

Hope Harbor, Inc.

610 West Division, Grand Island, NE 68801 * 308-385-5190

Application for Assistance

Please answer **ALL** questions

DATE: ___/___/___ REFERRED BY: _____

LAST NAME	FIRST NAME	BIRTH DATE	SEX	HISPANIC/ NON-HISPANIC	Primary Race <small>Use chart below</small>
Head of Household		/ /	M F	H NH	
Spouse/Significant Other		/ /	M F	H NH	
Other Family Members		/ /	M F	H NH	
		/ /	M F	H NH	
		/ /	M F	H NH	
		/ /	M F	H NH	
		/ /	M F	H NH	
		/ /	M F	H NH	

ETHNIC ORIGIN:

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. WHITE 3. ASIAN 5. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER 7. ASIAN & WHITE 9. AMERICAN INDIAN / ALASKAN NATIVE & BLACK | <ul style="list-style-type: none"> 2. BLACK/AFRICAN AMERICAN 4. AMERICAN INDIAN /ALASKAN NATIVE 6. AMERICAN INDIAN /ALASKAN NATIVE & WHITE 8. BLACK/AFRICAN AMERICAN & WHITE 10. OTHER: Please Indicate |
|--|--|

APPLICANT SOC. SEC. #: _____ - _____ - _____

Soc. Sec. # for all other household members: (____-____-____) (____-____-____) (____-____-____) (____-____-____)
(____-____-____) (____-____-____) (____-____-____) (____-____-____) (____-____-____) (____-____-____)

MARITAL STATUS: SINGLE: ___ MARRIED: ___ DIVORCED: ___ SEPARATED: ___

Do you have proof of marriage? (If applicable): _____

CURRENT LIVING SITUATION: _____ *How Long?* _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PREVIOUS ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL: _____

GENERAL INFORMATION

(This information is for the confidential use of Hope Harbor. Please check **ALL** that apply to you.)

DO YOU RECEIVE: (Please list for whom coverage is for below) MEDICAID ___ MEDICARE ___

HIGHEST LEVEL OF EDUCATION COMPLETED: (Please Circle)

GRADE 1 2 3 4 5 6 7 8 9 10 11 12 GED - Some College - College Graduate - Advanced Degree(s)

ARE YOU A VETERAN: YES___ NO___

PLACE A CHECK IF ARE YOU A VICTIM OR A SURVIVOR OF ANY OF THE FOLLOWING?

DOMESTIC ABUSE___ CHRONIC MENTAL ILLNESS___ (DIAGNOSIS)

DEVELOPMENTAL DISABILITY___ HIV/AIDS___ ALCOHOL DEPENDENCY___

DRUG DEPENDENCY___ PHYSICAL DISABILITY___ HEPATITIS___

DO YOU CURRENTLY HAVE A DISABILITY? YES___ NO___

ARE YOU NOW EMPLOYED: YES___ NO___ EMPLOYER:_____

ARE YOU SEEKING EMPLOYMENT IN THE GRAND ISLAND AREA? YES___ NO___

YEARLY INCOME: UNDER\$10,000___ \$10,000-\$14,999___ \$15,000-\$20,000___ OVER \$20,000___

TOTAL HOUSEHOLD INCOME FOR THE LAST 30 DAYS: _____

DO YOU RECEIVE: (Please list amounts) SSI___ ADC___ Food Stamps___ WIC___ Child Support___

NON-CASH BENEFIT RECEIVED IN THE PST 30 DAYS: _____

HAVE YOU BEEN DISCHARGED FROM A FACILITY WITHIN THE LST 3 MONTHS? YES___ NO___

IF YES: FACILITY_____ LENGTH OF STAY_____

ARE YOU A MIGRANT WORKER ___ ARE YOU 62 OR OLDER ___

ARE YOU PREGNANT? _____ EXPECTED DUE DATE: _____

TRANSPORTATION

MAKE: _____ MODEL: _____ YR: _____ LICENSE PLATE #: _____ ST _____

Do you have proof of insurance? _____ (provide a copy)

I.D. OR DRIVER'S LICENSE #: _____ ST _____

HEALTH CONDITION COMPARED TO PEOPLE YOUR AGE:

EXCELLENT___ VERY GOOD___ GOOD___ FAIR___ POOR___ DON'T KNOW___

ARE YOU CURRENTLY TAKING MEDICATION? YES___ NO___ (Please list all)

HAVE YOU RECEIVED ASSISTANCE FROM?

