

Solely Living – Participant Application

Please complete the form below and email it to: info@solelyliving.org

Full Name: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Social Security Number (Last 4 Digits): _____

Driver's License Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Current Situation (check all that apply):

- ☐ Homeless
- ☐ Recently Released from Jail/Prison
- ☐ Aging Out of Foster Care
- ☐ Recovering from Addiction
- ☐ Other: _____

Do you have any income?

☐ Yes ☐ No If yes, source: _____

Are you currently on probation or parole?

☐ Yes ☐ No If yes, officer's name: _____

Have you ever been convicted of a sex offense?

☐ Yes ☐ No

Are you currently taking any medications?

☐ Yes ☐ No If yes, please list: _____

Do you require any of the following services?

- ☐ Housing
- ☐ Job Assistance
- ☐ Mental Health Therapy
- ☐ Other: _____

Preferred Move-In Date:

How did you hear about One Safe Haven?

■ Caseworker

■ Probation Officer

■ Friend

■ Online

■ Other: _____

Signature:

_____ Date: _____