

GARDEN LOFTS APPLICATION

Applicant Information					
Name:				Social Security No:	
Date of Birth:			Marital Status:		
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:		
Gender Identity:	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Other:		
What pronouns do you use? <input type="checkbox"/> He / him <input type="checkbox"/> She / her <input type="checkbox"/> They / them <input type="checkbox"/> Other (list below)					
Sexual orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Gay / Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other (list below)					
Please check the box to the left of the highest educational grade completed:					
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> College (list level below)					
Please list any diplomas, degrees, certificates, and licenses below:					
Please complete the information below so we can contact you when you come up on the waitlist					
Phone number:				Whose phone number is this?	
<input type="checkbox"/> The applicant's <input type="checkbox"/> A family member's <input type="checkbox"/> A counselor's / worker's <input type="checkbox"/> Other (list below)					
Where are you currently staying?					
<input type="checkbox"/> On the streets <input type="checkbox"/> In a shelter <input type="checkbox"/> In a rehab <input type="checkbox"/> Couch surfing <input type="checkbox"/> Other (list below)					
Do you have needs that require a unit that is accessible for someone with mobility, hearing, or visual impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any pets other than those used as service animals? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Medical Information				
Do you have a substance use disorder diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when was the diagnosis made?				
If yes, who made the diagnosis?				
Have you ever received detox, inpatient, or rehab substance use treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please complete the following:				
Events leading to treatment	Program	Admission Date	Discharge Date	Staff Contact

Do you have a mental health diagnosis? Yes No

If yes, when was the diagnosis made?

If yes, who made the diagnosis?

Have you ever received inpatient mental health treatment? Yes No

If yes, please complete the following:

Events leading to treatment	Program	Admission Date	Discharge Date	Staff Contact

Are you currently taking any prescription medications? Yes No

If yes, please list your current medications below:

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Primary Care Provider:

Phone No. Address:

Substance Use Counselor & Agency:

Phone No. Address:

Mental Health Counselor & Agency:

Phone No. Address:

Health Home Provider:

Phone No. Address:

Any Other Relevant Service Provider:

Phone No. Address:

Financial Information

Please list your various sources of income below:

Income Source	Amount / Month

Legal Information			
Are you currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of probation officer:		Phone No.	
Are you currently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of parole officer:		Phone No.	
Do you have a sex offender status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of physical assault? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of arson? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Information
When was the last time you used any mind altering substance?
What is your drug of choice?
What are your current linkages (outpatient, health home, groups, self-help, peer support, etc.)?
What are your desired linkages?
What do you hope to accomplish in the next year?
Why are you interested in this program?

Please check the following boxes next to the required items below to ensure that a complete application is being submitted.

Required Documents for All Applications	
<input type="checkbox"/>	A photocopy of your photo ID and benefit card
<input type="checkbox"/>	Verification of homelessness or imminent risk of homelessness
<input type="checkbox"/>	Income verification
<input type="checkbox"/>	All legal documentation if you are engaged with the justice system
<input type="checkbox"/>	Verification of disability signed by a Qualified Health Professional within the last calendar year
<input type="checkbox"/>	Information consent between your agency and Cazenovia Recovery Systems, Inc. (if applicable)

Signatures			
Applicant Signature:		Date:	
Referral Source Printed Name (if applicable):			
Referral Source Signature:		Phone No:	

Instructions

Please mail, fax, or email completed applications to one of the following:

Mailing Address:	Housing Program, 2211 Main St, Buffalo, NY 14214
Fax Number:	716-894-7308
Email Address:	gardenlofts@cazenoviarecovery.org

If your application is complete when it is returned, you will be placed on a waitlist in order of receipt. If you are chosen for an apartment, you must provide documentation of a diagnosed substance use disorder and provide proof that you are either homeless or at-risk of being homeless and need permanent housing.

Questions can be directed to the email address listed above.