

2021 Application



Applicant Name _____ **Phone** _____

Applicant Email _____

Referring Agency _____ **Phone** _____

Referring Worker _____ **Title** _____

Worker Email _____ **Phone** _____

I would like to be added to receive Saranam's monthly email newsletter

CONSENT:

I (we) consent to the release of any information relating to this referral between referring agency and Saranam including information about family needs, services received/recommended, safety, treatment, health, drugs and/or alcohol use. I (we) specifically authorize the release of all health care information relating to diagnosis, testing, and treatment of medical, psychiatric, mental, and/or emotional health needs, of all family members.

Signature of Referred Adult (HOH) _____

Signature of Referred Adult (Adult #2) _____

REFERRAL INFORMATION – to be completed by referring worker.

Please answer the following questions on a separate page.

1. How does this family qualify as homeless?
2. How long have you worked with this family?
3. What makes this family appropriate for the Saranam Program? Give specific examples from what you have seen or heard.
4. What other programs has this family been involved in (homeless, domestic violence, rehabs, other therapy, education/vocational training, etc.)?
5. Did they complete previous program(s)? How long did they stay?
6. What are some of the specific needs or challenges that you see for this family that Saranam would need to address?
7. What factors have contributed to this family being homeless?
8. Are there any current or potential safety issues or concerns regarding this family? (ie. restraining orders, violence, stalking, drug connections, gang involvement, etc)
9. Does anyone in this family have specific health or mental health diagnoses or needs?
10. Do you think this family is ready to commit to making changes in their lives?
11. What other information can you provide that would be helpful for us in determining the appropriateness of this family for the Saranam program?

Saranam 2021 Application

*This form should be filled out by the applicant family (**not** the referring worker)*

Applicant Family Name _____ Applicant Phone _____

Applicant Email _____

Languages Spoken (primary first) _____

Have you applied to Saranam before? _____ When? _____ How many times? _____

The Covid-19 vaccination is required for all family members ages 13 and older. The second dose must be received no later than August 2, 2021. Will you be able to have these vaccinations completed by then? _____ Yes _____ No

ADULT NAMES (first and last)	RELATION- SHIP TO HOH	DATE OF BIRTH	Do you have a valid photo i.d.?	AGE	MARITAL STATUS
	HOH (head of household)				

CHILD'S NAME (first & last)	RELATION - SHIP TO HOH	Date of birth	Age	Gender	SCHOOL & GRADE (entering in the Fall)	DO YOU HAVE CUSTODY ?	If accepted, will live with you? Y/N

If you don't have custody who does? _____

OTHER WAYS WE MAY CONTACT YOU/ EMERGENCY CONTACTS? (if available)

NAME	WHERE STAYING	PHONE

OTHER PROGRAMS YOU/YOUR FAMILY HAVE BEEN INVOLVED IN?

PROGRAM NAME	HOW LONG/DATES	DID YOU COMPLETE?

Application **DUE** July 23, 2021

Return to: Saranam • 1028 Eubank NE, Suite F • Abq, NM 87111 • fax: (505) 275-5699 • email: Jmullen@saranamabq.org

WHERE ARE YOU CURRENTLY STAYING ?

<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Domestic Violence Shelter	<input type="checkbox"/> Hospital
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Psychiatric facility	<input type="checkbox"/> Jail Prison
<input type="checkbox"/> Treatment center	<input type="checkbox"/> Vehicle	<input type="checkbox"/> On the street
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> With a relative	<input type="checkbox"/> With a friend
<input type="checkbox"/> Renting housing	<input type="checkbox"/> Own home/apartment	
<input type="checkbox"/> Other (please explain):		
How long have you been there? _____		
How long can you stay there? _____		
Date of Eviction: _____		
Please explain your current living situation:		

WHAT ARE THE REASONS FOR YOUR HOMELESS SITUATION? CIRCLE ALL THAT APPLY:

