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Pathway Homes, Inc.
10201 Fairfax Blvd., Ste. 200
Fairfax, VA 22030-2209
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pathwayhomes.org

HOUSING/SERVICES APPLICATION

I am interested in receiving: ☐ Housing ☐ Mental Health Skill-building Services ☐ Crisis Stabilization

Applicant Name:_____ Date of Application:_____

Date of Birth:_____ Social Security #:_____

Gender: Male ☐ Female ☐ U.S. Citizen: YES ☐ NO ☐ U.S. Veteran: YES ☐ NO ☐

Source and Amount of Income:_____

Medicaid Number:_____

My Current Address or Location or Program:

I am ☐ Currently Homeless:

- ☐ Living on the streets or in a shelter
- ☐ In inpatient treatment, for less than 90 days, AND in a shelter or on the streets immediately prior

Describe:_____

☐ Chronically Homeless:

- ☐ Homeless continuously for a year or more AND currently in a shelter or on the streets
- ☐ Homeless 4 or more times in the past 3 years AND currently in a shelter or on the streets

Describe:_____

Describe all criminal convictions (criminal background checks are required by most housing complexes):

History of:

Suicidal gestures? YES ☐ NO ☐

Describe: _____

Physical aggression? YES ☐ NO ☐

Describe: _____

List Current Medications:

What degree of assistance do you need with medications? *(check all that apply)*

- ☐ Remembering to take them
- ☐ Getting prescriptions
- ☐ Getting refills
- ☐ Communicating with my doctor
- ☐ Understanding my insurance coverage
- ☐ I manage my medications independently

To be eligible for housing and services, individuals must provide verification of disability.

Please check all that apply: ☐ Mental Health ☐ Intellectual Disability ☐ Substance Use

Presenting mental health concerns:

Treatment received for mental health concerns:

Presenting substance use concerns:

Treatment received for substance use concerns:

Presenting medical conditions/concerns:

Treatment received for medical conditions:

State why supported housing is needed:

I need staff support/assistance:

- ☐ Daily
- ☐ 5x per week
- ☐ 3-4x per week
- ☐ 1-2x per week

To what degree do you need assistance with the following?

	NONE	*VERY LITTLE*	*OCCASIONALLY*	*VERY MUCH*
Managing money	☐	☐	☐	☐
Cooking and nutrition	☐	☐	☐	☐
Grocery shopping	☐	☐	☐	☐
Housekeeping	☐	☐	☐	☐
Following through with mental health or substance use treatment	☐	☐	☐	☐
Managing medical conditions	☐	☐	☐	☐
Learning public transportation	☐	☐	☐	☐
Personal hygiene	☐	☐	☐	☐
Getting along with others	☐	☐	☐	☐
Employment or education pursuits	☐	☐	☐	☐
Problem-solving	☐	☐	☐	☐

The best way to contact me is:

SELF

Name:_____

Phone #:_____ Email:_____

FAMILY

Name:_____ Relationship:_____

Phone #:_____ Email:_____

AGENCY

Contact Name:_____ Agency Name: _____

Phone #:_____ Email:_____

FRIEND

Name:_____

Phone #:_____ Email:_____

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Consent for Exchange of Information

I hereby authorize Pathway Homes/Community Services Board to exchange information concerning me with any of the service providers/family/or significant others listed in this application. I understand that this information will only be used to locate me and to assess my eligibility for residential services and will not be released to anyone else without my written permission. You may withdrawal this consent at any time.

[Note: 42.CFR Release of Information must be signed if alcohol and drug issues are identified.]

_____ _____

Applicant Signature Date

_____

Applicant Printed Name

Submit Completed Applications to:

Pathway Homes, Inc.
10201 Fairfax Boulevard, Suite 200
Fairfax, VA 22030
Fax: (703) 876-0394