

## **Philippians Place Intake Process Information & Initial Application**



### **Our Mission:**

Philippians Place is dedicated to providing transitional housing and supportive services to individuals and/or families who are homeless. Clients will be provided a supportive Christian community and skills training as they progress forward towards self-sufficiency and long-term housing.

### **Our Core Values seek to address:**

Vision: Philippians Place will break the cycle of homelessness for its participants by:

- Loving them, as Christ loved us, through friendships, mentorships, and community.
- Providing a safe environment to live.
- Teaching life skills in order to be successful managers of their money, home and responsibilities.
- Teaching social and emotional skills in order to develop and strengthen family, friendships and community.
- Teaching occupational skills in order to present themselves to prospective bosses.
- Providing assistance in transitioning into a permanent/long term self-supporting residence.

### **The Process:**

- The intake process can take up to 30 days, and is dependent on openings.
- Individual submits the attached application: email it to [team@philippiansplace.com](mailto:team@philippiansplace.com), or mail it to Philippians Place, P.O. Box 234, Jacksonville, NC 28540
- When space and funding is available, Philippians Place personnel reviews application and completes a follow-up interview with applicant and referring agency.
- Applicant must agree to Program Guidelines and Day-to-Day Contract.
- The Board or Program Committee reviews application and interview to determine if intake process will move forward based on initial information on the application and Program agreement.
- If approved, Philippians Place Personnel will conduct three separate applicant interviews.
- Interviewers will meet to discuss interviews and determine approval.
- If approved, a drug test date and time will be set.
- If drug test is passed, background check will be completed.
- Applicant's interview information, drug test, and background check will be presented to the Board or Program Committee for approval/acceptance into program.
- Applicant will be contacted: approved or not approved.
- Once approved, the Client will be assigned a Client Administrator and Mentor, and moved into an apartment.

## Philippians Place Initial Client Application

### Mission Statement:

Philippians Place is dedicated to providing housing and supportive services to individuals and/or families who are homeless. Clients will be provided a supportive Christian community and skills training as they progress forward towards self-sufficiency and long-term housing.

### General Information:

Today's date \_\_\_\_\_

Your Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Children (ages and names) \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Housing Status:

- Unstably housed and at-risk of losing housing
- Imminently losing housing
- Literally Homeless
- Currently in a shelter \_\_\_\_\_ (name of shelter)

### Extent of Homelessness:

- First time
- Chronic: multiple times
- Long Term: 3 months or more

**Explain How You Became Homeless:**

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**In order to be accepted into this program, you must meet the following criteria: (initial by each if you agree).**

- \_\_\_ Currently homeless or at risk of becoming homeless.
- \_\_\_ Not currently using and/or addicted to any illegal drug or alcohol without treatment plan or program.
- \_\_\_ Can provide or have access to 2 forms of identification (ID and SS card).
- \_\_\_ Can provide proof of current living situation, current program support for addiction, and proof of any income being listed.
- \_\_\_ Do not have pets or can place pets currently residing with them into homes or shelters prior to move in.
- \_\_\_ Provide a list of illnesses and/or prescriptions that they are or have been on.

**You must also agree to the following program guidelines: (initial by each if you agree):**

- \_\_\_ This is a day-to-day program not to exceed six months, unless an extension is granted.
- \_\_\_ Sign a Day-to-Day Participation/Resident Contract.
- \_\_\_ Follow the Housing Guidelines and Rules on the Day-to-Day Participation/Resident Contract.
- \_\_\_ Sign a Release Form with any other agencies or organizations that work with you in order to coordinate and achieve goals.
- \_\_\_ Drug tests may be administered at random.
- \_\_\_ Philippians Place Personnel have the right to enter the transitional housing at any time.
- \_\_\_ Clients must notify program personnel one week prior to having visitors (of same sex or family members only), and visitors cannot stay more than 2 nights.
- \_\_\_ Meet with Client Administrator and Mentor weekly and/or as needed/determined.
- \_\_\_ Follow directives of Client Administrator, Mentor, and other Personnel.
- \_\_\_ Participate and complete set goals and weekly schedule developed by Client Administrator and/or Mentor.
- \_\_\_ Complete and document activity hours weekly as determined by Action Plan/Goal Sheet and Weekly Schedule
- \_\_\_ Participate in designated courses, meetings, and/or activities based on needs/goals.
- \_\_\_ Shadow or work as an Intern based on needs/goals.
- \_\_\_ Provide & document paystubs and/or employer disclosure form to budget money.
- \_\_\_ Provide bank statements to show expenditures to budget money.
- \_\_\_ Provide and document receipts to budget money.
- \_\_\_ Budget money and follow guidance of Program Personnel
- \_\_\_ Attend church service and/or events/activities weekly.
- \_\_\_ Extensions beyond six months will be decided on a case-by-case basis with an additional qualifying interview and criteria requirement.

\_\_\_ Program Eviction resulting in the immediate loss of provided housing will/may be served if we find the client in violation of any of the qualifying criteria or program guidelines.

\_\_\_ Program Eviction resulting in the immediate loss of provided housing will/may be served if client fails to participate in set curriculum, follow Client Administrator or Personnel directives, and/or if they continuously fail to meet documented goals and activity hours without seeking support or additional help.

\_\_\_ Program Eviction resulting in the immediate loss of provided housing will/may be served if client potentially brings harm to themselves, roommates, and/or community.

\_\_\_ Program Eviction resulting in the immediate loss of provided housing will/may be served if client provides false statements or information (written or verbal) during program participation.

\_\_\_ Program Eviction resulting in the immediate loss of provided housing will/may be served after 3 or more written warnings or incident reports.

**I, \_\_\_\_\_ (print name), certify that the information provided on this application is accurate and complete to the best of my knowledge. I understand that false statements or information provided are grounds for rejection of application and I will not be allowed to apply for Philippians Place Program for one full year from date of rejection.**

**I understand that Philippians Place Housing and its services are considered a homeless shelter, and it is a day-to-day program not to exceed six months, unless an extension is granted. If I fail to participate and follow the established Program Guidelines and Requirements and Housing Guidelines and Rules, I will receive a Program Eviction Notice and will be required to vacate the premises by 12:00 pm of the next day after receiving the Program Eviction Notice.**

\_\_\_\_\_  
**Signature**

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

**Philippians Place Use Only:**

Application received date: \_\_\_\_\_

Application reviewed and phone interviewed by: \_\_\_\_\_ date: \_\_\_\_\_

Application presented to Board on: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Not Approved: reason: \_\_\_\_\_

Not approved: contacted by \_\_\_\_\_ date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ date: \_\_\_\_\_

Interviewers Meeting Date: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Not Approved: reason: \_\_\_\_\_

Drug test date: \_\_\_\_\_ passed: yes no \_\_\_\_\_

Background Check date: \_\_\_\_\_ (attach copy)

Applicant: \_\_\_ Approved \_\_\_ Not Approved: reason: \_\_\_\_\_

Applicant contacted on: \_\_\_\_\_ by: \_\_\_\_\_

Designated Client Administrator: \_\_\_\_\_

Designated Mentor: \_\_\_\_\_

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