



**The Front Door Agency, Inc.**  
**Transitional Housing Program**  
**603-886-2866**  
**FAX 603-821-6054**

**APPLICATION FOR RESIDENCY**

**Please note: Incomplete applications will not be processed. Please make sure to answer all questions as thoroughly as possible to the best of your ability.**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Length of Time at Address \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Is it OK to call? Please circle: YES NO Is it OK to leave message? Please circle: YES NO

Are you a US Citizen? Please circle: YES NO Social Security #: \_\_\_\_\_

Marital Status --(Please circle): Single Married Separated Divorced Widowed

RACE- --(Please circle): White Black Asian Native American Black/White Other

Ethnic Background: \_\_\_\_Hispanic \_\_\_\_Non-Hispanic

Total # of Children: \_\_\_\_\_ Total # of Children Living With You: \_\_\_\_\_

Are you currently pregnant? \_\_\_\_\_ Anticipated Due Date: \_\_\_\_\_

Have You Resided Here or in Similar Housing Before? YES NO

If Yes, Please List Program and Dates: \_\_\_\_\_ Who referred you? (agency, friend, online, etc.)  
\_\_\_\_\_  
(group home, transitional housing, shelter, etc.) \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Address, City, State: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Is there anyone you wish we NOT contact or leave a message with? YES NO  
Name: \_\_\_\_\_

**CHILDREN**

Child Name: (First, Last)	Date of Birth:	Age:	Race W-white B- Black N-native American A- Asian O-Other	School status (home, daycare, grade)	Social Security # (last 4 digits)	Father's Name	DCYF/DSS case worker name & dates of involvement  If none- list n/a	Who does the Child Currently Live with?

**EMPLOYMENT** (From most recent to past):

Employer/Address	Position	Amount per hr.	Start/End Dates	Reason for Leaving

**EDUCATION** (From most recent to past):

Name of School/City (Latest first)	Dates Attended	Highest Level of Education Completed (Degree, Grade level, etc.)	Course of Study
Have you defaulted on any student loans?	Yes    No	Have you Ever Been diagnosed or suspected to have a Learning Disability?	Yes    No What?

**TRANSPORTATION**

Do you have a valid driver's license? What State? _____	Yes    No	If no, please explain:
Do you own a car? License Plate # _____	Yes    No	Make _____ Color _____ Model _____ Year _____
Is it registered in your name?	Yes    No	Do you have auto insurance?            Yes    No

**HOUSING**

Please List Last Three Addresses (not including your current address)	Length of Time:	Amount of Rent Paid:	Reason for Leaving

**CRIMINAL HISTORY INFORMATION**

Have you ever been arrested/ convicted of a <b>crime</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Where the charges dropped? Circle: Yes No
Have you ever been convicted of a <b>felony</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:	Where & When did you serve time in jail?
Do you have a parole or probation officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Length of Time Remaining
Is there currently a restraining order <i>on/against you</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Do you currently have a restraining order in place <i>on/against someone</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List Name & Contact #:	Describe:
Are you or have you ever experienced domestic violence or sexual assault against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No explanation needed here....	

**MEDICAL HISTORY-SELF**

Do you have medical insurance?     Yes     No                      Insurance Co. Name \_\_\_\_\_

Primary Care Physician \_\_\_\_\_                      Address \_\_\_\_\_

Phone Number \_\_\_\_\_                      Date of Last Physical: \_\_\_\_\_

OB/GYN \_\_\_\_\_                      Address \_\_\_\_\_

Phone number \_\_\_\_\_                      Date of Last Visit \_\_\_\_\_

Please list any present health concerns: \_\_\_\_\_

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs:

Medication	Dosage as Prescribed	Start Date	Reason for Medication

**MENTAL HEALTH**

Are you or have you ever been involved in any counseling or therapy?      \_\_\_Yes      \_\_\_No

Name of Therapist: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you or have you ever been diagnosed with a mental illness?      \_\_\_Yes      \_\_\_No  
Diagnosis: \_\_\_\_\_

Have you ever been hospitalized for mental health?      \_\_\_Yes      \_\_\_No

Date of Hospitalization	Reason	Outcome

**SUBSTANCE/ALCOHOL HISTORY**

Are you or have you ever used any narcotic or illegal drug including marijuana?      \_\_\_Yes \_\_\_No

If yes, list drug of choice and last time used: \_\_\_\_\_

Have you ever been treated for substance or alcohol abuse?      \_\_\_Yes \_\_\_No

If yes, list dates of Treatment: \_\_\_\_\_ Successfully graduate? \_\_\_Yes \_\_\_No