HOPE HARBOR (or the former CHRC)? YES___ NO___ DATE ___/___/___

TYPE OF ASSISTANCE: _____

A CHURCH? YES___ NO___ CHURCH'S NAME _____ TYPE OF HELP: _____

DEPT. WELFARE? YES___ NO___ TYPE OF HELP: _____

CASE MANAGER, ADDRESS, AND PHONE NUMBER: _____

SALVATION ARMY? YES___ NO___ TYPE OF HELP: _____

WHAT TYPE OF ASSISTANCE ARE YOU SEEKING TODAY? _____

ARE YOU CURRENTLY HOMELESS? YES___ NO___

EXTENT OF HOMELESSNESS: Days ___ Weeks ___ Months ___ Years ___

WHY ARE YOU SEEKING ASSISTANCE?

___ COULD NOT LOCATE AFFORDABLE HOUSING ___ EVICTION (Eviction Date : _____)

___ LOSS OF JOB ___ FLEEING DOMESTIC ABUSE

___ CHEMICAL DEPENDENCY PROBLEMS ___ MENTAL HEALTH PROBLEMS

___ LOW INCOME

___ LEAVING OTHER FACILITY: NAME OF FACILITY _____

___ STRANDED IN AREA, PLEASE LIST DESTINATION _____

___ OTHER _____

Nebraska Management Information System (NMIS) Release of Information

When you request or receive services from **Hope Harbor, Inc.**, we collect information about you and your household and enter it into a computer program called ServicePoint, or Nebraska Management Information System (NMIS). This program helps us to better understand homelessness/near homelessness, to improve service delivery to the homeless/near homelessness, and to evaluate the effectiveness of services provided. NMIS is used by many social service agencies throughout the state that provide services to homeless and low-income persons.

What information is collected? Depending on your situation, you may be asked for some or all of the following:

- Basic identifying information (may include name, SSN, date of birth, gender, race, marital and family status, household relationships, phone numbers, military veteran status, whether or not you have a disability)
- Housing information (may include address, type of housing, homeless status, and reason for homelessness)
- Income information (sources and amounts of household income, employment information, work skills)
- Education information, Employment Information, Immigration status
- Domestic Violence experience
- Medical information (may include disability, HIV/AIDS, alcohol or drug disability and Medical Insurance)
- Services needed and provided; outcomes of services provided

What happens to the information collected?

- With your approval, information collected is shared with other service agencies, but only with authorized persons at these agencies.
- Collectively, data on the homeless or low income population in Nebraska is used in statewide reports on homelessness (but not personal identifying information is reported)

NOTE: NMIS uses many security protections to ensure confidentiality and only agencies that use NMIS can access this program.

Why should you agree to have your information shared with other agencies that use NMIS?

By sharing your information with these agencies, you will help them:

- Reduce time spent answering basic questions regarding your situation,
- Identify other services or programs you may be eligible for,
- Better coordinate services for you and your household,
- More accurately count the number of homeless/near homeless persons, services available and services needed,
- Show the people who fund homeless programs that the services are needed and
- Obtain other funding for programs that serve homeless persons.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to restrict access to personal information that you are providing about yourself and your minor children. You may modify this consent with respect to the sharing of your information at any time.

- All Information, except the following, may be shared with authorized personnel in other service agencies using NMIS:

- Information about me may only be shared with authorized personnel within this agency.

Your release of information authorization is valid for one (1) year from the date of this document. You may cancel this authorization at any time by written request, but the cancellation will not be retroactive.

SIGNATURE OF CLIENT OR GUARDIAN DATE

SIGNATURE OF AGENCY WITNESS DATE



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____

Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____

(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.



From:

HOPE HARBOR, INC.
610 West Division
Grand Island NE 68801

Phone: 308-385-5190
Fax: 308-385-5195

To: Grand Island Police Department

Fax number: 308.385.5398

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent:

Number of pages including cover page:

Message:

Hope Harbor of Grand Island requests a check to be done for potential clients for possible warrants & criminal history.

We request that the check on the individual(s) be completed as part of our screening determine eligibility for our program.

Attached is a copy of the release for confidential information request signed by the individual.

Thank you for your assistance in helping us complete our screening process.
Your cooperation is appreciated.

NAME

DOB
