



Pathway Homes, Inc.  
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## SUPPORTED HOUSING OPTIONS PROGRAM (S.H.O.P.) APPLICATION

**To be completed by the applicant** (please type, or print legibly)

*This section of the application will be used to assess the program services that are needed and desired by you, the applicant.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to S.H.O.P. by: \_\_\_\_\_ Phone: \_\_\_\_\_

I am: Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_

I am currently: \_\_\_\_\_ Living on the street.

\_\_\_\_\_ In an emergency shelter.

\_\_\_\_\_ In transitional supportive housing, but entered the program from the streets or an emergency shelter

\_\_\_\_\_ Other: \_\_\_\_\_

Have you lived/slept in a homeless shelter, or a place not meant for living/sleeping, continuously for a year or more? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates and where you were living/sleeping: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had 4 or more episodes of homelessness (either living/sleeping in places not meant for living/sleeping, or in an emergency shelter – *not transitional housing*) in the past three years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates and where you were living/sleeping: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state why you wish to enter the Supported Housing Options Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the problems you will need help with in order to attain independent living: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To what degree do you see yourself as presently needing and/or desiring assistance in the following areas?

<i>Please check one for each category</i>	<u>None</u>	<u>Very Little</u>	<u>Somewhat</u>	<u>Very Much</u>
Grocery Shopping:	_____	_____	_____	_____
Money Management:	_____	_____	_____	_____
Personal Hygiene:	_____	_____	_____	_____
Use of Public Transportation:	_____	_____	_____	_____
Cooking/Nutrition:	_____	_____	_____	_____
House Cleaning:	_____	_____	_____	_____
Getting up in the A.M.:	_____	_____	_____	_____
Treatment Compliance:	_____	_____	_____	_____
Getting Along with Others:	_____	_____	_____	_____
Maintaining a Daily Activity:	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Please describe your past and present habits in regard to the use/abuse of alcohol and/or drugs, specifically stating all substances used, amounts used, and frequency of use: *(if you need more space, please continue on back)*

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

Many apartment complexes require a background check. Please list any misdemeanors or felonies which may be on your record as well as the dates on which they occurred:

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

Consent for Exchange of Information

I hereby authorize the Community Services Board Mental Health to exchange information concerning me with any of the service providers listed in this or other parts of my application for services in this program. I understand that this information will be used for professional purposes only, and will not be released to anyone else without written permission.

This consent will automatically terminate one year from the date of signing. A copy of this document shall be as valid as the original.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

*Note: 42.CFR Release must be signed if alcohol and drug issues are identified.*



**SUPPORTED HOUSING OPTIONS PROGRAM  
CONSUMER HOUSING SURVEY**

*This section of the application will give us an idea of what sort of housing people who apply for this program are interested in.*

**FOR ASSISTANCE LOCATING RENTAL APARTMENTS PLEASE ANSWER THAT FOLLOWING:**

In which part of Fairfax County do you prefer to live? \_\_\_\_\_

What is your monthly income? \$ \_\_\_\_\_

Are you willing to live with others? Yes \_\_\_\_\_ No \_\_\_\_\_

*(For Example: Roommates sharing an apartment or house with each person having their own bedroom)*

Are you willing to live with others who smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently engaged in mental health services? If Yes, please describe: \_\_\_\_\_

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

Do you use public transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Please rank your 1<sup>st</sup> through 3<sup>rd</sup> preferences in apartment size: (One, Two, Three Bedroom, or Townhouse)

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

Other preferences or comments: \_\_\_\_\_

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