Saranam
A REFUGE FROM HOMELESSNESS, A JOURNEY HOME

# 2026 Spring 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 Saranam (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 the 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) _____ Date:_____

Signature of Referred Adult (Adult #2) _____ Date:_____

# REFERRAL INFORMATION QUESTIONS

## To be completed by the referring worker

*Please answer on a separate piece of paper or on the backside of the page to allow for detailed information. You may also email your answers to: Jessica Hicks, Case Manager, Jhicks@saranamabq.org*

1. How does this family qualify as homeless?

2. In what capacity do you work with this family and how long have you worked with them?

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 the 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? (i.e., 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?

# 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:** Assistance enrolling children into School/Child Care (Saranam pays expenses not covered by NM childcare assistance)
- **Transportation:** Monthly transportation allowance
- **Referrals for medical care, mental health support, and other needs**
- **Educational, Vocational, Personal, and Spiritual Growth Opportunities:**
  - Adult Basic Education: Literacy /Math/Science/GED (on site)
  - Vocational Training and Secondary Education for better employment opportunities (off-site)
  - Counseling referrals (as needed individual, family, group)

- **Life Skills Training includes, but is not limited to:** (on site, multiple semesters)
  - Parenting
  - Financial Management
  - Communication Skills
  - Nutrition / Gardening
  - Health & Hygiene
  - Child Development/ Discipline
  - Employability Skills
  - Anger & Conflict Management
  - Educational Success
  - Responsible Citizenship/ Voting
  - Organizational Skills
  - Community Development

- **Invitations** 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 evening activities (all children and parents must attend) |
| _____ | _____ | _____ | 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 *Commit to Ending Your Homelessness* |

# SARANAM 2026 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 | DO YOU HAVE CUSTODY ? | If accepted, will they 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 a current order of protection, 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 INVOLVED IN?**

| PROGRAM NAME | HOW LONG/DATES | DID YOU COMPLETE? |
|---|---|---|
| | | |
| | | |

# MORE ABOUT YOURSELF

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

- **Each adult must answer all these questions 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 would like us to know about.
3. Do you have custody of all 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 CYFD worker and what is their contact information? Please add this worker's name to the release on page 14.

   Has there been a past child abuse or neglect investigation? If so, please explain and include when and who investigated. Add this contact info to the Release on page 14.
5. Tell us about any special needs we should know about you or your family.
6. What else should we know about your family?
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. Is there anything else you'd like us to know about you or your family? This is your chance to tell us your story or anything else that you'd like us to know. Please include any additional comments you have.

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

**HOH Signature _____ Date_____**

# MORE ABOUT YOURSELF ADULT #2

- **Each adult must answer all these questions on *different* 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 would like us to know about.
3. Do you have custody of all 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 CYFD worker, and what is their contact information? Please add this worker's name to the release on page 14.

   Has there been a past child abuse or neglect investigation? If so, please explain and include when and who investigated. Add this contact info to the Release on page 14.
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6. What else should we know about your family?
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. Is there anything else you'd like us to know about you or your family? This is your chance to tell us your story or anything else that you'd like us to know. Please include any additional comments you have.

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

**Adult #2 Signature _____ Date _____**

**WHERE ARE YOU CURRENTLY STAYING?**

| | | |
|---|---|---|
| ___Emergency shelter | ___Domestic Violence Shelter | ___Hospital |
| ___Transitional Housing | ___Psychiatric facility | ___Jail/ Prison |
| ___Treatment center | ___Vehicle | ___On the street |
| ___Hotel/Motel | ___With a relative | ___With a friend |
| ___Renting housing | ___Own home/apartment | |
| ___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:**

