



Thank you for your interest in our Transformational Housing Program! The Front Door Agency provides a safe place to call home and the support, tools, life skills, and education for single mothers to become independent. This application is the first step in the process of self-sufficiency and re-writing your story.

The program is not an emergency shelter and the application process will take some time to complete. It is designed this way to ensure that the program is the best fit and that you will benefit as much as possible from the program. Below is an example of what is expected of our clients upon acceptance to the program. Please note that this is not a comprehensive list and your responsibilities will vary dependent on your individual situation.

- Participation in weekly case management, house meetings, and support groups
- Complete a financial literacy program and save money monthly
- Establish and complete an education program
- Obtain childcare for your child(ren)
- Follow basic household responsibilities and expectations
- Make positive life choices that reflect your commitment to improving your life and making the transition from dependency to self sufficiency

When you have completed the application in full, you can drop it off in person at the main office, email to ekeane@frontdooragency.org, submit via fax at 603-821-6054 or mail to:

The Front Door Agency
THP APPLICATION
7 Concord Street
Nashua, NH 03064

If you have any questions, please feel free to contact us at 603-886-2866.

The Front Door Agency, Inc. does not discriminate against any applicant on the basis of race, color, religion, national origin, age, sex, or disability. 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.

The Front Door Agency, Inc. recognizes that clients and potential clients have a right to an interpreter. The agency will provide a phone interpreter at no cost to you through the Language Line. If you require assistance filling out an application, please contact Emily Keane to request a preliminary application so your program eligibility can be determined (available in Spanish). If you are determined eligible, the Front Door Agency will provide interpretation assistance via the Language Line to fill out an application and conduct an intake interview.

If you feel that you have been unfairly discriminated against please contact Rebecca Gagne at 603-816-0282

www.frontdooragency.org

Transformational Housing Program Application

12 Concord Street, Nashua, NH 03060

Ph. 603.886.2866

Fax. 603.821.6054

Name _____

Date of Application _____

Age: _____

DOB: _____

Are you a US Citizen? ☐ yes ☐ no

How did you hear about our program/who told you about us? _____

Current Address _____

Situation at current address _____

Contact Phone _____ Is it OK to leave a message? ☐ yes ☐ no

Active Email Address _____

Total # of Children _____

of Children Living with You _____

Are you Pregnant? _____

Due Date _____

Have you ever resided here or similar types of housing? ☐ yes ☐ no

Program & Location	Dates	Graduated/Completed or Reason for Leaving

Please, in your own words, explain your understanding of our program and why feel it is the right place for you and your children.

What does self-sufficiency mean to you?

Think about your past housing/living situations; which of the following areas did you struggle with?

- ☐ Cleaning/chores
 ☐ Paying utilities
☐ Paying Rent
 ☐ Trouble getting to work from address
☐ Finding a good roommate

Legal:

We run a Criminal Background check on anyone accepted into the program. Though this does not necessarily impact acceptance, however a record can impact education and employment goals and needs to be considered during the intake process.

What, if anything, might be on your criminal background check?

Are you currently on Probation or Parole? ☐ yes ☐ no Length of time remaining _____

Do you have a valid Driver's License? ☐ yes ☐ no

Non- Driver State ID? ☐ yes ☐ no

Do you have a car? ☐ yes ☐ no

Is it registered in your name? ☐ yes ☐ no

Is it reliable? ☐ yes ☐ no

Do you have auto insurance? ☐ yes ☐ no

Education:

Did you graduate High School? ☐ yes ☐ no If no, do you have your GED or HiSet ☐ yes ☐ no

Do you have any active certificates or licenses ☐ yes ☐ no If yes, what is it in _____ and what program did you attend _____

Have you attended any college classes? ☐ yes ☐ no If yes, what school _____

Did you graduate? ☐ yes ☐ no

If yes, with what degree _____

Have you been diagnosed or suspected of having a Learning Disability? ☐ yes ☐ no

What education goals do you have?

Work History:

Are you currently employed: ☐ yes ☐ no

If yes, where _____ Amount of hours weekly/rate of pay _____

What past job experience have you had?

What barriers have you experienced that have prevented you from working?

☐ Transportation ☐ Domestic Violence ☐ Other _____
☐ Childcare ☐ Drama

What career goals do you have? (Example: a type of job, amount of pay, etc.)

Children:

Child's First & Last Name	Age & Sex	School Status (enrolled in school, attending daycare, at home) Please include school name & grade	Father's Name Father's Involvement	DCYF/DSS Involvement	Who Does the Child Live With Self, Father, Grandparent, Foster, Etc.
1)	Age: <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	
2)	Age: <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	
3)	Age: <input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	

If you have or have had DCYF/DSS involvement, could you explain the circumstances and outcome of the situation(s)?

