

**PENOBSCOT COMMUNITY HEALTH CARE
HOPE HOUSE HEALTH AND LIVING CENTER
Policy and Procedure**

Referral Form For Hope House Transitions

Policy: Referral form must be filled out by referral source.

**Procedure: Complete this form and return to:
Housing Coordinator
Hope House
352 Texas Avenue
Bangor, Maine 04401**

Applicant's Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Referred by:

Name, Title: _____

Agency: _____

Address: _____

Telephone: _____

Emergency Contact Number: _____

Does the applicant have chronic psychiatric problems (this would include alcohol or substance dependence problems?)

If yes, please describe in detail:

Prioritization:

VI-SPDAT Score: _____ Date of VI-SPDAT: _____

Is applicant Chronically Homeless Yes | No

Number of days homeless lifetime: _____

Number of days homeless past 3 years: _____

Number of days homeless current episode: _____

Present living arrangements: _____

How long? : _____

Does the applicant have anti-social, suicidal, violent, or other threatening behaviors? If yes, please describe in detail: _____

Describe any legal problems or obligations, if any: _____

Does the applicant take prescription medications? Yes ____ No: _____

Can the applicant be responsible for taking his/her own medications?: Yes _____ No _____

List Medications

Describe the applicant's assets, strengths, and motivation for independent living: _____

Is there any additional information you feel we should know: _____

In your opinion, what are the greatest barriers preventing this person from obtaining and maintaining independent living?

Your Signature/Title

Date

Hope House Transitions: Rules and Responsibilities

The main purpose of Hope House Transitions is to be a short-term substance free Transitional Housing project. Tenants of Hope House Transitions will be able to rent a single unit on a week to week basis for a short period of time in order to get stable and find a way to transition back into the community.

The rules are as follows:

1. Not to possess or use alcohol or illegal drugs or abuse controlled substances or allow guests, family or invitees to possess or use any of the above mentioned substances.
2. Illegal use of drugs will be grounds for immediate eviction and notification to law enforcement.
3. Units will be rented on a weekly basis. Total weekly rent will be \$ 112.50 per week or \$450.00 per month.
4. No **SMOKING** in your rooms. Designated smoking areas are outside, 20 feet from the building. Smoking in your room may result in immediate eviction.
5. There is on site laundry. You are responsible for purchasing the soap, etc., to wash your clothes.
6. There will be no overnight guests or subletting of your unit.
7. You are welcome to use personal TV's, radios, etc., as long as they don't disturb your neighbors.
8. Violent or threatening behavior directed at either other tenants or employees will not be tolerated and can result in an immediate eviction.
9. No tenant will be allowed to keep pets in their unit. Animals used to assist a person with a disability are allowed.
10. Tenants cars must be parked in designated parking areas only.
11. If your unit needs repairs, you must speak to the housing coordinator regarding the issue. If the housing coordinator is unavailable and there is an emergency where immediate action must be taken, please bring your concerns to an employee.
12. Hope House Transitional is not responsible for any items that are lost, stolen, or damaged. This includes items that are kept in your private unit; items kept in the common areas, or food items that are kept in the refrigerator.
13. By renting a unit in Hope House Transitional, you also are permitted to use all common areas of the Hope House Transitional building.
14. Mail will be collected and distributed by the housing coordinator. There will be a designated time when mail will be distributed. Tenants are encouraged to have personal PO Boxes.
15. Units will be inspected before you move in. When the time comes to move out, units will be inspected again and you will be held responsible for any damage that occurs because of misuse of property.

16. Hope House and Hope House Transitional will not tolerate stockpiling of junk. You must take your belongings with you when you move out. Any abandoned property will be disposed of in accordance with Maine's Abandoned Property Laws.
17. You will be held responsible for the conduct and behavior of your visitors.
18. All tenants will be responsible for helping to keep the building inside and outside clean. This could include removing snow from the walkways in the winter months.

Resident Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Hope House Transitions Tenant Application

Date of Application: _____

Name: _____ **SS#** _____

Are you over 18 years old? _____

Where are currently living? _____

If you are homeless, you will need to provide documentation from an emergency shelter or other qualified personnel verifying your homeless status.

Phone number where you can be reached: _____

One purpose of Hope House Transitions is to provide a low cost rental unit so that individuals can have the opportunity to transition back into the community. How do you see Hope House Transitions fitting into your plans for becoming independent in the community? _____

Are you receiving any of the following?

Medicaid: _____

Food Stamps: _____

VA Benefits: _____

SSI/SSDI: _____

Other: _____

What is your total monthly income? _____

If you have an income, you will need to provide documentation of this.

How will the rent be paid? _____

Have you ever lost housing assistance before? If yes, please explain: _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, please explain:

Do you have any psychiatric problems (this includes alcohol and substance dependence)? _____

Do you have any charges pending? Yes ___ No ___

If yes, please explain: _____

By signing this I _____ agree that all the information provided above is true to the best of my knowledge. I also understand that any false representation on this application will be grounds for an eviction from Hope House Transitions.

Signature: _____ Date: _____

Witness: _____ Date: _____