- | | | |
|--|---|---|
| <input type="checkbox"/> Discharge from foster care | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Asked to leave |
| <input type="checkbox"/> Discharge from prison/jail | <input type="checkbox"/> Alcohol/drug abuse | <input type="checkbox"/> Unable to pay rent |
| <input type="checkbox"/> HIV/AIDS & related diseases | <input type="checkbox"/> Moved to find work | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Relationship problems/ family breakup | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Lost job/Couldn't find work | <input type="checkbox"/> Couldn't pay utilities | |
| <input type="checkbox"/> Family member or personal illness | <input type="checkbox"/> Domestic violence | |
| <input type="checkbox"/> Discharge from hospital | <input type="checkbox"/> Other: _____ | |

HOW LONG HAVE YOU BEEN HOMELESS? _____

HOW MANY TIMES HAVE YOU BEEN HOMESLESS? _____

ADDRESS HISTORY(include city, state, zip, county, and dates of residence) **Must be filled out by applicant only**

	HOH	ADULT #2
CURRENT ADDRESS		
LAST PERMENANT ADDRESS (90 + DAYS)		

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PREVIOUS ADDRESSES SINCE AGE 18 Ex: 1234 Sunny Dr. Apt. 123 Albuquerque, NM 87110 Bernalillo County April '06-May '07 If you have more please list on a separate page.		
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EDUCATION:

	HOH	ADULT #2
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? If yes, which? When?		
HIGHEST LEVEL OF EDUCATION COMPLETED		
ANY VOCATIONAL CERTIFICATES OR DEGREES RECEIVED? (if yes what and when)		

****IF YOU ARE CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM, PLEASE INCLUDE A COPY OF YOUR UNOFFICIAL TRANSCRIPT****

EMPLOYMENT HISTORY: list jobs starting with current and working back

	Employer	Position	Dates employed	Pay per hour	Why did you leave
HOH					
Adult #2					

If you need more space, attach another sheet.

HEALTH AND MENTAL HISTORY: Must be completed by applicant only. Fill in ALL questions. **If yes, describe**

	HOH	ADULT #2
Current Health Conditions		
Are you pregnant? (If yes, when are you due)		

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Please list any chronic health conditions: (cirrhosis, TB, diabetes, HIV, etc.)		
Have you ever dealt with emotional or behavioral issues (present/past) (depression, anxiety, violence, rage, suicide). Please explain.		
Are you or have you ever been in treatment/counseling/hospitalization for mental health? Please explain.		
What type of treatment? When and where were you treated?		
Do you have any disabling conditions?		
Do you have any health conditions that would prevent you from working?		
Name(s) of Doctor		
Name(s) of psychiatrist		
Name(s) of therapist/counselor		
Name(s) of other health care provider(s)		

CURRENT MEDICATIONS: Must be completed by applicant only. Fill in ALL questions.

	MEDICATION NAME	DOSAGE	FREQUENCY	EFFECT(what for)
HOH				
ADULT #2				

Is there anything else we should know about your physical, mental or emotional health? Add a page if needed.

HOH	ADULT #2

ALCOHOL AND DRUG HISTORY: *Must be completed by applicant only.* Fill in ALL questions.

	HOH	ADULT #2
How much alcohol do you drink? How often? When was the last time?		
Do you use any prescription or illegal drugs? How often? When was the last time?		
Have you ever used alcohol or drugs? Which ones?		
What age did you start using? What age did you stop using (if applicable)?	Start: Stop:	Start: Stop:
Do you or have you ever attended recovery meetings? What meeting/how often?		
Did you ever receive treatment to stop using? What type? How often? When? Where?		
Did you complete the full treatment? If no what happened?		
Contact person and phone number of the most recent treatment.		

CRIMINAL AND LEGAL HISTORY: *Must be completed by applicant only.* Fill in ALL questions.

If yes describe. If it does not fit into the space neatly, please add an additional page.

