

# TURNING POINT HOMELESS SHELTER APPLICATION



## Applicant Information

Date:  Phone #:  DOB:

Full Name:     
Last M.I. First

City State County

Have you or any family member ever stayed at Turning Point?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes list the names as well as the year they stayed:

Name(s):  Year:

Name(s):  Year:

Adults Children  
Number in your Family:

\*Need a separate application for spouse or significant other

Full Name(s) & DOB(s) of Child/Children

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Warrants 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Sex Offense Conviction 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Why are you homeless now?

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Employed: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Employer:

Able to Work: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Willing to Work: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Pass a Drug Test: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Driver License: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Transportation: 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 Insurance Co:

	Yes	No	HISTORY AND/OR CURRENT USE OR CONDITION
Drugs:	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health:	<input type="checkbox"/>	<input type="checkbox"/>	
Violence:	<input type="checkbox"/>	<input type="checkbox"/>	
Disability:	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

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Staff member:

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