

APPLICATION FOR SECOND STEP TRANSITIONAL PROGRAMS

Please take your time to complete this general application and answer the questions as completely as possible. In order for your application to be considered, all questions must be answered completely. You will need to complete an application addendum for each program you are applying for. Your application is to be reviewed by your case manager and the recommendation section of the addendum application completed before being submitted. Any incomplete applications will not be reviewed.

Today's date: _____

Name of applicant: _____

Age: _____

Date of Birth: _____

Name of shelter where you are currently residing: _____

Date of arrival: _____ Date of expected departure: _____

Referring Case Manager: _____ Phone number: _____

Address prior to moving into shelter: _____

Previous cities of residence: _____

Areas that you frequent or have been employed? _____

What cities/areas do your friends or family members live in? _____

What cities/areas do the batterer's friends or family members live in? _____

Marital status:

Married month/year: _____

Single, never married

Legally separated date: _____

Divorced date: _____

Significant other

Were you living with the batterer before entering shelter? YES NO

What is your primary language? _____ Secondary language? _____

Emergency contact information:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Names of children seeking shelter with you:	Birth date	Sex	Age	Name of father	Is father a Batterer?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have any other children that are not living with you? _____ If yes, list below:

Names of children	Sex	Age	Name of father	Current residence	Is father a Batterer?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you hope/expect that they will join you at the shelter during your stay? Please explain _____

Could you be pregnant? _____ If yes, how many months? _____

Do you or your children have any special needs or require special accommodations? _____

ABUSE HISTORY

Batterer's name: _____ Date of birth: _____ Age: _____

Current address: _____

Is the batterer looking for you? _____ How do you know? _____

What areas does your batterer frequent? _____

Is the batterer currently employed? _____ If yes, list employer, type of work and what area batterer works in.

Where has batterer worked in the past? _____

Has the batterer been in contact with your family/friends since you entered the shelter? _____ If yes, when? _____

Have you left your partner in the past? _____ If yes, how many times? _____

How long were you away each time? _____

Briefly describe your reasons for returning? _____

Describe the abuse within your relationship (include type, length, and frequency of abuse) _____

Has your batterer ever found you when you left in the past? _____ If yes, how? _____

Has the abuse ever resulted in you requiring medical attention? _____ If yes, please explain _____

Does your batterer own or have access to any weapons? _____ If yes, please explain _____

Have the police ever been involved? _____ If yes, please explain _____

Does your batterer have a history of drug/alcohol abuse? _____ If yes, please list type and frequency or usage. _____

SHELTER HISTORY

Names of previously attended shelters:

<u>Shelter name</u>	<u>City</u>	<u>Dates attended</u>	<u>Reason for Leaving Shelter</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What have you accomplished at the shelter so far? _____

Describe how satisfied you are at your current shelter? _____

What is the most difficult part about living in the shelter? _____

LEGAL SITUATION

Do you currently have a restraining order? _____ Expiration date: _____

Are you currently involved in any legal actions? _____ If yes, please explain: _____

Is there a standing custody or visitation order currently in place? _____ If yes, please explain: _____

Are you seeking a divorce? _____ Seeking custody/visitation? _____

List any upcoming court dates and locations: _____

Do you currently have a lawyer? _____ Name/location: _____

Have you ever been arrested or convicted of a crime? _____ If yes, please explain: _____

CHILDREN (if applicable)

Do you currently have an open case with Department of Children and Family Services (DCFS)? _____
If yes, please explain: _____

What is name and phone number of current DCFS caseworker? _____

Have you ever had a case opened in the past? _____ If yes, please explain _____

AUTOMOBILE

Are you bringing a car to the shelter? _____ If no, please skip to next section

If yes: whose name is the car registered in? _____

Make _____ Model _____ Year _____ Color _____ License plate _____

Do you own or make payments on the car? _____

FINANCIAL/EMPLOYMENT INFORMATION

Sources of income: (check all that apply)

- Other how long/amount? _____
- Unemployment benefits how long/amount? _____
- General relief how long/amount? _____
- Social Security how long/amount? _____
- SSI how long/amount? _____
- Disability how long/amount? _____
- Food stamps how long/amount? _____
- CalWORKS (AFDC) how long/amount? _____

DPSS office: _____

List person(s) receiving benefits? _____

Caseworker: _____ Caseworker's phone number _____ Case #: _____

- Employment Wage? _____

Name of employer _____ Location _____

Is there any reason that you cannot currently work? _____ If yes, please explain _____

Are you willing to request a transfer or change jobs if it determined that it is unsafe for you to return to your previous employer? _____ If no, please explain: _____

WHAT ARE YOUR GOALS?

What do you think our transitional program can offer you?

What are your three main goals during your transitional stay?

1.

2.

3.

What are your three main goals after your transitional stay?

1.

2.

3.

What are your three main long term goals?

1.

2.

3.

What goals do you have for your children during your stay in a transitional program?

Client Signature:

Case Manager Recommendation Form

What are the applicant's strengths?

What personal areas of growth does the applicant need to work on?

What are the main issues facing this applicant and/or her children?

What services has your agency provided to the client's family?

Did the client make use of all, or the majority of the services available through your agency? _____

Please explain. If no, reasons why not? _____

Did the client work well in the structured shelter environment? Please explain.

Did the client ever violate any of the rules of the shelter/program? Please explain. What was the outcome?

Please describe your observations of how the client interacts with other residents in the shelter.

Please describe your observations of how the client interacts with her child(ren).

How does the client handle behavioral or other difficulties with her child(ren)?

How did the children adapt to the structured and unfamiliar environment?

In your opinion, are there any indications of the client or her children having any mental health issues OR substance abuse issues? _____ If yes, please explain to the best of your knowledge how they are being addressed.

How would this family benefit from the services we provide?

Please circle the corresponding strength of recommendation:

1	2	3	4	5
Very Strongly	Strongly	Neither	Not Very Strongly	Cannot Recommend

I can/cannot recommend this applicant because: _____

Recommending Staff Name: _____ Date: _____

Staff Signature [MANDATORY]: _____

Phone Number: _____