	HOH	ADULT #2
EVER BEEN ARRESTED? WHEN?		
County, State		
Charge		
Reason arrested		
Date released		
EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIMINAL OFFENSE? WHEN?		
County, State		
Charge		
Details of conviction		
EVER RECEIVED DEFERRED JUDGEMENT? WHEN?		
County, State		
Charge		
Details of conviction		
EVER RECEIVED PROBATION OR COMMUNITY SUPERVISION? WHEN?		
County, State		
Charge		
Details of supervision		

	HOH	Adult #2
EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OUTSIDE THE US? WHEN?		
City, Country		
Charge		
Details of conviction		
ANY PENDING CHARGES OR CASES? WHEN?		
County, State		
Charge		
Details of pending charges		
ANY RESTRAINING ORDERS AGAINST YOU OR AGAINST ANOTHER?		
Details of restraining orders		
OTHER LEGAL ISSUES: ID, marriage, custody, warrants, debt, evictions, etc.		

EACH ADULT MUST ANSWER THESE QUESTIONS ON A SEPARATE PIECE OF PAPER!!!

ADDITIONAL INFORMATION:

- **Must be completed by each adult applicant separately.**
- **Answer ALL questions.**
- **Use a *separate page* and number your answers according to the questions.**

1. Name
2. Tell us about any health or safety issues you are concerned about or that you would like us to know about.
3. Do you have custody of all of your child(ren)? If not who does? What is the situation? Are you working on regaining custody? What are you doing towards reunification?
4. Is there a current Child Youth and Family (CYFD) investigation? If so, explain. Who is your investigator and phone number? Please add investigator's name to release on page 12.
Has there been a past child abuse or neglect investigation? If so, explain including when and who investigated. Add to release on page 12.
5. Tell us about any special needs we should know about you or your family.
6. What else about your family should we know?
7. What interests you about being in the Saranam program?
8. What is your understanding of what Saranam is about?
9. What do you think you will get out of being in Saranam? Your children?
10. Why should we accept you into Saranam?
11. This is your chance to tell us your story or anything else that you'd like us to know about you and your family. Please write any additional comments you have.

I have answered these questions fully and truthfully, on a separate piece of paper.

HOH Signature _____

Date _____

I have answered these questions fully and truthfully, on a separate piece of paper.

Adult #2 Signature _____

Date _____

ARE YOU WILLING TO BE IN THE SARANAM PROGRAM?

SARANAM PROVIDES FAMILIES:

- **Basic Needs for Living (for up to 2 years):** Housing, Utilities, Clothing, Set-up
- **Assistance with Children:** Assist enrolling children into School/Child Care (Saranam pays expenses not covered by child care assistance)
- **Transportation:** Bus Pass or monthly gas allowance
- **Referral for Medical Care, etc.**
- **Educational, Vocational, Personal, and Spiritual Growth Opportunities:**
 - Adult Basic Education: Literacy / Math/GED (on site, beginning in August)
 - Vocational Training (for better employment opportunities) (January onward)
 - Counseling referrals (as needed individual, family, group)
- **Life Skills Training:** (on site August for one full year)
 - Parenting
 - Communication
 - Health & Hygiene
 - Employability Skills
 - College Readiness
 - Organizational Skills
 - Financial Management
 - Nutrition / Cooking / Gardening
 - Communication
 - Anger & Conflict Management
 - Responsible Citizenship/Voting
 - Fellowship with Community
- **Invitation** and opportunities for worship, bible study, and fellowship at church (*Saranam families will not be required to participate in any religious/church activity*)
- **Support** in a structured community

FAMILIES IN SARANAM ARE **REQUIRED** TO DO THE FOLLOWING:

PLEASE INITIAL YOUR WILLINGNESS TO...

