



**S.O.A.R. LA CROSSE PROGRAM APPLICATION**

Referral Source: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

How long have you been homeless? \_\_\_\_\_

Are you a Veteran?  Yes  No If you are a Veteran, do you have DD Form 214?  Yes  No

Are you receiving Veteran's benefits?  Yes  No

If yes, what benefits are you receiving? \_\_\_\_\_

Do you have a disability?  Yes  No

If yes, what is your disability? \_\_\_\_\_

Are you being treated for your disability?  Yes  No

Have you had drug or alcohol issues now or in the past?  Yes  No

If yes, describe: \_\_\_\_\_

**If we need to mail you information, where can we send it?**

Mailing address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

If married, divorced or separated, list when, where, to whom, when divorced, where divorced: \_\_\_\_\_

**RELATIVE/FRIEND TO CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

<b>Names of Persons Over 18</b>	<b>Social Security #</b>	<b>Date of Birth</b>	<b>M/F</b>
1. _____			
2. _____			

**Ethnicity of Adults in Household:**       Hispanic     Non-Hispanic

**Race of Adults in Household:**       African/American     Asian       Caucasian  
 American Indian/Alaskan Native  
 Other (please specify) \_\_\_\_\_

<b>Names of Persons Under 18</b>	<b>Social Sec. #</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>M/F</b>
1. _____				
2. _____				
3. _____				

**Ethnicity of Children in Household:**       Hispanic     Non-Hispanic

**Race of Adults in Household:**       African/American     Asian       Caucasian  
 American Indian/Alaskan Native  
 Other (please specify) \_\_\_\_\_

**RESIDENTIAL INFORMATION:**

Most recent residence:     Homeless or in shelter       Group Home       Other Residential  
    Apartment or home

**EDUCATION:**

Have You Received a Degree From: High School?       Yes     No      Highest Grade Completed \_\_\_\_\_  
If no, do you have your GED or HSED Certificate?       Yes     No

Special Education?     Yes     No

College?     Yes     No      If yes, where? \_\_\_\_\_ # of years: \_\_\_\_\_

**CRIMINAL HISTORY:**

Have you or any member of your household ever been convicted of illegal usage, distribution or manufacture of a controlled substance?     Yes     No

Explain: \_\_\_\_\_

Have your or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation?     Yes     No

Explain: \_\_\_\_\_

Do you have a probation officer?     Yes     No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you or any member of your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?     Yes     No

Explain: \_\_\_\_\_

