



PROGRAM APPLICATION

Shelter from the Storm Ministries, Inc. ("SFTSM") sponsors a comprehensive, Christian faith-based program that seeks to engage the whole person. SFTSM works alongside each participant as the participant seeks greater independence, financial stability, and a deeper sense of community.

SFTSM respects each participant's autonomy and self-determination. Participants do not receive services through a one-way relationship with SFTSM as provider. Instead, participants, their families, and SFTSM collaborate in establishing goals and in taking the steps necessary to achieve them.

Due to the nature of the SFTSM program, it is to the mutual advantage of both SFTSM and program applicants that each applicant is evaluated carefully for fit and readiness for the program. Each participant must be prepared to make a sincere and total commitment to the program in order for the relationship between SFTSM and the participant to be a healthy one.

The information requested on this Program Application will aid SFTSM in evaluating whether its program is currently appropriate for the applicant and the applicant's family. SFTSM may also use the information you disclose on this Program Application to suggest alternative or additional resources that may be available to you beyond what SFTSM provides; however, the information you disclose on this Program Application will not be disclosed to any third party without your consent unless such disclosure is required by law.

Submission of a program application requires authorization of background check form as well, see end of document for details. (Background check is page 7-8)

PERSONAL

Full name (including middle initial): _____

Today's Date: _____ Your date of birth: _____ Current age: ____ SS#: _____

Driver's License #: _____ State Issued: ____ Are you a veteran: [Yes] [No]

Current Phone Number: _____ Alternate Phone number: _____

Current Email Address: _____

Backup phone (phone numbers change, who can we call to try and reach you if your number is disconnected?)

Name: _____ Relationship: _____ Phone: _____

Where did you stay last night? _____ How long have you been there? _____

Current (or most recent) address: _____

How long have you lived in Dane County or Sun Prairie? _____

Have you ever lived outside of Wisconsin [Yes] [No] If yes, where: _____

Marital Status: [] Divorced [] Married [] Separated [] Single [] Widowed

EMERGENCY CONTACT

- 1. Name: _____ Relationship: _____ Phone: _____
Address: _____
- 2. Name: _____ Relationship: _____ Phone: _____
Address: _____

DEPENDENTS

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

Name: _____
 Relationship: _____
 Date of birth: _____ Age: _____
 School: _____ Grade: _____

[] Please check here if more dependents listed on back

Shelter from the Storm recommends parents move their children to Sun Prairie Schools immediately after move-in (if children are recently enrolled in another district) or at the end of the current school semester.

Are you currently expecting a child or children? Circle one: [Yes] [No]

If you are currently expecting, how far along is your pregnancy (approximate month)? _____

EDUCATION and EMPLOYMENT

Are you currently employed? [Yes] [No] If so, length of time with current employer: _____

Name of current employer: _____ Location (City/State): _____

Do you work 1st shift _____ 2nd shift _____ 3rd Shift _____ ?

If you work 3rd shift, are you willing to change to 1st or 2nd shift or change jobs? _____

If you do not have transportation are you willing to change jobs closer to the shelter if you are not able get to your job on your own [Yes] [No]

Is there anything that would prevent you from working? [yes] [No] If Yes, please explain

Do you have current child care [Yes] [No] If so, where: _____

If no, are you willing to enter your child in to childcare? [Yes] [No]

If not currently employed, name of most recent employer: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

Education (circle highest level completed):

(a) Some High School (b) High School/GED (c) Beyond High School

Are you currently attending school? [Yes] [No]

If yes, where and for what? _____

Do you owe Federal loans, any school loans or fees? [Yes] [No] if yes how much _____

MONTHLY INCOME and AVAILABLE RESOURCES

Source of income/resources	Yes/No	Dollar amount per month	Family Member Receiving
Employment (all sources)			
Child support			
Maintenance (alimony)			
Unemployment insurance			
Worker's compensation			
Food Share (Wisconsin SNAP)			
Women, Infant & Children (WIC)			
TANF OR W2 (WI Only)			
SSI (Supplemental Security Income)			
SSDI (Social Security Disability Insurance)			
Other Social Security benefit(s)			
Veteran benefit			
Other; specify source(s):			

TRANSPORTATION

Do you have a current and valid driver's license? [Yes] [No]

If no, has your driver's license been suspended [Yes] [No] or

Do you need driver's education? [Yes] [No]

Do you have access to transportation other than public transportation? Circle one: [Yes] [No]

Do you have your own vehicle? Circle one: [Yes] [No] Is it working? [Yes] [No]

Do you have current insurance [Yes] [No]

Does your vehicle need any repairs? If so what?