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

HOW LONG HAVE YOU BEEN EXPERIENCING HOMELESSNESS? _____

HOW MANY TIMES HAVE YOU EXPERIENCED HOMELESSNESS? _____

DID YOU EVER EXPERIENCE HOMELESSNESS WHEN YOU WERE A CHILD? _____

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

| | **HOH** | **ADULT #2** |
|---|---|---|
| **CURRENT ADDRESS** | | |

| | | |
|---|---|---|
| **LAST PERMANENT ADDRESS (90 + DAYS)** | | |
| **PREVIOUS ADDRESSES SINCE AGE 18**<br>**Ex:** 1234 Sunny Dr. Apt. 123<br>Albuquerque, NM 87110<br>April '06-May '07<br>**If you have more, please list them on a separate page.** | | |

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

| | HOH | ADULT #2 |
|---|---|---|
| **DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? If yes, which? When?** | | |
| **HIGHEST LEVEL OF EDUCATION COMPLETED** | | |
| **HAVE YOU COMPLETED ANY VOCATIONAL CERTIFICATES OR DEGREES?**<br>**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 the 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 the 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 the 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 the 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? Which ones? Be specific.<br>How often? When was the last time?** | | |
| **Have you *ever* consumed alcohol or drugs? Which ones?** | | |
| **At what age did you start drinking or using substances?**<br><br>**What age did you stop using (if applicable)?** | **Start:**<br><br>**Stop:** | **Start:**<br><br>**Stop:** |
| **Are you currently 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 fully complete the treatment? If not, what happened?** | | |
| **Contact name and phone number of your most recent treatment.** | | |

**CRIMINAL AND LEGAL HISTORY:** *Must be completed by the 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** |
|---|---|---|
| **Have you ever been arrested? How many times? When?** | | |
| **County, State** | | |
| **Charge(s)** | | |
| **Reason(s) arrested** | | |
| **Date released** | | |
| **Have you ever been convicted of or pled guilty to a criminal offense? When?** | | |
| **County, State** | | |

| | | |
|---|---|---|
| **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** | | |

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

# 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 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 of 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 facilities, 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 for distribution to the parties listed below who have been approved.

**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 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 of 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 for distribution to the parties listed below who have been approved.
.

**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 (Adult #1 – Head of Household)**

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 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 the 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 (Adult #2)**

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 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 the 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____

**Consent to Contact (Adults #1 and #2)**

May we at Saranam have your permission to contact you at some point in the future regarding the possibility of participating in an evaluation of our program? Your insights and participation will help make Saranam more effective for all participants.

This is not an agreement to participate. Answering YES means you agree to receive information in the future about future evaluations of the Saranam program.

Answering YES or answering NO **does not impact the status of your application.**

**Adult #1 – Head of Household**
**Consent to Contact** for Program Evaluation

___ Yes, I consent to be contacted about future evaluations of the Saranam program.

Print Name: _____
First Middle Last

Signature: _____ Date: _____

___ No, do not contact me about future evaluations of the Saranam program.

**Adult #2**
**Consent to Contact** for Program Evaluation

___ Yes, I consent to be contacted about future evaluations of the Saranam program.

Print Name: _____
First Middle Last

Signature: _____ Date: _____

___ No, do not contact me about future evaluations of the Saranam program.

# 2026 Application Check List

- ☐ Page 1 signed by all adults in the family and the person who referred the family
- ☐ Referral Information Questions (page 2) (completed by the person who referred the family)
    - The referring worker may complete this page separately and email it directly to the Saranam Case Manager
- ☐ Participation Checklist completed by referring worker and applicant (page 3)
- ☐ Adult #1 More About Yourself Questions and Signature completed (page 5)
- ☐ Adult #2 More About Yourself Questions and Signature completed (page 6)
- ☐ Completed Application – each adult in the 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)
- ☐ Adult #1 Signed Consent to Contact (page 18)
- ☐ Adult #2 Signed Consent to Contact (page 18)

# DUE DATE: July 24th, 2026

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

Saranam
1100 Eubank Blvd NE Suite A
Albuquerque, NM 87112
OR
4651 Montano Rd NW, #24
Albuquerque, NM 87120

Email: Jessica Hicks
Jhicks@saranamabq.org

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