

Application for Transitional Shelter

KUMUHONUA TRANSITIONAL SHELTER (HONOLULU COMMUNITY ACTION PROGRAM)		Date & Time:
Applicant's Name (Last, First, Middle)		
Present Address or Mailing Address		
Telephone Number:	Cell Phone Number:	
Are you the only person applying for transitional housing? Yes _____ No _____		
If there is another person applying they will have to request an application. Potential applicant's name:		
For female applicants: Are you presently pregnant? Yes _____ No _____		
Indicate any type of handicap or temporary disability conditions:		
How long disabled?	Disabled until?	Verified by Physician Name: Phone Number:
Are you receiving counseling or case management from any other agency? Yes _____ No _____		
List the agency, case manager and phone number:		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent w/ Children <input type="checkbox"/> Other	<input type="checkbox"/> Unsheltered (beach park or car) <input type="checkbox"/> Transition from an institution <input type="checkbox"/> Transition from another shelter <input type="checkbox"/> Transition from an actual home (family/friends)	
How long have you been homeless or in transition from an institution?		
Last permanent address (include last shelter/institution):		
Source of Monthly Income	Amount	
Employment	\$ _____	
Social Security (SSI)	\$ _____	
Retirement Benefits	\$ _____	
Unemployment Benefits	\$ _____	
Welfare Assistance	\$ _____	
Other	\$ _____	
FOR OFFICE USE ONLY		
Documents Received	Date Received	Staff Initials
Hawaii State ID/Current License	_____	_____
Birth Certificate	_____	_____
Social Security Card	_____	_____
Homeless Status Verification	_____	_____
Income Verification	_____	_____
Medical Card/Disability Verification	_____	_____
Current TB Clearance	_____	_____
Consent	_____	_____

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Verification of Homeless Status

I, _____ (referring person or current case manager) am verifying that _____ (name of applicant) is in need of housing and can be classified as one of the following:

___ **Unsheltered Homeless:** Families who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation of human beings, including beaches, parks, automobiles, and streets. A verification of homelessness MUST to come from: **Waikiki Health Center, Kalihi-Palama Health Center, Waianae Coast Comprehensive Health Center, or Waianae Community Outreach.**

Letter of Verification: _____

___ **Sheltered Homeless:** Families who lack a fixed, regular, and adequate nighttime residence and have primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations. Example: **Emergency Shelters, Crisis Shelters, Domestic Abuse Shelters, Clean and Sober Houses, etc.**

Shelter: _____

___ **At-Risk Homeless:** Families or Individuals who are being evicted from a private dwelling unit and lack the resources and support networks needed to obtain access to housing. "At-Risk" families and individual applicants staying with family/friends MUST have friend of family submit a letter stating that the living arrangement was only temporary.

I have attached a letter stating my displacement.

Signature of Referring Person Verifying Status

Date

Title/Contact Number for referring person

Agency