



# TURNING POINT HOMELESS SHELTER APPLICATION

## Applicant Information

Full Name: Date:

*Last* *First* *M.I.*

*City* *State* *County*

Date of Birth  Phone:

Number in Family: Adults Children Full Name(s) & DOB(s) of Child/Children:

*Need a separate application for spouse or significant other.*

## Background Information

Have you or any Family Member ever stayed at Turning Point? YES NO

Names and Year of persons that stayed at Turning Point Previously Name(s): Year:

Name(s): Year:

Do you have any FELONIES? YES NO If Yes Explain

WARRANTS  
YES NO

SEX OFFENSE CONVICTION  
YES NO

DOMESTIC VIOLENCE  
YES NO

PROTECTIVE ORDER  
YES NO

If Yes Explain

If Yes Explain

If Yes Explain

If Yes Explain

Why are you Homeless NOW?

Employed? Y N Employer: Able to Work? Y N Willing to Work? Y N

Pass a Drug Test? Y N Drivers License: Y N Transportation? Y N

Last used date: If not... Why? Insurance Co:

## HISTORY AND/OR CURRENT USE OR CONDITION Are YOU NOW or EVER been in a program?

Drugs: Y N Explain: Program: Y N Explain:

Alcohol: Y N Explain: Program: Y N Explain:

Mental Health: Y N Explain: Program: Y N Explain:

Violence: Y N Explain: Program: Y N Explain:

Disability: Y N Explain: Program: Y N Explain:

## Intake Information

Do you understand and are you able to commit to the following as part of residence?

- Daily household chores
- Weekly case management
- Weekly budgets
- 30-day restriction (limited exit of the facility)
- Bible Study
- Daily Devotions

Yes

No

There is a trial period of 14 days. Then continued residence will be evaluated.

Please note that Turning Point Ministries cannot allow controlled substance and/or narcotic prescription medication on site.

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Staff Comments:

Staff Member: