

EMERGENCY SHELTER REFERRAL

Next Step Center, Inc.

To be completed by organization making the referral. **Call 814-444-8588 to submit.**

NOTE: The following questions apply to all children and/or adults accompanying the applicant.

Date: _____

Name of referring organization: _____

Phone # with extension: _____

Name of person completing application: _____

Name of adult applicant(s): _____

Birthdate: _____ Social Security No.: _____

Current address: _____ How long? _____

Previous address: _____ How long? _____

Phone: _____ Additional contact information: _____

Proof of Residency Documents: _____

Veteran? _____

List any children, if also seeking shelter.

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the situation. Why is the applicant homeless? _____

Where did the applicant stay last night? _____

How long can the applicant stay at their current address? _____

If we are unable to provide shelter, what will he/she do? _____

Has anyone lived in another state or county? _____

Has applicant(s) resided at Next Step Center in the past? yes____ no____

If yes, provide dates of residency (if known) _____

Income : yes____ no____ Amount per week: \$ _____ Source: _____

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Do you have a physical disability? yes____ no____

If yes, please list/explain:_____

Are you able to provide for your daily living activities without staff assistance? yes____ no____

If yes, please list/explain:_____

Is the applicant a victim of domestic violence? yes____ no____

If yes, is there a Protection From Abuse (PFA) order in place? yes____ no____

Where is the abuser located at the present time?_____

Does anyone have a Protection From Abuse (PFA) order against the applicant(s)? yes____ no____

Does the applicant have any addictions to alcohol or controlled substances? yes____ no____

If yes, is the applicant receiving ongoing support? (AA, Twin Lakes, NA, etc.)

Describe support resources: _____

Does anyone have pending charges?_____

Is anyone on probation or parole? yes____ no____

If yes, please list the Probation Officer's name:_____

Has the applicant(s) ever been indicated*, or founded* in the abuse of a child? yes____ no____

*indicated – CYS agency determined the child was abused

*founded – Court determined the child was abused

If yes, please list/explain:_____

Referral Agent

Signature:_____

To be completed by the Applicant:

I understand that a background check will be conducted prior to my acceptance at the Next Step Center. I further understand that the Next Step Center will conduct an accuracy check on the information I provided to establish my eligibility for admission. I further understand that providing false information will result in my immediate termination from The Next Step Center program. With that understanding, I verify the information regarding my eligibility to participate in the Next Step Center program is true and correct.

Applicant's Signature

Date