



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 single females with no dependents 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: housing@abcsfostercare.com

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

ABCsFOSTERCARE.COM/HOUSING

Questions? Please contact Danica, housing@abcsfostercare.com, 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?

How would you utilize Arms of Love Home to assist you in achieving these goals?_____

Section II: Health History

Please check Y or N below:

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

If yes, please provide describe below:



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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Medication: _____ Date prescribed: _____ Reason: _____

Medication: _____ Date prescribed: _____ Reason: _____

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:** _____

SECTION IV: Acknowledgement and Signatures

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