SUPPORTED HOUSING ADMISSION APPLICATION

Please complete each section carefully. This form is to be completed by the referring agency and / or applicant. Adequate diagnostic information and documentation is essential to a prompt and informed intake decision. All applications are placed on a waitlist once they are received. Instructions for submitting applications are listed below.

Applicant Information			
Name:		Social Security No:	
Date of Birth:		Marital Status:	
Sex: ☐ Male ☐ Female ☐ Other:			
Gender Identity: ☐ Man ☐ Woman ☐ Other:			
What pronouns do you use? ☐ He / him ☐ She / her ☐ They / them ☐ Other (list below)			
Sexual orientation: ☐ Straight ☐ Gay / Lesbian ☐ Bisexual ☐ Other (list below)			
Please check the box to the left of the highest educational grade completed:			
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐GED ☐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?	
☐ The applicant's ☐ A family member's ☐ A counselor's / worker's ☐ Other (list below)			
Where are you currently staying?			
☐ On the streets ☐ In a shelter ☐ In a rehab ☐ Couch surfing ☐ Other (list below)			

Medical Information		
Do you have a substance use disorder diagnosis? ☐ Yes ☐ 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? ☐ Yes ☐ 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:

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			
Are you currently receiving Social Services benefits? ☐ Yes ☐ No			
Are you currently receiving SSI or SSD benefits? ☐ Yes ☐ No			
If yes to either question above, please complete the following:			
Case number:		Case worker:	
Monthly benefit amount:		Type (SSD, SSI, etc.):	
Medicaid number:		Managed care provider:	
Have you been refused or sanctioned for Social Services or Social Security Benefits? ☐Yes ☐No			
If yes, please explain below:			

Legal Information			
Are you currently on probation? ☐ Yes ☐ No			
	Name of probation officer:	Phone No.	
Are you currently on parole? ☐ Yes ☐ No			
	Name of parole officer:	Phone No.	
Do you have a sex offender status? ☐ Yes ☐ No			
Have you been convicted of physical assault? ☐ Yes ☐ No			
Have you been convicted of arson? ☐ Yes ☐ No			

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	
☐	All legal documentation if you are engaged with the justice system
☐	A photocopy of your photo ID and benefit card

Required Information for Applications from Referral Sources	
☐	Information consent between your agency and Cazenovia Recovery Systems, Inc.
☐	Verification of homelessness or imminent risk of homelessness
☐	Verification of disability signed by a Qualified Health Professional within the last calendar year

Signatures			
Applicant Signature:		Date:	
Referral Source Printed Name:		Phone No.	
Referral Source Signature:			

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:	housingintake@cazenoviarecovery.org