



Sophia's Heart of Compassion
One Heart Touching Many

Who We Serve

- ♥ Married Couples (please provide a marriage certificate)
- ♥ Married Couples with children (with full custody and marriage certificate)
- ♥ Single Mother's (with full custody)
- ♥ Single Father's (with full custody)

The information needed to complete the Home Application is a crucial aspect of the interview process. The following questions are personal in nature, but we ask that you answer them as honestly as possible. Failure to do so could result in your application being rejected.

The Application Must Be Completed Or It Will Not Be Processed.

Mail to:
Sophia's Heart
Intake Department
2479 Murfreesboro Road, #515
Nashville, TN 37217

Or Fax to:
615-843-0564
(Don't fax the page 1 and 2)

Questions, please call:
Intake Manager:
(615)-697-9897



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Intake Procedure and Expectations

Intake Process (Estimate 7 business days)

1. Must submit a written application.
2. Must be married, married with children, single mother, or single father. (Marriage certificate required) ****Must have full custody of the children****
3. Must not be listed on the sexual registry or have committed any violent crime.
4. 1st interview with Intake Manager
5. 2nd interview follow up if applicant meets requirements
6. Orientation with the applicant and applicant can accept or deny the offer of housing

Resident Expectations for First 30 days:

1. Read, agree, sign and abide by all Sophia's Heart rules set forth in the handbook.
2. Attend weekly meetings with case manager and budget counselor.
3. Attend all required programming on and offsite.
4. Show reasonable progress toward goals set in the Individual Program Plan (IPP) at 30 day review.

If these expectations are not met upon the 30 day review, the resident will be asked to leave the program at the residents own expense within 24 hours.

After 30 days

Resident has to be certified every 30 days to stay in the program, continually. The IPP review is the primary tool, reviewed by case manager, counselor, class instructors, program director and senior manager, to determine the terms under which the resident may continue in the Sophia's Heart program.

All rules and review process are based on the Resident Handbook, signed by accepted resident.



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PLEASE PRINT

Personal Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Date of Birth: _____ Age: _____

Have you ever resided at another shelter, including The YWCA, Family Life Center, Salvation Army, etc.? (Please circle one) Yes No

If yes, when? _____ Program: _____

Have you ever been evicted from a shelter or housing program?

If so, when? _____ What Program? _____

Circumstances _____

Program Contact Name: _____ Phone #: _____

Personal Information

Social Security _____ - _____ - _____ Are you a U.S. Citizen? Y / N

Do you have Medical Insurance? Y / N Name of Provider: _____

Do you have a valid driver's license? Y / N If so, in what state: _____

Driver's License Number: _____

Do you have a vehicle? Y / N License Plate: _____



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Do you have car insurance? Y / N

Do you or anyone in your family currently have a suspended driver's license? Y / N

If yes, provide name and for how long has it been suspended?

Please describe the requirements for reinstatement:

Factors Contributing to Homelessness

Please check all factors contributing to your homelessness

- | | |
|--|---|
| <input type="checkbox"/> Low Income/No Income | <input type="checkbox"/> Recent Unemployment |
| <input type="checkbox"/> Long Term Unemployment | <input type="checkbox"/> Lack of Affordable Child |
| <input type="checkbox"/> Care | <input type="checkbox"/> Lack of Affordable Housing |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Physical Health Problems | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Physical or Emotional Abuse | <input type="checkbox"/> Relationship Problems |
| <input type="checkbox"/> Insufficient Living Skills | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Poor Money Management | |
| <input type="checkbox"/> Eviction | |
| <input type="checkbox"/> Other: _____ | |



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Household Information (include you, your spouse, and children under 18 who live with you)

Marital Status: Please Circle: Married, Single,

****If married a copy of marriage certificate required****

Name	Birthdate	Age	Relationship



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Residential History (starting with the most recent)

Address	City, State	From	To	Type of Housing	Rent	Reason for leaving

Have you ever been evicted? Y / N

If so, when, why, and with whom? _____



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Employment History (starting with the most recent)

Employer	City, State	From	To	Position Held	Wage	Reason for leaving

Please list your current job skills:

What career, job, or trade would you like to do in the future? _____



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Educational History

Adult Family Members:

Name	Highest Grade Completed	Degrees, Certifications, etc.	Educational Goals

Do you or anyone in your family have any learning disabilities? Y / N Please Explain:

Name (s) & details: _____

Have you had any technical, vocational, or college schooling? Y / N Please Explain:

Minor Family Members:

Name	Grade	Last school attended	From	To	Location (City, ST)	Special Needs? (Y/N)

Do you have any concerns about your children's education? Y / N

If so, please describe:

