**Application for Assistance**

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact (this will be the way that you are contacted to be informed of your application status)

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If we contact you by phone, is it safe to leave a message?

🞎 Yes 🞎 No

If no, when would be the best day and time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?

Where did you hear about Women Helping Women In Need?

**Background**

Are you over 18 years of age? ❑ Yes ❑ No

What is your preferred language?

Are you able to understand (verbal and/or written) English? ❑ Yes ❑ No

**Current Living Situation**

Are you currently homeless as a result of domestic and/or sexual violence?

❑ Yes ❑ No

Are you currently staying in a safe place while your participation in our program is being determined? ❑ Yes ❑ No

If No, would you like someone to contact you about options for safe, emergency shelter? ❑ Yes ❑ No

Are you willing to relocate to another community? ❑ Yes ❑ No

If yes, are there any areas you absolutely cannot or will not live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety**

Please let us know if you would like us to assist you with creating a safety plan while your application is being reviewed. This is simply to learn more about how we can help you.

Is there anything else you would like to share with us about your immediate safety concerns or situation?

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**Additional Support &Services:**

Please describe the types of assistance and support you would like to get from Women Helping Women In Need:

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**Other**

Please describe any questions or concerns you have about any of our programs offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Resources**

If you do not meet the requirements to be accepted into our programs for assistance, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, utility assistance, etc.):

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Please note that this is an application and does not constitute acceptance into transitional housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested.

Thank you!