



Application Form Transitional Housing Program

We are glad you are interested in applying for DVIS Transitional Housing Program. The mission of DVIS Transitional Housing is to assist survivors of domestic violence, sexual assault, human trafficking and/or stalking gain economic stability and achieve their personal goals. We strive to meet this goal by providing housing assistance and other services for up to 24 months.

This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire. The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation.

You have the right to not answer any question you believe is not necessary to determine eligibility.

Contact information

Today's date: _____ DOB: _____

Name: _____

Are you over 18 years of age or a legally emancipated minor? Yes No

Identified gender (how you identify): _____ Pronouns used: _____

What is your preferred language? _____

Preferred method of contact: Phone Mail Email

Phone number/s where we can call, mailing address or email address:

If we call, is it safe to leave a message? Yes No

If no, when would be the best day and time to call? _____

Referral Contact Information

Name, phone number and agency of person referring you to this program:

Current Living Situation

Are you currently homeless as a result of domestic, sexual, or dating violence, or stalking?

Yes No

Are you currently living in a shelter? Yes No If yes, which shelter? _____

Are you living with family or friends because you have fled domestic, sexual, or dating violence, or stalking? Yes No

Please list all other people who would live with you in transitional housing including their name, gender, age and relationship to you. The funding for this program requires we provide housing for only for survivors of domestic, sexual, or dating violence, or stalking and their dependents.

Do you have a companion or service animal(s)? Yes No

Do you have pets? Yes No

If yes, please describe the species and any other relevant characteristics of each animal.

Are there any accommodations we can provide to ensure your ability to take part in this program?

Safety

Please let us know if you would like help safety planning while your application is being reviewed.

Yes No

Is there anything else you would like to share about your immediate safety concerns?

Do you have a protective order against your abuser? Yes No

Is it permanent? Yes No Does it include your children? Yes No

Please describe the types help and support you would like from this program:

Other

Please describe any questions or concerns you have about the program. We will address any concerns when we meet.

Community Resources:

If you are not accepted into this housing program, we can still give information and referrals to other community services. Please list any services you are interested in (for example, employment, housing, TANF, WIC, mental health, youth activities, financial help):

Signature: _____ Date: _____

I certify that the above information is true and correct to the best of my knowledge.

Witness (referrer): _____ Date: _____

Please note that this is an application and does not constitute acceptance into this program housing. Once your application has been received, staff will reach out to you to learn more about your situation.

Thank you!