



## WICHITA-SEDGWICK COUNTY HOUSING FIRST PROGRAM APPLICATION

Please complete all sections and return to Jaimie Williams at [Jaimie.Williams@sedgwick.gov](mailto:Jaimie.Williams@sedgwick.gov)  
or fax (316) 660-7510.

Applications are not complete until a VI SPDAT assessment has been completed.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Staff Making Referral \_\_\_\_\_

Name & Address of Referring Agency \_\_\_\_\_

Staff Cell Phone: (\_\_\_\_) \_\_\_\_\_

Staff Office Phone: (\_\_\_\_) \_\_\_\_\_

Staff E-mail: \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

Applicant Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### APPLICANT MARITAL STATUS:

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Single                           | <input type="checkbox"/> Never Married | <input type="checkbox"/> Divorced    | <input type="checkbox"/> Married & Living with Spouse |
| <input type="checkbox"/> Married & Not Living With Spouse | <input type="checkbox"/> Widowed       | <input type="checkbox"/> Common Law  |   |
| <input type="checkbox"/> Living Together                  | <input type="checkbox"/> Other         | <input type="checkbox"/> Civil Union |   |

### APPLICANT ETHNICITY:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Hispanic/Latin(a)(o)(x) | <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected      |  |  |   |

### RACE (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian/Alaska Native/Indigenous  | <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Black/African American/African |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White                   |   |
| <input type="checkbox"/> Client doesn't know                       | <input type="checkbox"/> Client refused          | <input type="checkbox"/> Data not collected             |

### GENDER:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Female  | <input type="checkbox"/> Male               |  |
| <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, a gender, culturally specific gender) |   |  |
| <input type="checkbox"/> Transgender   | <input type="checkbox"/> Questioning        | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client refused  | <input type="checkbox"/> Data not collected |  |

**VETERAN STATUS:**

- ☐ Yes   ☐ No   ☐ Retired   ☐ Client doesn't know   ☐ Client refused   ☐ Data not collected

**PRIOR LIVING SITUATION TO PROGRAM ENTRY** *(or CURRENT, if Outreach)*

- ☐ Place not meant for habitation (i.e. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)  
☐ Emergency shelter, including hotel or/motel paid for with emergency shelter voucher  
☐ Safe Haven  
☐ Foster care home or foster care group home  
☐ Hospital or other residential non-psychiatric medical facility  
☐ Jail, prison or juvenile detention facility  
☐ Long-term care facility or nursing home  
☐ Psychiatric hospital or other psychiatric facility  
☐ Substance abuse treatment facility or detox center  
☐ Residential project or halfway house with no homeless criteria  
☐ Hotel or motel paid for without emergency shelter voucher  
☐ Rental by client, with VASH subsidy  
☐ Transitional housing for homeless persons (including homeless youth)  
☐ Host Home (non-crisis)  
☐ Staying or living in a friend's room, apartment or house  
☐ Staying or living in a family member's room, apartment or house  
☐ Rental by client, with GPD TIP subsidy  
☐ Permanent housing (other than RRH) for formerly homeless persons  
☐ Rental by client, with RRH or equivalent subsidy  
☐ Rental by client, with HCV voucher (tenant or project based)  
☐ Rental by client in a public housing unit  
☐ Rental by client, no ongoing housing subsidy  
☐ Rental by client, with other ongoing housing subsidy  
☐ Owned by client, with ongoing housing subsidy  
☐ Owned by client, no ongoing housing subsidy  
☐ Client doesn't know  
☐ Client refused  
☐ Data not collected

**DID YOU STAY LESS THAN 7 NIGHTS?**

- ☐ Yes   ☐ No

**LENGTH OF STAY IN LIVING SITUATION PRIOR TO PROGRAM ENTRY**

- ☐ One week or more, but less than one month   ☐ One month or more, but less than 90 days  
☐ 90 days or more, but less than one year   ☐ One year or longer  
☐ Client doesn't know   ☐ Client refused  
☐ Data not collected

**HOMELESS STATUS** *(Indicate the frequency of the individual's episodes of homelessness—including the current episode):*

- ☐ Continuously homeless for a year or more  
☐ Four or more episodes of homelessness in the past 3 years  
☐ None of the above

**COVERED BY HEALTH INSURANCE**

☐ Yes ☐ No

If yes, please specify

☐ Medicaid ☐ Medicare ☐ Other Public ☐ Other ☐ Private ☐ No insurance  
☐ Combined Children's Health Insurance/Medicaid Program ☐ Indian Health Service (IHS) ☐ Military Insurance  
☐ Private-Employer ☐ Private-Individual ☐ State Children's Health Insurance Program S-CHIP  
☐ State Funded

**BARRIERS**

Does applicant have an alcohol use disorder? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a developmental disorder? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a drug use disorder? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a HIV/AIDS? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a mental illness? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a physical disability? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

Does applicant have a chronic health condition? ☐ Yes ☐ No

Is condition indefinite: ☐ Yes ☐ No

Does applicant receive services/treatment? ☐ Yes ☐ No

**DOMESTIC VIOLENCE EXPERIENCE:**

☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused   ☐ Data not collected

If applicant experienced domestic violence, when did experience occur?

