



# WILSON COMMENCEMENT PARK



## Resident Application

*The information requested in this application will be used to determine your eligibility for the Wilson Commencement Park program. Please answer all questions as thoroughly as possible. All responses will be kept completely confidential.*

### PERSONAL INFORMATION

|  |                   |                |          |
|--|-------------------|----------------|----------|
| Date   | E-mail address    |                |          |
| First Name   | Middle Initial    | Last Name      |          |
| - -  | / /               | Place of Birth |          |
| Social Security Number                                       | Date of Birth     | Place of Birth |          |
| Mailing Address  | City              | State          | Zip Code |
| Alternate address, if unable to reach you at mailing address | City              | State          | Zip Code |
| Daytime Telephone  | Evening Telephone | Cell Telephone |          |

Citizenship Status:  United States  Other: \_\_\_\_\_

Work Permit?  Yes  No  Yes  N/A

Military Status:  Veteran  Registered  N/A  Other: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Primary Language:  English  Spanish  Other: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Ethnicity:  Hispanic/Latino/Latina  Not Hispanic/Latino/Latina

Race: *(Mark all that apply)*  African American/Black  American Indian/Alaska Native  Asian  
 Pacific Islander/Native Hawaiian  White

Gender:  Female  Male

Were you raised in foster care?  Yes  No

251 Joseph Avenue Rochester, NY 14605 (585) 263-7930 FAX (585) 263-2497  
[www.wilsoncommencementpark.org](http://www.wilsoncommencementpark.org)





## EMPLOYMENT HISTORY

What is your current employment status?

- Employed full time (35 hours or more per week)  
 Employed part time (Less than 35 hours per week) Number of hours per week \_\_\_\_\_  
 Not employed

| Employer Name/Address | Dates Worked                                     | Wages Earned | # of hours per week | Job Duties | Reason for Leaving |
|-----------------------|--|--------------|---------------------|------------|--------------------|
|                       | From: _____/_____/_____<br>To: _____/_____/_____ | \$           |                     |            |                    |
|                       | From: _____/_____/_____<br>To: _____/_____/_____ | \$           |                     |            |                    |
|                       | From: _____/_____/_____<br>To: _____/_____/_____ | \$           |                     |            |                    |
|                       | From: _____/_____/_____<br>To: _____/_____/_____ | \$           |                     |            |                    |

Are there any particular jobs or trades that interest you? \_\_\_\_\_

Why? \_\_\_\_\_

What would you like to see yourself doing for a living in the next 6 months? \_\_\_\_\_

How do you plan to get there: \_\_\_\_\_ Target wage/salary: \_\_\_\_\_

What benefits are important to you? \_\_\_\_\_

Do you have interest or skill in the following areas: (please circle I for Interest and S for Skill)

- I or S Plumbing                      I or S Computer                      I or S Landscaping/Lawn  
I or S Clerical Support              I or S Electrical                      I or S Security  
I or S Social Work                      I or S Accounting                      I or S Business Management  
I or S Heating                              I or S Painting                      I or S Home Health Aide  
I or S Carpentry                      I or S Commercial Driver's License      I or S Other \_\_\_\_\_

Are you interested in training to develop the skills for any of the above jobs?       Yes                       No

## INCOME AND SUPPORT SERVICES

Please identify your current sources of income by completing the following. Write "0" in the amount column if you have no income from the indicated source.

| Source                           | Amount | Per Time Period <i>(Circle one)</i> |       |      |
|----------------------------------|--------|-------------------------------------|-------|------|
|                                  |        | Week                                | Month | Year |
| Earnings from employment         | \$     | Week                                | Month | Year |
| Child support                    | \$     | Week                                | Month | Year |
| DHS rent assistance or Section 8 | \$     | Week                                | Month | Year |
| DHS cash grant                   | \$     | Week                                | Month | Year |
| Food stamps                      | \$     | Week                                | Month | Year |
| SSI                              | \$     | Week                                | Month | Year |
| Unemployment insurance           | \$     | Week                                | Month | Year |
| Disability insurance             | \$     | Week                                | Month | Year |
| Other: _____                     | \$     | Week                                | Month | Year |

Please indicate whether or not you are currently receiving the following benefits and whether or not you have received them in the past.

| Benefit   | <u>Currently</u> |    | <u>In the Past</u> |    |
|---|------------------|----|--------------------|----|
|   | Yes              | No | Yes                | No |
| Medicaid  |                  |    |                    |    |
| Medical Insurance for yourself<br>Specify: _____      |                  |    |                    |    |
| Medical Insurance for your children<br>Specify: _____ |                  |    |                    |    |
| Other insurance for yourself<br>Specify: _____        |                  |    |                    |    |
| Other insurance for your children<br>Specify: _____   |                  |    |                    |    |
| Transitional Day Care                                 |                  |    |                    |    |
| Title XX Day Care (Income Eligible)                   |                  |    |                    |    |
| WIC   |                  |    |                    |    |

If you receive DHS benefits, please complete the following:

DHS case number: \_\_\_\_\_

Number on grant: \_\_\_\_\_

Name of case worker: \_\_\_\_\_

Phone number: \_\_\_\_\_

Years/months on DHS? \_\_\_\_\_

Are you currently sanctioned?  Yes  No If yes, why? \_\_\_\_\_

**OUTSTANDING DEBTS**

Please indicate below whether or not you have any of the following debts.

If yes:

| Debt                           | Yes | No | Total Amount Owed | Monthly Payment |
|--------------------------------|-----|----|-------------------|-----------------|
| Past/Current Rent              |     |    | \$                | \$              |
| Gas & Electric                 |     |    | \$                | \$              |
| Telephone                      |     |    | \$                | \$              |
| Credit Card (Visa, MasterCard) |     |    | \$                | \$              |
| Store Charges                  |     |    | \$                | \$              |
| Student Loan                   |     |    | \$                | \$              |
| Car Loan                       |     |    | \$                | \$              |
| Car Lease                      |     |    | \$                | \$              |
| Finance Company Loan           |     |    | \$                | \$              |
| Installment Loan               |     |    | \$                | \$              |
| Loan from Family/Friend        |     |    | \$                | \$              |
| Furniture Lease                |     |    | \$                | \$              |
| Mortgage                       |     |    | \$                | \$              |
| Medical Debt                   |     |    | \$                | \$              |
| Legal Debt                     |     |    | \$                | \$              |
| Other: _____                   |     |    | \$                | \$              |

## HEALTH HISTORY

When was the last time you saw a doctor? \_\_\_\_\_

Do you need TTD/TDY access to our staff?  Yes  No

Do you . . .

|   | Yes | No | <i>If yes, please explain</i> |
|---|-----|----|-------------------------------|
| Have a physical disability?                         |     |    |                               |
| Have a mental disability?                           |     |    |                               |
| Have a developmental disability?                    |     |    |                               |
| Require any special accommodations?                 |     |    |                               |
| Take medication for a medical condition?            |     |    |                               |
| Take medication to help with your behavior or mood? |     |    |                               |

Have you ever . . .

|  | Yes | No | <i>If yes, name of abuser and why</i> |
|--|-----|----|---------------------------------------|
| Been in a domestic violence situation (e.g., hit by your partner)? |     |    |                                       |
| Had an Order of Protection?  |     |    |                                       |
| Considered getting an Order of Protection?                         |     |    |                                       |

For each of the following activities, please indicate whether you currently participate in the activity and whether you participated in the activity in the past.

| Activity                          | Currently |    | <i>If yes, frequency</i> | In the Past |    | <i>If yes, last date of use</i> |
|-----------------------------------|-----------|----|--------------------------|-------------|----|---------------------------------|
|                                   | Yes       | No |                          | Yes         | No |                                 |
| Alcohol use                       |           |    |                          |             |    |                                 |
| Drug use<br><i>Specify:</i> _____ |           |    |                          |             |    |                                 |
| Drug use<br><i>Specify:</i> _____ |           |    |                          |             |    |                                 |

Have you, or do you currently attend any treatment program?  Yes  No

If yes, where? \_\_\_\_\_

Counselor name & phone number \_\_\_\_\_

Do you have a history of psychiatric care?  Yes  No

If yes, name and phone number of psychiatrist: \_\_\_\_\_

Have you ever been advised to take medication for nervousness, depression, hearing voices or any other emotional problem?  Yes  No

*If yes:* Please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized because you or others thought you had problems with emotions, nerves, or your mental health?  Yes  No

*If yes:* Please indicate dates, length of stay, and place of hospitalization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Using the scale described below, please indicate whether you and/or your family have been involved with or been required to participate in the following services.

- Current = Currently involved with the service
- Past Only = Were involved with the service in the past, but are not currently
- Never = Have never been involved with the service

| Service                        | Past    |      |       | <i>If current or past, please explain</i> |
|--------------------------------|---------|------|-------|---|
|                                | Current | Only | Never |   |
| Individual Counseling          |         |      |       |   |
| Chemical Dependency Counseling |         |      |       |   |
| Family Counseling              |         |      |       |   |
| Career Counseling              |         |      |       |   |
| Protective Services            |         |      |       |   |
| Family Court                   |         |      |       |   |
| Legal Services                 |         |      |       |   |
| Probation/Parole               |         |      |       |   |
| Drug Court                     |         |      |       |   |
| Other: _____                   |         |      |       |   |

**LEGAL HISTORY**

Have you ever been convicted of a crime?  Yes  No

*If yes:* Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any pending warrants?  Yes  No      Date of Incident \_\_\_\_\_

*If yes:* Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any charges pending?  Yes  No      Date of incident \_\_\_\_\_

*If yes:* Please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation?  Yes  No      If yes, how many times? \_\_\_\_\_

How long were you on probation and why \_\_\_\_\_

On parole?  Yes  No      If yes, how many times? \_\_\_\_\_

How long were you on parole and why? \_\_\_\_\_

Probation officer name and phone number: \_\_\_\_\_

Are there any activities with your lawyer, probation/parole office, or the courts which would interfere with your involvement in services or your obtaining/maintaining employment?  Yes  No

## CHILDREN

Please list your children who are 18 years of age or under.

| First Name | Last Name | Gender | Date of Birth | Age | Do You Have Legal Custody? |    |
|------------|-----------|--------|---------------|-----|----------------------------|----|
|            |           |        |               |     | Yes                        | No |
|            |           | M F    | / /           |     | Yes                        | No |
|            |           | M F    | / /           |     | Yes                        | No |
|            |           | M F    | / /           |     | Yes                        | No |
|            |           | M F    | / /           |     | Yes                        | No |

Please list your children by first name in the same order as above and respond to the questions about the education of each.

| First Name | Name of School | Grade* | IEP? |    | PINS? |    |
|------------|----------------|--------|------|----|-------|----|
|            |                |        | Yes  | No | Yes   | No |
|            |                |        | Yes  | No | Yes   | No |
|            |                |        | Yes  | No | Yes   | No |
|            |                |        | Yes  | No | Yes   | No |
|            |                |        | Yes  | No | Yes   | No |

\*For grade, enter D for day care, P for pre-kindergarten, K for kindergarten, or 1 to 12 for grade number.

Please list your children by first name in the same order as above and indicate whether or not each has a disability.

| First Name | Physical Disability? |    | Mental Disability? |    | Developmental Disability? |    | <i>Please explain</i> | How long has the child lived with you? |
|------------|----------------------|----|--------------------|----|---------------------------|----|-----------------------|--|
|            | Yes                  | No | Yes                | No | Yes                       | No |                       |  |
|            | Yes                  | No | Yes                | No | Yes                       | No |                       |  |
|            | Yes                  | No | Yes                | No | Yes                       | No |                       |  |
|            | Yes                  | No | Yes                | No | Yes                       | No |                       |  |
|            | Yes                  | No | Yes                | No | Yes                       | No |                       |  |

\*For grade, enter D for day care, P for pre-kindergarten, K for kindergarten, or 1 to 12 for grade number.

