



Foundry Village Application

PROGRAM DESCRIPTION:

Foundry Village is a transitional village that provides a safe and secure, transitory emergency shelter for those currently without housing and provides case management services to help address barriers to housing.

It is a community based on five basic rules:

1. No acts of violence to people or property
2. No theft or borrowing without permission
3. No alcohol, illegal drugs, or drug paraphernalia on the property
4. No persistent, disruptive behavior
5. Everyone must contribute to the operation and maintenance of the Village

APPLICATION PROCESS

- Applications are accepted by Newman United Methodist Church 132 NE B St (Deposit in white mailbox on B St entrance) Grants Pass OR 97526
- If applicants are found to be ineligible, they will be advised by a letter sent to their last known address.
- If the applicant is found to be eligible, the applicant will be put on the waiting list.
- Applications will be reviewed in time and date order.
- When a unit becomes available staff will review all applications on the waiting list, conduct interviews and select a potential candidate.
- Applications will be kept on file for one year. After 3 failed attempts to locate, or 6 months after applying, the application will automatically be closed. A closed applicant may reapply and be placed back on the list.

ELIGIBILITY:

1. **Age:** Must be at least 18 years of age
2. **Criminal History:** The following will be reasons for denial:
 - a registered sex offender listed as a predator or pedophile
3. Demonstrates a willingness to want to make lifestyle changes

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TODAY'S DATE: _____ / _____ / _____

Foundry Village Application

(If you need assistance filling out this form visit our staff Mon and Wed 9-12pm at Newman United Methodist Church in the conference room. One of our staff will be happy to help you.)

CONTACT INFORMATION

Legal Name: _____ Street Name: _____

Mailing Address (REQUIRED): _____

City: _____ ST: _____ ZIP: _____

E-mail address: _____ Best Phone: _____

Circle one: Single / Married / Couple*

CHECK ALL THAT APPLY:

VET= Veteran / SA= Substance Abuse
DV=Domestic Violence / MH= Mental Health Diagnosis

APPLICANT INFORMATION

FULL NAME	RELATIONSHIP	BIRTHDAY	GENDER	SS #	VET	SA	DV	MH
	<u>SELF</u>	/ /		- -				
		/ /		- -				

HOMELESS HISTORY

Where do you sleep at night (be specific): _____

Is this your first experience being unhoused? YES NO
S

Have you been homeless for one year or more this episode (continuously)? YES NO
S

Have you been homeless four or more times in the past 3 years (that equal 12 months together)? YES NO
S

How long have you been without stable housing? _____

Where was your most recent permanent address? _____

How did you become unhoused? _____

How long have you been in the Grants Pass/Josephine County Area? _____

Do you have a therapy animal or pet? YES NO

If so, what kind? _____ How many pounds? _____ Spay/neuter? YES NO

TRANSPORTATION INFORMATION

Do you have a driver's license or State ID? YES NO Driver's License/State ID number: _____ State: _____

Do you have a car? YES NO / Do you have an RV? YES NO / Do you have insurance? YES NO Do

you have a bicycle? YES NO / Do you have a bus pass? YES NO

How much stuff do you have? Backpack / Car load / Truck load / Storage Unit

INCOME AND/OR BENEFIT INFORMATION

Current Employer: _____ Supervisor: _____

Work Address: _____ Work Phone: _____

How long have you worked here? _____ How many hours per week do you work? _____

Is this a permanent job? YES NO How much do you earn per month? \$ _____

Do you receive income from any other source?(where and amount)

SOURCE: _____ **AMOUNT:** _____

SOURCE: _____ **AMOUNT:** _____

Do you receive SNAP (Food Stamps)? YES NO **AMOUNT:** _____

HEALTH INSURANCE INFORMATION Do you currently have health Insurance?: YES NO

Member ID Number: _____

MEDICAID (Oregon Health Plan) WHICH ONE: Jackson Care Connect AllCare Other

MEDICARE Employer Provided Health Ins. Private Ins. Veteran's Administration Medical Other: _____

DO YOU REQUIRE A UNIT WITH SPECIAL FEATURES? YES NO

Grab Rails No Stairs Wheelchair Accessible Hearing Impaired Smoke Detector Other: (explain:)

LEGAL INFORMATION

Notice: We will conduct a background check on all applicants. Having a criminal history may not disqualify you in most instances.

If that background check does not match your answers on this form, your application to live in Foundry Village will be denied.

PLEASE BE HONEST! Your answers help us determine how to best help you remove barriers to housing.

Have you been convicted of a crime in the last 5 years? YES NO If Yes: How many times in the last 3 yrs.? _____

Are you a registered sex offender? YES NO

If yes to any, give details: _____

Are you on: Supervision/Probation YES NO / Parole YES NO Until when: ____ / ____ / ____

Name of your parole/probation officer: _____ Address _____

City _____ State _____ Zip _____ Phone _____

Do you have any pending court cases? ____ Yes ____ No

If yes, give details: _____

SUBSTANCE ABUSE HISTORY

Are you now or have you ever struggled with any drug or alcohol addiction? YES NO

Are you currently clean and sober? YES NO Clean date: ____ / ____ / ____

How would you describe your addiction history, what is your current level of sobriety? _____

Do you currently attend any recovery meetings or groups? YES NO / Do you have a sponsor? YES NO

INTAKE INFORMATION (Questions 1-5)

PLEASE ANSWER THESE QUESTIONS FULLY AND TO THE BEST OF YOUR ABILITY SO WE KNOW HOW WE CAN HELP YOU BEST AND DETERMINE IF YOU ARE A GOOD CANDIDATE FOR VILLAGE COMMUNITY LIFE.

1. What would you like to tell us about yourself, for example: What experiences have you had that have made you who you are as a person? How do you see yourself in the future, what do you want to be? What are your weaknesses and your strengths? _____

2. What are your housing barriers? (What keeps you from finding stable housing) examples: Income, Criminal history, No rental history, Bad rental history, Evictions, Poor credit or lack of credit, etc.) _____

3. Are you involved with any community agencies? Who is your Case Manager or Outreach Worker? **Please include their Phone Number.** If you are not currently involved with any agencies please list 4 non related personal references.

CONTACT NAME	AGENCY / COMPANY	PHONE #
1.		
2.		
3.		
4.		

4. Do you have any current Physical Health Conditions that have been diagnosed? YES NO

If yes: do you have a Primary Care Provider? Are you on any prescription medications? If so, what are they? You must provide a current prescription, in your own name, for any and all narcotic medications at the time of interview.

5. Do you have any current Mental Health Conditions that have been diagnosed? YES NO

If yes: are you a current client at Josephine County Mental Health or have a private mental health provider? Are you on any prescription medications? If so, what are they? You must provide a current prescription, in your own name, for any and all narcotic medications at the time of interview.

APPLICANT SIGNATURE: _____ Date: _____

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