Please list any other service provider(s) or case worker(s) that you are currently working with Such as: school social workers. ECI, Rise, Doctor's office, etc,

Contact Name:

Agency:

Phone:

[] Please check here if more providers are listed on back.

Are you comfortable participating in a program that is Christian faith-based: [Yes] [No]

Do you actively participate in faith-based activities: [Yes] [No]; if yes, where: _____

RENTAL and CREDIT HISTORY (Evictions & debt will not prevent you from being admitted to programming)

Places you have lived in the past 3 years, besides your current residence:

From(Month/Yr): To(Month/Yr): Apt/House/Other: Location/City: Reason for leaving:

Have you ever been evicted (actually served papers from the Court): [Yes] [No]

Did it go to court: [Yes] [No]; If yes, why? _____

Have you ever been asked to leave for reasons other than nonpayment: [Yes] [No]

If yes, please explain: _____

Do you have any outstanding debt: [Yes] [No]; if yes, explain: _____

PERSONAL ASSESSMENT

Are you or any of your dependents on probation/parole? [Yes] [No] If yes, why: _____
If yes, Officer: _____ Phone: _____

Does anyone in your family have any pending legal action? [Yes] [No]; if yes, explain: _____

Do you have a history of domestic violence? [Yes] [No] Are you a? []Victim/Survivor []Offender
If yes, explain: _____

Active restraining order in place: [Yes] [No]; If yes, name of person against whom it is in place: _____

Are you currently using illegal drugs? _____
Are you currently abusing prescription drugs? _____
Are you currently smoking cigarettes? _____
Are you currently drinking alcohol? _____
Do your children have issues with any of these? _____
Previous usage of any drugs, alcohol, or cigarettes? _____ If yes, what? _____ How long sober? _____
Please describe any treatment: _____

Are you or your dependents currently in treatment or taking medication for a Mental Health
Concern?
[Yes] [No]; if yes, who and for what: _____

What would you describe as your greatest strengths?

What is going well in your life currently?

What are the most significant challenges you currently face?

Is there anything else you would like for us to know about you?

What are you wanting to get out of the program? Example: find housing, improve my credit, education.

During your time at the shelter you will learn some life skills. What skills are you are interested in learning? Ex: cooking, healthy living, learning how to use a checking and savings account, improving parenting skills, budgeting, sewing, crocheting, etc.

I certify that I have read this form, or that it was read to me, and that the information I have provided is true and correct to the best of my knowledge. I understand that dishonesty, whether by statement or omission, may render me ineligible for the SFTSM program. I understand that if accepted to SFTSM I will be subject to a drug screen, mental health screen and career readiness assessment in the first 30 days. Results of these assessments will not make me ineligible for the program, but are done to assure SFTSM can support me as effectively as possible.

Signature of Applicant

Date: _____

SFTSM Witness

Please return completed application along with authorization for background check (page 7-8) to be screened for programming to info@sftsm.org. Please call 608-478-4465 with any questions and speak to the Case Manager or Executive Director.

Our goal is to email you directly with a confirmation of wait list acceptance within a week of receiving your referral, application and background authorization. Please note applications accepted to waiting list are not a guarantee of admission to programming.

Authorization for Background Check – Required for admission to program



Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Shelter from the Storm Ministries, Inc. (“SFTSM”) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for admittance into the shelter. I understand that the scope of the consumer report and/or investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, the undersigned applicant, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish SFTSM or its designated agents with any and all information in their possession regarding me in connection with an application for residence. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

SFTSM does not unlawfully discriminate. Information collected by SFTSM is reviewed on a case-by-case basis, pursuant to federal and state law.

Signature

Date

Printed Name

Must complete next page as well

Background check continued...

Please Print Clearly

Name (First, Middle, Last): _____

Previous Names: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State Issued: _____

Name on Driver's License: _____

I have lived in a state other than Wisconsin in the last 10 years: Yes / No