



Emergency Shelter Program Application

Program:

The Ford Street Project Emergency Shelter Program is an emergency shelter and employment program in which residents are expected to work hard to succeed. The Ford Street Project is accepting applications and seeking highly motivated individuals who are committed to learning a new way of living. We accept individuals 18+ whom are homeless, in stable medical condition, willing and able to be a part of a vocational program are employable (with additional criteria shown below).

Wait-list:

In the event there is not an emergency shelter bed available, your name will be placed on a wait-list. To remain on the wait-list you will need to call (707-462-1934) or check-in at the Ford Street Administration Office *every Wednesday, (except on Holidays) between the hours of 10:00 AM and 12:00PM*. Once your name comes to the top of the list, you will be called/notified to come in for a screening appointment. At that time you must pass a basic screening and drug and alcohol test, prior to admittance. If you turn down the bed or cannot pass the screening, your name will be placed on the bottom of the list.

Eligibility Criteria:

Mendocino County Resident ▪ 18 + years old ▪ Literally homeless, Imminent Risk of Homelessness, or Fleeing/ Attempting to Flee DV ▪ Free from alcohol and drugs ▪ Willing and able to participate in housing, vocational services and able to live peacefully in a close community ▪ Able to perform self-care (such as eating, bathing, dressing, and grooming) without the assistance of a live-in caregiver ▪ non-violent / not an arsonist / not a registered sex offender

You are NOT eligible for services if you have been actively using drugs and/or alcohol, have a warrant, or do not meet the minimum requirements to participate in all aspects of the program, including treatment and vocational services.

Most important things we expect

- For those with substance abuse issues, remain clean and sober and make your recovery the top priority.
- Treat yourself and others with respect.
- Participate in all aspects of the program.
- Hold yourself to a higher standard.

Most important things NOT to do

- Threaten or act with violence toward anyone.
- Drink or do drugs on or off the property.
- Steal or damage property-ever.
- Waste your time or our resources

Identifying Information

Name: _____ SS#: _____ - _____ - _____
Alias: _____ Primary Language: _____
Your Phone: _____ is this: ☐ Voicemail ☐ Cell Phone ☐ Other: _____
ID: _____ ☐ CA Driver License ☐ CA ID ☐ Other _____
DOB: ____/____/____ Gender: _____ Eye Color: _____ Hair Color: _____
Emergency Contact: Name _____ Phone: _____

What is your Marital Status?

- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | |

Ethnicity

Are you Hispanic/Latino? ☐ Yes ☐ No

What is your Primary Race?

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |

If Multi-Racial, what is your Secondary Race?

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |

Are you on Probation?

☐ Yes, Formal Probation
☐ Yes, Informal Probation

☐ Yes, Summary Probation
☐ No

Are you on Parole?

☐ Yes, Revocable Parole ☐ Yes, Non-Revocable Parole ☐ No

Are you in Drug Court?

☐ Yes, FDDC ☐ Yes, Adult Drug Court ☐ No

General Assistance

Do you receive General Assistance through Mendocino County? ☐ Yes ☐ No

Employment

Are you currently working? ☐ Yes ☐ No

If yes, who is your employer? _____

How many hours do you work per week? _____

Military Veteran

Have you ever served in the military? ☐ Yes ☐ No

Domestic Violence

Have you ever experienced domestic violence?

☐ Yes, within the past three months
☐ Yes, three to six months ago

☐ Yes, from six to twelve months ago
☐ No

Pregnancy Status

Are you pregnant? ☐ Yes ☐ No

Do you current receive services from other Ford Street Project programs?

☐ IOPCM ☐ Other ☐ Out-Patient AOD Treatment
☐ Residential AOD Treatment ☐ No

I hereby certify that above information is true and correct.

Signature _____

Date _____

Staff Use Only:

Outcome of Referral:

☐ Unable to contact
☐ Contacted - ☐ Client refused/no show
☐ Screening Conducted
on (date): _____

Outcome of Screening:

☐ Eligible - ☐ Enrolled in FSP ESVP
☐ On FSP ESVP waiting list
☐ Client refused/no show
☐ Not Eligible: _____

FSP ESVP Staff Signature: _____ Date: _____

FSP ESVP Staff comments: _____

