

HEALING HOMES
Social Impact and Community Investment (SICI) Initiative
Pre-Screening Application- 2022

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:

Legal Name: _____		Preferred Name: _____	
Sex assigned at birth: _____		Gender Identity: _____	
Date of Birth: _____		Pronouns: _____	
Phone Number: _____			
Email Address: _____			
Do you have a Social Security card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please indicate residence status: _____			
Do you reside in Somerset County?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate town: _____			
What is your household size?		<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> 4
		<input type="checkbox"/> 5	<input type="checkbox"/> 6
Are you presently Homeless?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently residing in:		<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 _____	
INCOME			
Do you have income?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Income Amount: \$ _____			
Is your household income combine under the following income limits for the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1 Person - \$57,250 2 People - \$65,400 3 People - \$73,600 4 People - \$81,750			
5 People - \$88,300 6 People - \$94,850			
What is your source of income?			
<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			
HEALTH CONDITION			
Do you or a household member have any of the following? (check all that apply)			
<input type="checkbox"/> Physical Disability		<input type="checkbox"/> Mental Illness	
Nature of Disability: _____		Nature of Illness: _____	
Substance Abuse (Alcohol) <input type="checkbox"/> Yes <input type="checkbox"/> No		Substance Abuse (Drugs) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Condition (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (State medical condition): _____			
Can you provide medical documentation from your medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you taking any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or a household member require reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If, yes, please describe: _____			
Are you on a medical marijuana program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any pet(s)?		<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 Vonetta.Mcdonald@rwjbh.org. For additional information contact 908-685-2200 ext. 63114