☐ Within the past three months   ☐ Three to six months ago (excluding six months exactly)  
☐ Six months to one year ago (excluding one year exactly)   ☐ One year ago or more  
☐ Client doesn't know   ☐ Client refused  
☐ Data not collected

If applicant experienced domestic violence, is he/she currently fleeing?

☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused   ☐ Data not collected

**INCOME** (check all that apply and specify the monthly amount)

☐ Earned Income \$ \_\_\_\_\_  
☐ Unemployment Insurance \$ \_\_\_\_\_  
☐ Supplemental Security Income (SSI) \$ \_\_\_\_\_  
☐ Social Security Disability Income (SDI) \$ \_\_\_\_\_  
☐ Veteran's Disability Insurance \$ \_\_\_\_\_  
☐ Private Disability Insurance \$ \_\_\_\_\_  
☐ Worker's Compensation \$ \_\_\_\_\_  
☐ TANF \$ \_\_\_\_\_  
☐ General Assistance \$ \_\_\_\_\_  
☐ Retirement (Social Security) \$ \_\_\_\_\_  
☐ Veteran's Pension \$ \_\_\_\_\_  
☐ Other Pension \$ \_\_\_\_\_  
☐ Child Support \$ \_\_\_\_\_  
☐ Alimony \$ \_\_\_\_\_  
☐ Other Income \$ \_\_\_\_\_  
☐ No Financial Resources  
☐ Interest Income \$ \_\_\_\_\_

**NON CASH BENEFITS** (Check all that apply and specify the amount)

☐ Food stamps \$ \_\_\_\_\_  
☐ MEDICAID \$ \_\_\_\_\_  
☐ MEDICARE \$ \_\_\_\_\_  
☐ State Children's Health Insurance Program \$ \_\_\_\_\_  
☐ Special Supplemental Nutrition Program for Women, Infants, & Children \$ \_\_\_\_\_  
☐ Veteran's Administration Medical Services \$ \_\_\_\_\_  
☐ TANF Child Care Services \$ \_\_\_\_\_  
☐ TANF Transportation Services \$ \_\_\_\_\_  
☐ Other TANF-funded Services \$ \_\_\_\_\_  
☐ Other Source \$ \_\_\_\_\_

Has client ever applied for SSI/SSDI? ☐ Yes ☐ No

If yes, when did applicant apply? \_\_\_\_\_

When was application approved? \_\_\_\_\_

If not approved, did applicant file an appeal? ☐ Yes ☐ No

When? \_\_\_\_\_

Result? \_\_\_\_\_

## EMPLOYMENT

Is applicant employed? ☐ Yes ☐ No ☐ Applicant doesn't know ☐ Applicant refused ☐ Data not collected

If employed, how many hours worked in the last week? \_\_\_\_\_

What is the rate of pay? \_\_\_\_\_

If employed, is the job:

☐ Full-Time ☐ Part-time ☐ Seasonal/sporadic (including day labor)

What is the employment tenure for the position?

☐ Permanent ☐ Temporary ☐ Seasonal ☐ Don't know ☐ Refused

If not employed, is applicant looking for a job? ☐ Yes ☐ No ☐ Applicant doesn't know ☐ Applicant refused

Why is applicant not employed?

- ☐ Looking for work
- ☐ In school
- ☐ Unable to work
- ☐ Not looking for work

Please describe and provide dates for any unique barriers to housing such as: felony, sexual offender, manufacturing of drugs, previous rental history (including evictions), and credit barriers (including unpaid utility bills).

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## CHRONIC HOMELESS VERIFICATION

Has applicant been continually homeless for the past year? ☐ Yes ☐ No

During the past 3 years, how many times has the applicant been homeless? \_\_\_\_\_

I certify that \_\_\_\_\_ stayed at the following shelters/facilities/programs:  
(Client's Name)

Please list all episodes of homelessness for **AT LEAST** the past 3 years, including episodes on the streets.

**EPISODE 1:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

**EPISODE 2:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

**EPISODE 3:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

**EPISODE 4:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

**EPISODE 5:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

**EPISODE 6:** \_\_\_\_\_  
(Where was client homeless)

For the following periods of time (please provide dates):

(1) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(2) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(3) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(4) between: \_\_\_\_/\_\_\_\_/\_\_\_\_ & : \_\_\_\_/\_\_\_\_/\_\_\_\_

*Additional detail about the client's episodes of homelessness may be written below; please asterisk any episodes that you cannot verify.*

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

The homeless applicant is currently staying where? \_\_\_\_\_ This is classified as:

- ☐ Emergency Shelter
- ☐ Transition Housing
- ☐ Permanent Housing
- ☐ Medical Institution

- ☐ Mental Health Institution
- ☐ Correctional Facility
- ☐ Substance Abuse Facility
- ☐ Other \_\_\_\_\_

**\*Completing this application does not guarantee acceptance into the Housing First Program.**

Staff Signature: \_\_\_\_\_  
Staff Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_