ROGUE RETREAT

SHELTER/HOUSING APPLICATION

(Check all you want to apply for. See attached page for descriptions.)

__RR Crossings Village | __Kelly Shelter | __Hope Village | __Restart Retreat (_1 BR _2BR) | __Housing Retreat (_1 BR _2BR) | __Haven (_Men & Kids_Women & Kids)

Head of Household's full name: Alias: Date Received:

Mailing Address: **(INCLUDE City, State and Zip Code)**

Phone Number: Receive text messages __Yes __ No

Email Address:

UNIVERSAL DATA ELEMENTS	Individual 1	Individual 2	Individual 3	Individual 4	Individual 5
SERVICEPOINT ID NUMBER					
First Name					
Last Name					
Social Security Number					
Are you a US Military Veteran	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Date of Birth	/ /	/ /	/ /	/ /	/ /
Gender: (**Write Red letter for each person**) Woman or Girl (if child) Man or Boy (if child) Culturally Specific Identity (e.g., Two Spirit) NB (Non-Binary) T (Transgender) Q (Questioning) DNK (Doesn't Know) PNA (Prefers not to answer) OR Different Identity					
American Indian/Alaskan Native/Indigenous					
Asian or Asian American					
Black, African American or African					
Hispanic/Latina/e/o					
Middle Eastern or North African					
Native Hawaiian or Pacific Islander					
White					
Client doesn't know					
Client prefers not to answer					

FOR ROGUE RETREAT USE ONLY:

Rogue Retreat Employee that checked application

Printed Name:

HOUSEHOLD TYPE:

- ☐ **SI** Single Income
- ☐ **CNC** Couple No Children
- ☐ **FSP** Female Single Parent
- ☐ **MSP** Male Single Parent
- ☐ **TPF** Two Parent Family
- ☐ **GPC** Grandparent(s) and Child
- ☐ **FP** Foster Parent(s)
- ☐ **NCC** Non-Custodial Caregiver(s)

What is your relationship to the head of household	SELF				

History of Homelessness

Where did you (and your family if they are with you) spend the night last night? (please be specific, you do not need to disclose your location but please indicate where.) Examples: Emergency Shelter, Hospital, Jail, Place not meant for habitation (Camp, Street, Car etc.), With Family or Friends.

Answer:

Length of stay in the place above (How long in a row, this homeless episode)? ☐ One Day or Less ☐ 2 Days to one week

☐ More than a week, less than a month ☐ 1-3 Months ☐ More than 3 months, less than a year ☐ One year or longer ☐ Doesn't Know ☐ Refused

Approximate date THIS PERIOD of homelessness started	/ /	/ /	/ /	/ /	/ /
How many times have you been on the streets, in ES,or SH in the past three years including today?					
Total number of months experiencing homelessness in the last three years?					

Have you ever received services from Rogue Retreat? Circle one Yes / No	Which family members/s and what services have you recieved? ____________ ____________
Do you have a service animal or pet? If yes, what kind of animal and how many?	Yes / No : How many? _____ Kinds: ____________

Health Insurance

Do you have Health Insurance? **DNK (Don't Know) PNA (Prefer not to answer)**	☐ Yes ☐ DNK ☐ No ☐ PNA	☐ Yes ☐ DNK ☐ No ☐ PNA	☐ Yes ☐ DNK ☐ No ☐ PNA	☐ Yes ☐ DNK ☐ No ☐ PNA	☐ Yes ☐ DNK ☐ No ☐ PNA
Check what type of Health Insurance	☐ Medicaid/OHP ☐ Medicare ☐ State Children ☐ Veteran (VHA) ☐ From Employer ☐ Cobra ☐ Private Pay ☐ Indian Services ☐ Other ________	☐ Medicaid/OHP ☐ Medicare ☐ State Children ☐ Veteran (VHA) ☐ From Employer ☐ Cobra ☐ Private Pay ☐ Indian Services ☐ Other ________	☐ Medicaid/OHP ☐ Medicare ☐ State Children ☐ Veteran (VHA) ☐ From Employer ☐ Cobra ☐ Private Pay ☐ Indian Services ☐ Other ________	☐ Medicaid/OHP ☐ Medicare ☐ State Children ☐ Veteran (VHA) ☐ From Employer ☐ Cobra ☐ Private Pay ☐ Indian Services ☐ Other ________	☐ Medicaid/OHP ☐ Medicare ☐ State Children ☐ Veteran (VHA) ☐ From Employer ☐ Cobra ☐ Private Pay ☐ Indian Services ☐ Other ________

IS TRANSLATION NEEDED FOR HEAD OF HOUSEHOLD?

__YES (Check Language) __ NO __ DON'T KNOW __PREFER NOT TO ANSWER

☐ Arabic ☐ Spanish ☐ Afrikaans ☐ American Sign Language ☐ Black American Sign Language ☐ Chinese
☐ French ☐ Tlingit ☐ Ukrainian ☐ Different Preferred Language _____

Disability Status					
Do you have a disabling condition? (Check all that apply below)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Alcohol Use Disorder (HUD)					
Drug Use Disorder (HUD)					
Both Alcohol and Drug Use Disorder (HUD)					
Developmental (HUD)					
HIV / AIDS (HUD)					
Mental Health Disorder (HUD)					
Physical					
Chronic Health Condition (HUD)					
Project Specific Additional Information					
If applying to Kelly Shelter can you use a top bunk?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If applying for other projects does ANY PERSON in your family require special features?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
IF SO WHAT ARE THEY?	☐ Grab Rails ☐ No Stairs ☐ Hearing Impaired Smoke Detectors				
	☐ Other _____				
How long have you resided in Jackson County?					
Non-Cash Benefits					
Do you receive food stamps?	Y / N $	Y / N $	Y / N $	Y / N $	Y / N $
Do you receive WIC?	Y / N $	Y / N $	Y / N $	Y / N $	Y / N $
Income					
Do you receive any reliable income each month?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
What is your source of income?					
Is there any other source of income?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If there is another source of income, what is it?					
How much TOTAL income each month?	$	$	$	$	$

By signing this application I understand that the information I provide will be entered into the Service Point HMIS database and my records will be updated as I receive services. I ___ GIVE ___ DO NOT GIVE my permission to share this data with local agencies to better provide me care.

Signature: **Date:**