DCYF Case Worker: _____ Telephone number: _____

Physical and Mental Health:

Medical Insurance ☐ yes ☐ no

Do you have a ☐ PCP ☐ OBGYN ☐ Specialists?

Carrier? _____

Please List any treated or untreated present health concerns:

☐ (Check here if reasonable accommodations are necessary)

☐ (Check here if reasonable accommodations are necessary)

☐ (Check here if reasonable accommodations are necessary)

Please List any Prescription Medications you are currently on including home remedies, birth control, herbs, etc.

Medication	Dosage	Since	Reason For Medication

Child	Pediatrician	Up To Date Immunization	Up to date with checkups	Medications or Therapeutic Supports	Any Health Concerns
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

Do you currently have a ☐ Therapist? ☐ Psychiatrist?

If you have ever been in therapy, can you tell us how it has helped and if you've had any challenges or difficulties?

Do you have a diagnosis, or ever been diagnosed with a mental health issue? ☐ yes ☐ no

Diagnosis:

Have you experienced the following symptoms in the 3 months (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Feeling tired or having little energy |
| <input type="checkbox"/> Little interest or pleasure in doing things | <input type="checkbox"/> Become annoyed or irritated easily |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Feeling nervous, anxious, or on edge |
| <input type="checkbox"/> Trouble sleeping or sleeping too much | <input type="checkbox"/> Uncontrollable worrying |

Are you open to therapeutic supports? ☐ yes ☐ no

Are you open to taking therapeutic medication if recommended by a doctor? ☐ yes ☐ no

Have you ever been hospitalized for mental health issues? ☐ yes ☐ no

If so, please explain, including dates.

Alcohol and Substance Use:

Do you consume alcohol? ☐ yes ☐ no

How much per week? ☐ 1-4 drinks ☐ 5-8 ☐ 9-12 ☐ more than 12

Please tell us about your experiences with alcohol.

Have you ever used **any illegal substances, including marijuana**? ☐ yes ☐ no

What was your drug of choice? _____ When did you start using? _____

Have you been diagnosed with a Substance Use Disorder? ☐ yes ☐ no

Are you in recovery? ☐ yes ☐ no How long? _____

Have you relapsed while in recovery? ☐ yes ☐ no

Do you have a ☐ Sponsor ☐ Recovery Coach ☐ LADC ☐ Other Support _____

Please explain your experience with recovery

Have you ever been treated for your use of any substances? ☐ yes ☐ no

Please list treatment places and dates

Are you currently on a Substance Use Medication such as Suboxon or Methadone? ☐ yes ☐ no

Please explain your current regimen and what program you are working with.

Financial:

Please tell us about your financial strength and weaknesses:

Do you budget?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account in good standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a savings account in good standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it common for you to pay bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have credit cards in your name? How many: How much do you owe total	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know your credit score If no, would you guess it was good, moderate, or bad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your school loans in default	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have past due or current loans in your name? If yes, what are they for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ School ☐ Auto ☐ Personal ☐ Other (please explain)

Which financial categories above would you like to learn more about?

What are your long-term financial goals?

Domestic Violence:

Are you a victim or survivor of domestic violence? ☐ yes ☐ no

A crime in which there is a past or present familial, household, or other intimate relationship between the victim and the offender, including spouses, ex-spouses, boyfriends and girlfriends, ex-boyfriends or ex-girlfriends, parents and any family members or persons residing in the same household as the victim. Involves a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Are you currently fleeing? ☐ yes ☐ no

Flee: running away from a place, situation, or person causing danger

When did the abuse occur? ☐ 0-3 months ago ☐ 3-6 months ago ☐ 6-12 months ago ☐ 1 year or more

Do you have a restraining order against anyone? ☐ yes ☐ no

Who? _____ What is their relationship to you? _____

The Fine Print:

The program requires a \$360 security deposit and the first month's program fee of \$360 upon move in (total of \$720). It also requires an ability to pay monthly program fee of \$360 - \$390 while participating in the program

Do you have the ability to pay the first month's program fee and security deposit up front? ☐ yes ☐ no

Please keep in mind that assistance may be available

Do you have the ability to pay the monthly program fee of \$360? ☐ yes ☐ no

What kind of income do you receive? ☐ TANF ☐ Wages from work ☐ Child support ☐ SSI/SSDI

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

For Office Use only

VOCA Eligible:

☐ yes ☐ no

