



## **SUPPORTIVE HOUSING PROGRAM**

The Arms of Love Supportive Housing Program is a temporary program with the goal of providing individuals with life skills, support and guidance over the duration of participation in the program.

This program is for unmarried females aging out of the foster care system who are committed to achieving independent living but may need support in order to reach this goal. It is our hope that each participant will make a successful transition into independent living and self-sufficiency upon completion of the supportive housing program.

### **Entrance Requirements**

- Participants of the Supportive Housing Program must be at least 18 years old upon entrance into the home, enrolled in school or vocational training, meeting requirements of the Arizona Young Adults Program (AYAP), clean/sober and have no violent offenses on their record.
- All prospective participants will be required to submit an application, interview and submit at least 3 references. *Applicants are not guaranteed admittance upon submitting application.*
- Upon admittance the participant will meet with their Program Specialist to go over schedule, appointments, goals, program guidelines as well as tenant agreements.

### **Program Requirements**

Participants will be living in a supportive house with a live-in Arms of Love Coach and up to 3 other young women. Each individual will form goals that they must show progress on. Participants will be required to participate in weekly mentoring, house programming, and life skills courses.

#### **To submit application:**

Email to: [AOLHousing@abcs.org](mailto:AOLHousing@abcs.org)

Drop off: Arizona Baptist Children's Services, 2632 W Augusta Ave Phoenix, AZ 85051

**[ABCsFOSTERCARE.COM/HOUSING](http://ABCsFOSTERCARE.COM/HOUSING)**

Questions? Please contact Danica, [dkoestner@abcs.org](mailto:dkoestner@abcs.org), Cell: (623) 252-2527



## Arms of Love Supportive Housing Program

### Female Resident Application

#### SECTION I: Personal & Contact Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

Best way to reach you \_\_\_\_\_ Dates in State Custody: \_\_\_\_\_ - \_\_\_\_\_

Case Manager Name & Contact Info: \_\_\_\_\_

What is your spiritual/religious background?: \_\_\_\_\_

Are you a member of a local church/congregation? Y / N

Name of congregation: \_\_\_\_\_ How often you attend: \_\_\_\_\_

What do you do like to do in your spare time? \_\_\_\_\_

\_\_\_\_\_

What three words would you use to describe yourself?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How did you learn about the Arms of Love Home? \_\_\_\_\_

Why do you believe that you should be chosen as a resident of this home ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**What are some of your specific goals for the next 6 months, 1 year and 3 years?**

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**How would you utilize Arms of Love Home to assist you in achieving these goals?\_\_\_\_\_**

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**Section II: Health History**

**Please check Y or N below:**

**Y N**

<b>Do you currently smoke or vape or use any tobacco substances?</b>		
<b>Are you currently in possession of a medical marijuana card?</b>		
<b>Do you currently take marijuana for recreational or medical purposes?</b>		
<b>Have you ever taken illegal drugs?</b>		
<b>Have you been pregnant in the last 9 months?</b>		
<b>Have you ever been in a 12-step or drug treatment program?</b>		
<b>Are you currently or ever been associated with a gang?</b>		
<b>Have you ever been on probation?</b>		
<b>Have you ever been arrested or jailed?</b>		
<b>Have you ever been treated for harm to self or others?</b>		
<b>Have you ever been diagnosed with a medical condition or illness?</b>		
<b>Have you ever been treated for harm to self or others?</b>		
<b>Have you ever received counseling or treatment before?</b>		
<b>Have you been diagnosed with any form of mental illness/condition?</b>		
<b>Have you ever taken medicine for a mental or emotional condition?</b>		

**If yes, please provide describe below:**

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Do you have a current doctor? \_\_\_\_\_ If yes, name and city: \_\_\_\_\_

When was your last full check-up or visit to a doctor? \_\_\_\_\_

Do you currently take any prescription medication? \_\_\_\_\_ If yes, please list below:

Medication: \_\_\_\_\_ Date prescribed: \_\_\_\_\_ Reason: \_\_\_\_\_

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Additional Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: Career Readiness**

Have you completed high school or GED? Y/N

If yes, Date completed: \_\_\_\_\_ If no, when will you complete? \_\_\_\_\_

Are you enrolled in YAP? Y / N

If Yes, for how long? \_\_\_\_\_ If no, are you willing to enroll? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, what is your monthly earnings? \_\_\_\_\_

Receive any other monthly income or assistance? \_\_\_\_\_ Amount? \_\_\_\_\_

From what sources: \_\_\_\_\_

If you do not have any monthly income, describe your plans to support yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**List most recent volunteer experience:**

**Company:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Supervisor's name:** \_\_\_\_\_ **Dates of involvement:** \_\_\_\_\_

**Title and duties:** \_\_\_\_\_

**List most recent employer:**

**1) Name of Employer:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Title and duties:** \_\_\_\_\_

**Dates of employment:** \_\_\_\_\_ **Hourly pay:** \_\_\_\_\_

**Supervisor's name:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

<b>SECTION IV: Acknowledgement and Signatures</b>
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**By signing below I acknowledge the following:**

- I understand that my application is not a guarantee of admission but will be used to consider eligibility to live at the Arms of Love Home.
- I verify that all statements made are true and accurate to the best of my knowledge and that I have not withheld information.
- I authorize Arms of Love Supportive Housing Program to run a background check to verify any existing criminal record
- I understand that if my application moves forward that my references will be contacted to verify my character and the content of any portions of my disclosures in this application.
- I understand that Arms of Love Home determines applicant eligibility and reserves the right to not disclose the rationale for admission or denial.
- I give Arms of Love Home permission to request official documents and make professional inquiries in order to verify the information I have provided.

Signature of Applicant	Full Printed Name	Date
Signature of Witness	Full Printed Name	Date