Name(s): _____

Why: _____



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Emergency Contact:

1. Name: _____ Phone #: (____) _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone #: (____) _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Name: _____ Phone #: (____) _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____



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Family Income

What is your current total family monthly income? _____ AFDC: \$ _____
(Include all employment wages, child support, SSI/SSDI checks, and all other money received)

Please indicate the amount:

Food Stamps _____

SSI/SSDI _____

Unemployment _____

WIC _____

Child Support _____

Other (please specify from whom and the amount) _____

A recent credit report/history is required _____

What is your current credit score? _____

Debts

Please indicate the amount:

Reoccurring Expenses		Non Reoccurring Expenses	
Cell Phone	\$	Back Child Support	\$
Car Insurance	\$	Medical bills	\$
Car Payment	\$	Eviction Fees	\$
Storage Fees	\$	Credit Cards	\$
Child Support	\$	Cable	\$
Loan Payment	\$	Sewer/Water	\$
School Loans	\$	Legal Fees	\$
Payday Loans	\$	Telephone	\$
Other Loans	\$	Electric/Gas	\$
Back Rent	\$		\$
Other	\$	Other	\$



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Physical Health History

Do you have any medical problems? Y / N Please Explain: _____

What provisions, if any, have been made for medical expenses? _____

Are you currently on any medication(s)? Y / N Please List: _____

Substance Abuse History

Does anyone in your family, including yourself, have a history of alcohol or drug abuse? Y / N

If yes, list names: _____

Has anyone in your family including yourself been diagnosed and/or treated for alcohol/drug abuse? Y / N

If Yes, list names: _____

Will you and your family members be willing to submit to a drug test? Y / N

Medical History

Do your children have all shots and vaccinations up to date? Y / N

If no please explain: _____

Does anyone in your family require immediate medical attention? Y / N

If Yes, list names and needs: _____



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Does anyone in the family suffer from the following chronic illnesses? List Name in front of the illness.

_____ AIDS/HIV _____ Lice _____ Hepatitis
_____ Diabetes _____ Seizures _____ ADHD
_____ TB _____ Emphysema _____ Asthma
_____ Heart Condition Other: _____

Are you or anyone in your family currently pregnant? List Name and how many month

Mental Health History

Has anyone in your family including yourself been diagnosed and/or treated for a mental illness?
Y / N

If yes, what is the diagnosis(s)? Please list illness and name: _____

What medications are you taking to manage your mental health diagnosis, please list:

Are there any medical conditions that may affect your ability to sustain a job and/or live independently? Y / N

If yes, please explain: _____



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Past/Present Emotional History *If more than one adult, reprint this page.

Place an X for Past and ✓ for Present. Your Name: _____

	Alcohol use		Family problems		Reading comprehension
	Anger/temper		Fighting		Sadness
	Anxiety		Foul Language		Social problems
	Bad driving record		Gang activity		Stress
	Compulsive gambling		Illegal drug use		Suicide attempts
	Depression		Lying problems		Theft, shoplifting, stealing
	Eating disorder		Learning disabilities		Thoughts of suicide
	Other**		Marijuana		Unstable job record

Comments on the above:



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Case Management

Do they have a social worker? Y / N

Name: _____ Organization: _____

Which State? _____ Phone Number of Social Worker: (_____) _____

Do you have custody of the children who are currently living with you? Y / N

Are there required visitations? Y / N

If so, how often is visitation? _____

How many social workers do you have other than the one listed above? _____

Please state their name(s): _____

Organization name(s): _____

Which State(s)? _____

Phone Number of Social Worker(s): _____

What do you expect from Your Case Manager?



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Legal History

Does anyone in your family including yourself have any felonies on their record?
If yes, please list **all** current and past charges below:

Name	Charge	Location	Date	Outcome	Sentence

Are you currently on probation/parole? Y / N

Time Remaining: _____

Probation/Parole Officer's Name: _____

Phone # _____

Do you have any upcoming court dates? _____



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References

Qualified References: Employers, Clergy, Social Workers, etc.
No Family Members Please

1. Name: _____ Phone #: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone #: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Name: _____ Phone #: _____

Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____



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Goals and Future Plans

What are your expectations of Sophia's Heart?

What do you plan to achieve while in this program?

What areas do you need or want to work on in your life?

What are your future plans or hopes?



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I, (Please Print Name) _____, hereby agree that all the information contained in this application and any attachments is true, correct, and complete; I understand that any misrepresentation, falsification or omission of information on this application may result in immediate dismissal from Sophia's Heart of Compassion Program.

Applicant's Signature

Date

Print Name - Witness (Sophia's Heart Staff)

Date