Are you in recovery?      \_\_\_Yes \_\_\_No      If so, how long have you been in recovery? \_\_\_\_\_

Do you currently have a sponsor?      \_\_\_Yes \_\_\_No      Name Sponsor: \_\_\_\_\_

Are you currently drinking alcohol? \_\_\_Yes \_\_\_No

If yes, how often do you drink in a week?      \_\_\_ 1-4 drinks      \_\_\_ 5-8      \_\_\_ 9-12      \_\_\_ over 12/week

Are you currently taking soboxian or methadone?      \_\_\_Yes \_\_\_No

**CHILDREN - MEDICAL HISTORY**

Child's Name	Age	Is Child up to date with immunizations?	Name & Address of Pediatrician	Date of last immunization or well child visit	If the child is receiving any therapeutic supports..(Occupational, speech, etc.) If yes, please list dates & provider	List any health concerns or dates of any hospitalizations

Please list any prescription and non-prescription medicines, vitamins, home remedies, herbs: (please use back side if necessary)

Child's Name	Name of Medication	Dosage	Name of Physician Who Prescribed:	Length of Time on Medication (# of months/years, etc.)	Purpose for Medication

**SUPPORTS (please use other side if needed)**

Who do you consider are supports in your life? (parents, siblings, friends, etc.)

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Describe the relationships you have and/or have had with child(ren) father(s) (good and bad)

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**PARENTING (please use other side if needed)**

What do you think are your strengths as a parent? \_\_\_\_\_

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What do you think you could improve upon in your parenting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended a parenting group, course or have had individual parenting assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please list dates and where: \_\_\_\_\_

Do you have a current religious or spiritual practice or preference? \_\_\_\_\_ Yes \_\_\_\_\_ No Please list: \_\_\_\_\_

What are your specific education/career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL:**

The program requires a \$360 security deposit and one month's rent of \$360. It also requires an ability to pay monthly rent of \$360 while in residence at the Norwell.

Do you have the ability to pay the rent and security deposit up front? \_\_\_\_\_ Yes \_\_\_\_\_ No

What does self-sufficiency mean to you? \_\_\_\_\_  
\_\_\_\_\_

List some of the reasons why you would like to be in our program, in priority order:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The Front Door Agency, Inc. does not discriminate against any applicant on the basis of race, color, religion, creed, national origin, or sexual orientation. The Front Door Agency will provide reasonable accommodations for persons with disabilities. Reasonable accommodations in rules, policies, practices, and services will be allowed to give persons with disabilities an equal program, provided such accommodations do not impose an undue hardship to the agency. Applicants with disabilities seeking entry into our program and who can complete the program requirements with reasonable accommodations must notify the interviewer to make an accommodation request.

If you are currently working with any city or town welfare department please realize we will give them any information they request, relating to your application during the intake process.

The information I, \_\_\_\_\_, provided the Front Door Agency, Inc. is true, accurate, and honest. If any information that I have provided as actual and truthful is indeed false and untrue and has been deliberately lied about by myself, the Front Door Agency may ask me to leave the program immediately. I also absolve the Front Door Agency from any liability of any actions they may take based on this information that I have provided as truth.

\_\_\_\_\_  
Applicant Signature Date

I, \_\_\_\_\_ give the Front Door Agency, Inc. permission to speak to the individuals/companies listed in this application for the purposes of gaining more information and verification to make an informed decision about my possible entry into the program.

\_\_\_\_\_  
Applicant Signature Date

<b>INCOME</b>			
Salary/earnings		SSDI	
TANF		SSI	
Worker's Comp		Unemployment	
Child Support		APTD	
Alimony		Other	
Food Stamps			
		<b>TOTAL MONTHLY INCOME</b>	\$
<b>EXPENSES</b>			
<b>Housing Expenses</b>		<b>Personal Expenses</b>	
Rent		Medications/Vitamins	
Electric		Child Care	
Gas		Hair/Nails	
Home Phone		Church Donations	
Cell Phone		School lunches	
Cable		Clothing	
Total	\$	Cigarettes	
		Recreation (fast food, movies, etc.)	
<b>Household Expenses</b>		Rent to Own	
Food		Credit Cards	
Toiletries		Child Support	
Diapers/Wipes		Security Deposit Loan to The Front Door Agency:	
Laundry		Other:	
Total	\$	Other:	
		Total	\$
<b>Transportation</b>		<b>Outstanding Debt:</b>	
Car Payment		Back Rent Due	
Gasoline		Electric	
Car Insurance		Gas	
Car Registration		Cell Phone	
Maintenance		Child Care	
Bus/Taxi		Student Loan in Default	
Total	\$	Total	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$