

# HEALING HOMES

## Social Impact and Community Investment (SICI) Initiative

### Pre-Screening Application- 2023

Please complete the Pre-Screening Application so that we can better determine your eligibility for participating in Healing Homes Transitional Housing Initiative.

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

#### Applicant's Information:

<b>Legal Name:</b> _____		<b>Preferred Name:</b> _____	
<b>Sex assigned at birth:</b> _____		<b>Gender Identity:</b> _____	<b>Pronouns:</b> _____
<b>Date of Birth:</b> _____			
<b>Phone Number:</b> _____			
<b>Email Address:</b> _____			
<b>Do you have a Social Security card?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a US Citizen?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If no, please indicate residence status:</b> _____			
<b>Do you reside in Somerset County?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please indicate town:</b> _____		<b>Address:</b> _____	
<b>What is your household size?</b>		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
<b>Are you presently Homeless?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you currently residing in:</b>		<input type="checkbox"/> Permanent Housing <input type="checkbox"/> With friends or family <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter (motel/hotel) <input type="checkbox"/> Safe haven/transitional housing <input type="checkbox"/> Other _____	
<b>INCOME</b>			
<b>Do you have income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Monthly Income Amount:</b> \$ _____	
<b>Is your household income combine under the following income limits for the household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>1 Person</b> - \$57,250 <b>2 People</b> - \$65,400 <b>3 People</b> - \$73,600 <b>4 People</b> - \$81,750 <b>5 People</b> - \$88,300 <b>6 People</b> - \$94,850			
<b>What is your source of income?</b>			
<input type="checkbox"/> Earned income (from employment) <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension or retirement income from a job <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony or Spousal Support <input type="checkbox"/> VA-Service-Disability Compensation <input type="checkbox"/> VA Non-Service Disability Pension			
<b>HEALTH CONDITION</b>			
<b>Do you or a household member have any of the following?</b> (check all that apply)			
<input type="checkbox"/> <b>Physical Disability</b>		<input type="checkbox"/> <b>Mental Illness</b>	
Nature of Disability: _____		Nature of Illness: _____	
<b>Substance Abuse (Alcohol)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Substance Abuse (Drugs)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Medical Condition (s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (State medical condition): _____			
<b>Can you provide medical documentation from your medical doctor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you taking any prescription medications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you or a household member require special accommodation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If, yes, please describe: _____			
<b>Are you on a medical marijuana program?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have any pet(s)?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**How to submit form:** download form, answer all questions, save form, and attach form to email. Send form to [ChristopherF.Plaugic@rwjbh.org](mailto:ChristopherF.Plaugic@rwjbh.org). For additional information contact 908-685-2200 ext. 63114