and phone number of attorney or legal advocate. _____

55. Is applicant currently on probation? ____ Yes ____ No

56. Is applicant currently on parole? ____ Yes ____ No

a. If yes to either # 55 or #56, please list name and contact information of probation/parole officer(s). _____

57. Does applicant have any prior arrests, convictions or incarceration? ____ Yes ____ No

a. If yes, please list _____

58. Does applicant have a conservator? ____ Yes ____ No

a. If yes, is he/she a conservator of person? ____ Yes ____ No

b. If yes, is he/she conservator of estate (money)? ____ Yes ____ No

c. If yes, is he/she conservator of both person and state? ____ Yes ____ No

d. If yes, enter name and address of conservator: _____

ADL's

59. Does the applicant have difficulty with any of the following areas of daily living? In addition, please list any strengths the tenant may have.

Check all that apply.

a. Paying rent/utilities	
b. Lease compliance	
c. Housekeeping	
d. Money management	
e. Driving/using public transportation	
f. Arranging apartment repairs	
g. Use of health services	
h. Use of health services	
i. Securing/Maintaining Benefits	
j. Meal preparation	
k. Shopping for food and other necessities	
l. Taking medications as prescribed or instructed	
m. Filling prescriptions	
n. Socialization	
o. Hygiene	
p. Other (specify)	

EMERGENCY CONTACT

60. Emergency Contact Name: _____ Telephone #: _____

Address _____

Date of Application for Housing: _____

Applicant _____

Date _____

Signature

Case Manager _____

Date _____

Signature



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Minimum Required Documentation

- **Picture ID or Driver's License** for everyone in the household who is 18 years or older.
- **Social Security Cards** for every member of the household.
- **Birth Certificates** for all children 5 years old and younger; birth letters from hospital or shot records are also permitted.
- **Food Stamp Printout** *if applicable*, the most current food stamp letter. You can obtain this printout on the LACAFE portal website.
- **Lease** *if applicable*.
- **Verification of homelessness** *if applicable*, agency referrals or eviction notice.
- **Proof of Unearned Income**
 - 2015 Social Security/SSI Award Letter. (MUST SHOW YOUR MONTHLY INCOME).
 - 2015 Monthly Pension statement
 - Contribution form (this form may be picked up from our office and filled out by anyone who contributes financially to your household)
 - Unemployment statement
- **Proof of Earned Income**
 - Last 4 CURRENT and CONSECUTIVE paycheck stubs. If you cannot find the last 4 check stubs you can obtain an Employment Verification Form from our office that your employer may fill out.
 - If you have just started employment you must pick up an employment verification form from our office and have your employer fill out.
- If claiming **NO INCOME** you must provide proof of how you are maintaining.
- **Self-Employment applicants** must provide their current Federal Income Tax Returns with invoices, schedules, and receipts for work performed. MUST have filed most recent taxes.

INCOME MUST BE REPORTED FOR ANYONE 18 OR OLDER LIVING IN THE HOUSEHOLD
ALL DOCUMENTATION IS REQUIRED AT THE TIME OF APPOINTMENT

ADDITIONAL DOCUMENTS MAY BE REQUIRED.