

2023 Application



Applicant Name _____ Phone _____

Applicant Email _____

Referring Agency _____ Phone _____

Referring Worker _____ Title _____

Worker Email _____ Phone _____

I would like to receive Saranam's monthly email newsletter

Referring Worker Signature _____

INSTRUCTIONS for Referring Worker:

1. Complete the Referral Information Questions about your client (page 2)
2. Complete the Participation Checklist WITH your client (page 3)

INSTRUCTIONS for Applicant:

1. Sign the Consent that allows your Referring Worker to share information about your family with in your application. (page 1)
2. Complete the Participation Checklist WITH your Referring Worker (page 3)
3. Complete the remainder of the application on your own

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) _____

Application **DUE** July 21, 2023

Questions? Call Jupa: (505) 420-2872

Return application to: Saranam • 1028 Eubank NE, Suite F • Abq, NM 87111 • email: Jpespinoza@saranamabq.org

REFERRAL INFORMATION QUESTIONS

To be completed by the referring worker

Please feel free to extend your answers on the backside of the page if you need more space.

You may also email them to: Jupa Espinoza, Case Manager Jpespinoza@saranamabq.org

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?

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PARTICIPATION CHECKLIST

For the Referring Worker and Applicant to review and initial together

SARANAM PROVIDES FAMILIES:

- **Basic Needs for Living (for up to 2 years):** Housing, Utilities, Cleaning & Hygiene Supplies (including diapers and wipes), Weekly Cash Allowance, and one-time grocery 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
- **Referrals for Medical Care, or other needs**
- **Educational, Vocational, Personal, and Spiritual Growth Opportunities:**
 - Adult Basic Education: Literacy /Math/Science/GED (on site, beginning in August)
 - Vocational Training (for better employment opportunities) (January onward)
 - Counseling referrals (as needed individual, family, group)
- **Life Skills Training includes, but is not limited to:** (on site beginning in August, for one full year)
 - Parenting
 - Communication Skills
 - Health & Hygiene
 - Employability Skills
 - Educational Success
 - Organizational Skills
 - Financial Management
 - Nutrition / Cooking / Gardening
 - Child Development/Discipline
 - Anger & Conflict Management
 - Responsible Citizenship/Voting
 - Fellowship with Community
- **Invitation** and referrals for worship, bible study, and fellowship at church
(Saranam families are not required to participate in any religious activity)
- **Support and Engagement** in a structured community

**FAMILIES IN SARANAM ARE *REQUIRED* TO DO THE FOLLOWING –
PLEASE INITIAL YOUR WILLINGNESS TO PARTICIPATE**

Referring Worker	Adult #1	Adult #2	
_____	_____	_____	Be an active and participatory member of the Saranam community
_____	_____	_____	Be Sober
_____	_____	_____	Participate full-time in the Educational and Vocational programs
_____	_____	_____	Work with your Saranam Case Manager to develop an Individualized Transition Plan that includes goals, steps, and timelines
_____	_____	_____	Learn about and document your finances – take responsibility for your family’s spending and saving
_____	_____	_____	Be accountable and keep appointments at Saranam and for outside services (ex: CYFD, parole, counseling, recovery meetings, etc.)
_____	_____	_____	Be actively involved in community and twice weekly children and family activities
_____	_____	_____	Not be employed until transitioning out of the Saranam program
_____	_____	_____	Not receive TANF until transitioning out of the Saranam program
_____	_____	_____	Acquire and maintain SNAP, WIC, Medicaid, and subsidized child care (NM ECECD)
_____	_____	_____	Be willing to <i>Commit to Ending Your Homelessness</i>

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SARANAM 2023 APPLICATION
To be completed independently by the applicant(s)

Applicant Full Name _____ Applicant Phone _____

Applicant Email _____

Languages Spoken (primary first) _____

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

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/self)				

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 of these children who does? _____

Do you have any other children that you did not include? _____

If you have custody documents or current order of proections, please bring them to the interview.

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

NAME	WHERE STAYING	PHONE

OTHER PROGRAMS YOU/YOUR FAMILY HAVE BEEN ENVOLED IN?

PROGRAM NAME	HOW LONG/DATES	DID YOU COMPLETE?

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Please tell us more about yourself by answering these questions on the following page. If you need more space, feel free to attach additional pages.

- **Each adult must answer all of these question on separate pages.**
- **Don't forget your signature at the bottom of this page.**

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 14.
Has there been a past child abuse or neglect investigation? If so, explain including when and who investigated. Add to release on page 14.
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** _____

• **Each adult must answer all of these questions on different pages.**

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?
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WHERE ARE YOU CURRENTLY STAYING ?

<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Treatment center <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Renting housing <input type="checkbox"/> Other (please explain):	<input type="checkbox"/> Domestic Violence Shelter <input type="checkbox"/> Psychiatric facility <input type="checkbox"/> Vehicle <input type="checkbox"/> With a relative <input type="checkbox"/> Own home/apartment	<input type="checkbox"/> Hospital <input type="checkbox"/> Jail/ Prison <input type="checkbox"/> On the street <input type="checkbox"/> With a friend
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 EXPERIENCING HOMELESSNESS? _____

HOW MANY TIMES HAVE YOU EXPERIENCED HOMELESSNESS? _____

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)		

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:

*****You do not need to be a student at the time of application or acceptance.*****

	HOH	ADULT #2
DO YOU HAVE A HIGHSCHOOL DIPLOMA OR GED? If yes, which? When?		
HIGHEST LEVEL OF EDUCATION COMPLETED		
ANY VOCATIONAL CERTIFICATES OR DEGREES RECEIVED? If yes, what and when?		
ARE YOU CURRENTLY ENROLLED IN AN EDUCATION PROGRAM? If yes, please describe.		

