



Community Lodgings, Inc.

Date Received: _____

Date Contacted: _____

Unit Size: _____

Accepted/Denied: _____

Applicant Pre-Screening

Date: _____

Name: _____

Address: _____

Phone #: _____

Referral source: _____

Contact Name/Number: _____

Ask questions that determine how well the caller meets the following eligibility criteria. Check box if criteria is met and provide detail(s) on line following, if necessary.

Eligibility Criteria:

Legal US Citizen _____

Consist of at least one child younger than 18 years old (list number of children and ages).

Willing to live in drug-free environment, and submit to drug testing at any time during the application process _____

Willing to participate in weekly case management, monthly workshops, and other program activities.

No recent history of violent/disruptive behavior _____

Willingness to participate in monthly budgeting and financial management.

Employed at least 25 hours per week. _____

If unemployed, active participant in aftercare, counseling, job training, GED, or employment as appropriate. List name of provider and contact information.

Willing to adhere to program guidelines _____

Housing Criteria: (Self referred applicants, please provide documented verification of ascribed housing status)

Please describe current housing status: _____

I, _____ attest that I have read the above eligibility guidelines and believe I am eligible to apply for CLI's Transitional Housing Program.

Signature of Applicant

Date