Total number of live births: \_\_\_\_\_

Are you pregnant?  Yes  No

If yes, when is the baby due? \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL REFERENCES**

PLEASE COMPLETE THE FOLLOWING FOR TWO PERSONAL REFERENCES.

Reference 1:

|                     |             |                  |          |
|---------------------|-------------|------------------|----------|
| _____               |             | _____            |          |
| Reference's Name    |             | Telephone Number |          |
| _____               |             | _____            | _____    |
| Street Address      | City        | State            | Zip Code |
| _____               |             | _____            |          |
| Relationship to You | Years Known |                  |          |

Reference 2:

|                     |             |                  |          |
|---------------------|-------------|------------------|----------|
| _____               |             | _____            |          |
| Reference's Name    |             | Telephone Number |          |
| _____               |             | _____            | _____    |
| Street Address      | City        | State            | Zip Code |
| _____               |             | _____            |          |
| Relationship to You | Years Known |                  |          |

**CONTACT IN CASE OF EMERGENCY**

|                   |                   |                     |          |
|-------------------|-------------------|---------------------|----------|
| _____             |                   | _____               |          |
| First Name        | Last Name         |                     |          |
| _____             |                   | _____               | _____    |
| Street Address    | City              | State               | Zip Code |
| _____             |                   | _____               |          |
| Daytime Telephone | Evening Telephone | Relationship to You |          |

**REFERRAL INFORMATION**

Please indicate the name of the person or agency who referred you to Wilson Commencement Park.

|                             |  |  |                |
|-----------------------------|--|--|----------------|
| _____                       |  | _____                                    |                |
| First Name                  |  | Last Name                                |                |
| _____                       |  | _____                                    |                |
| Agency Name (If applicable) |  | Relationship/Position (If an individual) |                |
| _____                       |  | _____                                    | _____          |
| Street Address              |  | City                                     | State Zip Code |
| _____                       |  |  |                |
| Telephone                   |  |  |                |

Have you previously applied to Wilson Commencement Park?

*If yes:* When did you apply? \_\_\_\_\_

Is any member of your family now an employee of Wilson Commencement Park/Destiny?

*If yes:* Name of individual: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Is any member of your family now living at Wilson Commencement Park/Destiny or has lived here?

*If yes:* Name of individual: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



# WILSON COMMENCEMENT PARK



## RELEASE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Children: \_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_ authorize and direct any Federal, State, or Local agency, organization, business or individual to release to Wilson Commencement Park all information concerning myself and/or my children. I also authorize Wilson Commencement Park to release information concerning myself and/or my children to the organization checked below.

I understand that, depending on program policies and requirements, previous and/or current information regarding myself or my child(ren) may be needed.

The organizations or individuals that may be asked to release the above information includes but are not limited to:

- |                               |                               |
|-------------------------------|-------------------------------|
| Department of Social Services | Past and Present Employers    |
| Health Care Providers         | Social Service Administration |
| Legal Services                | Law Enforcement Agencies      |
| Child Protective Services     | Social Service Agencies       |
| Schools                       | Shelters                      |

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file with Family Support Services and will stay in effect for three (3) months from the date signed.

I understand that this information is to be used in my best interest and will remain confidential.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**WILSON  
COMMENCEMENT PARK**



**POLICY OF WILSON COMMENCEMENT PARK  
REGARDING RESIDENT INFORMATION**

Any general information included as part of an individual family's records will be made accessible between departments. Other information not routinely in a family's records may be shared between professional Departments or Managers on a need-to-know basis at the discretion of the Department or Managers. Information which involves criminal acts (fraudulent behaviors), including use of physical force, offenses against another person, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

Applicant's acknowledgment of being informed of the above:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**CERTIFICATION**

I am applying for the Wilson Commencement Park Transitional Housing Program. I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant the Agency permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for denial of this application or for termination of program and housing if such false statement is discovered subsequent to being approved.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Did someone assist you in completing this application?  Yes  No  
If yes, name of person and contact information:

\_\_\_\_\_

Revised April 2009