



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SRO HOUSING PROGRAM
APPLICATION

HMIS #:

To apply for housing at the Downtown YMCA Men’s Residence please complete this application. A complete application can be emailed to Eric McCarthy at emccarthy@ymcacny.org.

Applications must have copies of the applicant’s ID and proof of income.

BACKGROUND INFORMATION

APPLICANT NAME: _____ DATE: _____
DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY #: _____
PHONE NUMBER: _____ E-MAIL: _____
CURRENT (OR LAST) ADDRESS: _____

TYPE OF HOUSING AT CURRENT (OR LAST) ADDRESS:

EMERGENCY SHELTER JAIL / PRISON
 SUBSTANCE TREATMENT / DETOX CENTER OWN APARTMENT / HOUSE
 TRANSITIONAL HOUSING TRANSIENT / LIVING ON STREETS
 LONG TERM CARE / NURSING HOME HOSPITAL
 HOTEL /MOTEL FAMILY / FRIEND
 PERMANENT HOUSING (HUD) OTHER: _____

LENGTH OF STAY AT PREVIOUS OR CURRENT PLACE: _____
REASON FOR HOMELESSNESS AND/OR NEED FOR SUPPORTIVE HOUSING: _____

HAVE YOU EVER BEEN ASKED TO LEAVE ANOTHER SHELTER OR SUPPORTIVE HOUSING PROGRAM? _____ IF SO, WHEN WAS THIS AND WHY? _____

REFERRED BY: _____ PHONE NUMBER: _____

DEMOGRAPHICS

AFRICAN AMERICAN WHITE HISPANIC/LATINO
 ASIAN INDIAN OTHER
 NATIVE HAWAIIAN/PACIFIC ISLANDER



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ARE YOU A VETERAN? YES NO IF YES, WHAT BRANCH?: _____

ARE YOU DISABLED? YES NO IF YES, EXPLAIN: _____

HAVE YOU LIVED AT *THE Y* BEFORE? YES NO IF SO, WHEN?: _____

WHAT WAS YOUR REASON FOR LEAVING *THE Y*? _____

FINANCIAL RESOURCES

HAVE YOU RECEIVED INCOME IN THE LAST 30 DAY? YES NO I DON'T KNOW

SOURCE OF INCOME (CHECK ALL THAT APPLY):

EMPLOYED UNEMPLOYMENT INSURANCE PENSION
 PUBLIC ASSISTANCE SSI SSDI
 WORKER'S COMP VA BENEFITS OTHER: _____

EMPLOYER / PAYEE'S NAME & PHONE NUMBER: _____

TOTAL MONTHLY INCOME: _____ DO YOU RECEIVE SNAP BENEFITS? _____

LEGAL HISTORY

DO YOU HAVE ANY UNRESOLVED CHARGES OR CURRENT WARRANTS? YES NO

ARE YOU ON PROBATION, PAROLE, AND/OR DRUG COURT? YES NO

NAME AND PHONE NUMBER OF P.O. (IF APPLICABLE): _____

HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? YES NO

HAVE YOU EVER BEEN CONVICTED OF ARSON? YES NO

SUBSTANCE USE HISTORY

DO YOU HAVE A HISTORY INVOLVING DRUGS AND/OR ALCOHOL? YES NO

ARE YOU CURRENTLY RECEIVING SUBSTANCE ABUSE TREATMENT? YES NO

IF YES, PLEASE EXPLAIN: _____

SUBSTANCE(S) OF CHOICE: _____



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PHYSICAL HEALTH

DO YOU HAVE ANY CHRONIC HEALTH CONDITIONS OR DISABILITIES? YES NO

IF YES, PLEASE LIST CONDITIONS OR DISABILITIES: _____

PRIMARY CARE DOCTOR: _____ PHONE NUMBER: _____

MEDICAL INSURANCE TYPE (MEDICAID, ETC.): _____

INSURANCE POLICY NUMBER: _____

LIST ANY ACUTE OR IMMEDIATE NEEDS: _____

LIST ANY ALLERGIES: _____

LIST ALL MEDICATIONS: _____

MENTAL HEALTH

LIST ANY MENTAL HEALTH DIAGNOSES: _____

TREATMENT AGENCY: _____

THERAPIST/COUNSELER/CASE MANAGER: _____ PHONE: _____

APPOINTMENT SCHEDULE: WEEKLY BI-WEEKLY MONTHLY OTHER: _____

MENTAL HEALTH SERVICES USED: _____

LIST ALL MEDICATIONS: _____

DATE OF LAST HOSPITALIZATION: _____ REASON: _____

TRIGGERS TO BE MADE AWARE OF: _____

OTHER

ARE YOU IN ADULT PROTECTIVE SERVICES? YES NO

WORKER NAME: _____ WORKER NUMBER: _____



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EMERGENCY CONTACT

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

RELATIONSHIP TO APPLICANT: _____

ARE YOU FLEEING DOMESTIC VIOLENCE? ___ YES ___ NO

APPLICANT STATEMENT

My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge, and contains no willful falsifications or misrepresentations. I understand that the YMCA reserves the right to ask me to leave the program for violating rules/regulations or for willfully providing false information on this application or during the intake process, and the YMCA can do so at any time.

Applicant Signature: _____

Date: _____

Copies of the following need to be attached to the application.

- _____ PHOTO ID
- _____ SOCIAL SECURITY CARD
- _____ MEDICAID CARD (IF AVAILABLE)
- _____ BIRTH CERTIFICATE
- _____ PROOF OF INCOME