****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)		
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				

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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?		
How much cannabis do you consume? How often? When was the last time?		
Do you use any prescription or illegal drugs? How often? When was the last time?		
Have you <i>ever</i> consumed 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?		

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<p>Did you ever receive treatment to stop using? What type? How often? When? Where?</p>		
<p>Did you complete the full treatment? If not, what happened?</p>		
<p>Contact person and phone number of your most recent treatment.</p>		

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
<p>Have you ever been arrested? How many times? When?</p>		
<p>County, State</p>		
<p>Charge(s)</p>		
<p>Reason(s) arrested</p>		
<p>Date released</p>		
<p>Have you ever been convicted of or plead guilty to a criminal offense? When?</p>		
<p>County, State</p>		

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Charge(s)		
Details of conviction		
Have you ever received a deferred judgment? Please describe.		
County, State		
Charge(s)		
Details of conviction		
Have you ever received probation or community supervision? Please provide the details.		
County, State		
Charge(s)		
Details of supervision		
	HOH	Adult #2
Have you ever been convicted of a criminal offense outside of the U.S.? Please describe, including dates.		
City, Country		
Charge(s)		
Details of conviction		

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<p>Do you have any pending charges or cases? Please provide the details.</p>		
<p>County, State</p>		
<p>Charge(s)</p>		
<p>Do you have any Orders of Protection or restraining orders in place? Include any against you or against another.</p>		
<p>Please describe the order(s).</p>		
<p>Do you have any other legal issues you are dealing with? Ex: ID, marriage, custody, warrants, debt, evictions, etc.</p>		

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Saranam Authorization to Release Information

HOH Name _____ SS# _____ DOB _____

I consent to the release of any information relating to this referral and application between any of the following agencies and/or individuals and Saranam personnel, including information about family needs and behavior, services, treatment, treatment plans, reunification plans, health, drug and/or alcohol use. If I have been tested, diagnosed, or treated for medical conditions, psychiatric diagnoses, mental health issues, or drug and/or alcohol use/abuse/addiction, I specifically authorize the release all health care information relating to such diagnoses, testing, and 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, SNAP, 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 and application between any of the following agencies and/or individuals and Saranam personnel, including information about family needs and behavior, services, treatment, treatment plans, reunification plans, health, drug and/or alcohol use. If I have been tested, diagnosed, or treated for medical conditions, psychiatric diagnoses, mental health issues, or drug and/or alcohol use/abuse/addiction, I specifically authorize the release all health care information relating to such diagnoses, testing, and 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	\$ Amount	Case worker/Contact person Phone number
Housing services: Section 8, Low Income Housing, Housing Authority				
Income support division/HSD: Medicaid, SNAP, 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 Adult #2 _____ Date _____

Permission to Obtain a Background Check

I, the undersigned applicant (also known as “consumer”), authorize **Saranam** through an independent contractor and/or public records to procure background information (including a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state/national sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Saranam** if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

HOH Signature: _____ Date: _____

Please fill out the following Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

HOH Print Name: _____
First
Middle
Last

Maiden Names: _____

Other Names Used (alias, nickname): _____

Current Address: _____
Street /P. O. Box
City
State
Zip Code
County
Dates

Former Address: _____
Street /P. O. Box
City
State
Zip Code
County
Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver’s License #: _____ State of Issuance: _____ Date of Birth: _____ Gender _____

Permission to Obtain a Background Check

I, the undersigned applicant (also known as “consumer”), authorize **Saranam** through an independent contractor and/or public records to procure background information (including a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state/national sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Saranam** if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Adult #2 Signature: _____ Date: _____

Please fill out the following Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

Adult #2 Print Name: _____
 First Middle Last

Maiden Names: _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
 Street /P. O. Box City State Zip Code County Dates

Former Address: _____
 Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License #: _____ State of Issuance: _____ Date of Birth: _____ Gender _____

2023 Application Check List

- Page 1 signed by all adults in family and person who referred family
- Referral Information Questions (page 2) (completed by person who referred family)
- Participation Checklist completed by referring worker and applicant (page 3)
- Adult Signature(s) (page 5)
- Essay Questions completed (page 6)
- Completed Application – each adult in family completed each section individually
- Adult #1 Signed Release of Information regarding benefits and health history (page 14)
- Adult #2 Signed Release of Information regarding benefits and health history (page 15)
- Adult #1 Signed Permission to Obtain Background Check (page 16)
- Adult #2 Signed Permission to Obtain Background Check (page 17)

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

Email: Jupa Espinoza
Jpespinoza@saranamabq.org
(505) 420-2872

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

**COMPLETE APPLICATION DUE BY
FRIDAY, JULY 21**