

Helping Hands
Outreach Ministries
Lowell Street
Intake Packet

Please Fill Out Completely

Are you a registered Sex Offender or do you have an arson conviction? Y/N

(Due to insurance issues we cannot accept anyone with a sex offense or an arson conviction.)

Helping Hands
50 Lowell St
Manchester, NH 03101

Application for Participation
DOA _____ Room # _____
DOE _____ Bed # _____
DOD _____

Name _____ SS# _____

Present (or last) address _____

City _____ State _____ Zip _____

Phone# (____) _____ Date of Birth: _____

Have you previously stayed at a shelter? ____ Do you smoke? ____

Person to notify in CASE OF EMERGENCY:

Name _____ Relationship to applicant: _____

Address: _____

City _____ State: _____ Zip: _____

Phone# (____) _____

Church _____ Pastor _____

Address _____

City _____ State _____ Zip _____

Phone# (____) _____ How long have you attended this church? ____

Are you a U.S. Veteran? ____

Have you previously lived at Helping Hands? ____ If so when? _____

What happened? _____

Where are you presently (be specific)? If in treatment, where? if in jail or prison, where?

If in a shelter, which one? _____

Summarize your criminal history: _____

References:

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Occupation</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Participant Agreement Form

1. I AGREE AND SHALL RESPECT ALL THE POLICIES OF HELPING HANDS OUTREACH CENTER.
2. I AGREE THAT ANY INFRACTION OF THESE POLICIES WILL LEAD TO MY DISMISSAL WITHOUT NOTICE.
3. I AGREE THAT EVERY 7 DAYS A PERSONAL REVIEW WILL BE TAKEN TO DETERMINE MY LENGTH OF STAY.
4. I AGREE THAT I AM PHYSICALLY ABLE TO WORK AND THAT I AM EMPLOYABLE OR I AM PERMANENTLY DISABLED AND GETTING SSI OR SSDI AND AM ABLE TO PAY THE REQUIRED PROGRAM FEES
5. I AGREE TO ATTEND THE REQUIRED CASE MANAGEMENT COUNSELING SESSIONS AS PART OF THE RESIDENCE PROGRAM FOR ACCOUNTABILITY; ANY DECEITFULNESS OR LYING ARE GROUNDS FOR DISMISSAL.
6. I AGREE TO PAY PROGRAM FEES EQUAL TO 30% OF MY GROSS INCOME.

Signed _____ Date _____

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(For Office Use Only)

Date of Application _____

Date of Arrival _____

Date of Departure _____

Referred By _____

Ethnic Origin _____

YOU WILL BE DISCHARGED IF:

- YOU EXHIBIT VIOLENCE, VERBAL THREATS, FIGHTING OR IF YOU EXHIBIT A BAD ATTITUDE.
- YOU KEEP MEDICATIONS OF ANY KIND IN YOUR ROOM WITHOUT PERMISSION.
- YOU ARE CAUGHT STEALING OR GAMBLING.
- YOU ARE EXHIBITING A LACK OF PARTICIPATION OR COOPERATION WITH HELPING HANDS OUTREACH CENTER.
- YOU ARE SUSPECTED OF DRUG USE, DRUG SALES, DRUG DISTRIBUTION OR TEST POSITIVE FOR DRUGS AND/OR ALCOHOL.

YOU ARE SUBJECT TO DISCHARGE AND WILL BE STAFFED IF

- YOU ARE FOUND IN STAFF OFFICES WITHOUT PERMISSION
- YOU USE ANY OFFICE, OFFICE EQUIPMENT OR COMPUTER WITHOUT PERMISSION
- YOU USE FOUL, VULGAR OR ABUSIVE LANGUAGE, INCLUDING INAPPROPRIATE STORY TELLING (JOKES, ETC.) OR INAPPROPRIATE BEHAVIOR OR GESTURES.

DRUG ANALYSIS CONSENT

I AGREE TO SUBMIT TO ANY BREATHALYZER TEST OR URINALYSIS UPON REQUEST OF THE HOUSE MANAGER. I FURTHER AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE HELPING HANDS OUTREACH CENTER OR FACE IMMEDIATE DISCHARGE FOR ANY VIOLATION.

Signed: _____

Date: _____

REVIEW OF ANNUAL INCOME OF PREVIOUS YEAR

PRESENT EMPLOYER: _____

HOW LONG? _____ **RATE OF PAY** _____

PREVIOUS EMPLOYER: _____

HOW LONG? _____ **RATE OF PAY** _____

Other Sources of Income? SSI _____ **Disability** _____ **Pension** _____

Other _____ **Total Monthly Benefit** _____

TOTAL YEAR-TO-DATE INCOME _____

CERTIFICATION OF INCOME

One Person	Very Low Income	Low Income	Moderate Income
	\$0 - \$18,050	\$18,051- \$30,100	\$30,101 - \$41,700

Check One _____ _____ _____

I VERIFY THAT THIS IS MY RANGE OF INCOME AND HEREBY CERTIFY THAT I HAVE NO OTHER INCOME.

Signed: _____ **Date:** _____

PROOF OF INCOME – You must supply one of the following:

- *Copy of your most recent check stub*
- *Copy of your food stamp card (EBT)*
- *Copy of your Medicare or Medicare card*
- *Copy of your most recent IRS tax return*

IF NO INCOME – You must supply one of the following

- Proof of pension
- Proof of disability
- Proof of Social Security
- A copy of your parole papers

I understand that my acceptance into housing is dependent upon these required documents.

Signed: _____ **Date:** _____