HOH	Adult #2	
_____	_____	Be an active and participatory member of the Saranam community
_____	_____	Be Sober
_____	_____	Not be employed while participating full time in Educational / Vocational Training Program
_____	_____	Get off TANF, while acquiring or maintaining Food Stamps, WIC, Medicaid, subsidized child care (NM ECED child care assistance)
_____	_____	Be accountable to keep appointments at Saranam and for outside services (ex: CYFD, parole/court, counseling, recovery meetings, etc.)
_____	_____	Learn about and document your finances – take responsibility for your family’s spending
_____	_____	Develop Family Transition Plan (individualized goals and evaluation with Saranam case manager)
_____	_____	Be actively involved in community and children’s twice weekly activities
_____	_____	Be willing to <u><i>Commit to Ending your Homelessness</i></u>

If you have custody documents or current restraining order, please bring them to interview.

Saranam Authorization to Release Information

HOH Name _____ SS# _____ DOB _____

I consent to the release of any information relating to this referral between any of the following agencies and individuals and Saranam personnel including information about family needs, services, treatment, health, drug and/or alcohol use. If I have been tested, diagnosed, or treated for HIV or AIDS, medical conditions, psychiatric disorders, mental health, or drug and/or alcohol use/abuse/addiction, I specifically authorize the release all health care information relating to such diagnoses, testing, or treatment. Additionally, this authorizes the release of information concerning law enforcement (including arrest and incident reports), correctional, rehabilitation and any other programs. I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information to the above mentioned parties. I authorize the photocopying of this release to give to the below approved parties.

Do you receive these sources of income, benefits or services?

	Yes	No	How much	Case worker/Contact person Phone number
Housing services: Section 8, Low Income Housing, Housing Authority				
Income support division/HSD: Medicaid, Food Stamps, TANF				
SSI / SSDI				
CYFD/CPS: Investigation				
CYFD: Childcare				
WIC				
Child Support				
Probation/Parole Dept.				
Immigration Services (INS)				
Drug/Alcohol Treatment				
Mental Health Treatment				
Other:				
Other:				

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER THE DATE IT IS SIGNED AND MAY BE REVOKED AT ANY TIME UPON WRITTEN REQUEST OF THE CLIENT EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN.

Signature of HOH _____ Date _____

Saranam Authorization to Release Information

Adult #2 Name _____ SS# _____ DOB _____

I consent to the release of any information relating to this referral between any of the following agencies and individuals and Saranam personnel including information about family needs, services, treatment, health, drug and/or alcohol use. If I have been tested, diagnosed, or treated for HIV or AIDS, medical conditions, psychiatric disorders, mental health, or drug and/or alcohol use/abuse/addiction, I specifically authorize the release all health care information relating to such diagnoses, testing, or treatment. Additionally, this authorizes the release of information concerning law enforcement (including arrest and incident reports), correctional, rehabilitation and any other programs. I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information to the above mentioned parties. I authorize the photocopying of this release to give to the below approved parties.

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SSI / SSDI				
CYFD/CPS: Investigation				
CYFD: Childcare				
WIC				
Child Support				
Probation/Parole Dept.				
Immigration Services (INS)				
Drug/Alcohol Treatment				
Mental Health Treatment				
Other:				
Other:				

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Signature of Adult #2 _____ Date _____

2021 Application Check List

- Page 1 signed by all adults in family and person who referred family
- Referral Information (page 1) (completed by person who referred family, such as a case worker)
- Completed Application – each adult in family completed each section individually
- Adult #1 Essay Questions and Signature (from page 9 in application)
- Adult #2 Essay Questions and Signature (from page 9 in application)
- Saranam program requirements – each adult initialed and signed (page 10 in application)
- Adult #1 Signed Release of Information regarding benefits and health history (page 11)
- Adult #2 Signed Release of Information regarding benefits and health history (page 12)
- Adult #1 Signed Permission to Obtain Background Check (page 13)
- Adult #2 Signed Permission to Obtain Background Check (page 14)

When your application is complete, return it to Saranam. You may mail it, fax it, email it, or drop it off.

Saranam
1028 Eubank NE
Suite F
Albuquerque, NM 87111

Fax: (505) 275-5699

Email: Jmullen@gmail.com

You will be contacted when your completed application is received by Saranam.

***COMPLETE APPLICATION DUE BY
FRIDAY, JULY 23***