

# HEALING HOMES

## Social Impact and Community Investment (SICI) Initiative

### Pre-Screening Application- 2026

Please complete the Pre-Screening Application so that we can better determine your eligibility for participating in Healing Homes Transitional Housing Initiative. Full application will be required if applicant is determined potentially eligible from this pre-screening.

**Applicant's Information:**

**Date:**

<b>Legal Name:</b>	<b>Preferred Name:</b>
<b>Date of Birth:</b>	<b>Sex:</b>
<b>Phone Number - C:</b>	<b>H:</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>Email Address:</b>	
<b>Do you have a Social Security card?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a current NJ Driver's License or State ID 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>What is your household size?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<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	Monthly Income Amount: \$ _____
<b>Is your combined household income under the following income limits for your household size?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
1 Person - \$80,200    2 People - \$91,700    3 People - \$103,150    4 People - \$114,600	
<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"/> TANF	
<input type="checkbox"/> Worker's Compensation <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 <input type="checkbox"/> No Income	
<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 documentation of your medical condition from your physician?</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 [Cynthia.Walker2@rwjbh.org](mailto:Cynthia.Walker2@rwjbh.org). For additional information contact 908-704-3746.