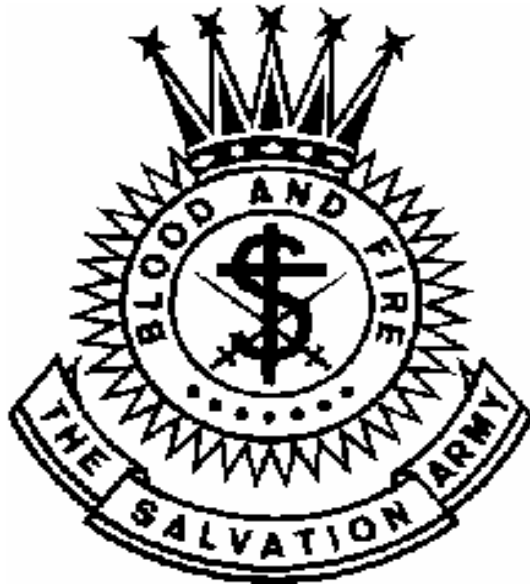


# The Salvation Army Booth Brown House Foyer Program



## Application Packet

Revised January 2006

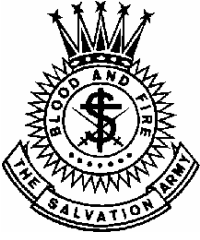


### Our Vision

To provide young people with an affordable home, support and springboard into independent living, learning and earning

### Our Mission

To holistically link vulnerable or disadvantaged young people with housing, education, employment and their communities through: Living, Learning and Earning



The Salvation Army  
Booth Brown House  
Foyer Program  
1471 Como Avenue West  
St. Paul, MN 55108  
(651) 251-3502  
Fax (651) 646-1655

## Resident Application

Written portion

### Personal Information:

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

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

Nickname(s): \_\_\_\_\_

Age: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Do you have a drivers license?:  Yes  No    Permit?:  Yes  No    ID?:  Yes  No

Why are you searching for housing now?

Please state why you would like to participate and hope to gain from the Foyer program?

What strengths do you possess that will enable you to successfully live independently?

What barriers might keep you from successfully living independently?

What do you think you will do when you've completed the Foyer program?

For how long do you believe you would like to live in a Foyer apartment?



# Resident Application

Employment History (pg 2)

Have you held a job before?  Yes  No (if no skip to page 3)

Are you currently employed?  Yes  No

*Please list employers starting with the most recent*

1. Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employ: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?:  Yes  No

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employ: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?:  Yes  No

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates of Employ: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Wage: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer?:  Yes  No

## Office Use Only

Proof of Income(s) provided at interview?  Yes  No  N/A

*If so, attach copies to the back of this application*



# Resident Application

Educational History (pg 3)

Primary High School/ALC: \_\_\_\_\_ Last Year completed: \_\_\_\_\_

Did you graduate?:  Yes  No When?: \_\_\_\_\_

Did you receive any special honors or awards?: \_\_\_\_\_

What was/is your GPA (if applicable)? : \_\_\_\_\_

How many credits away from graduation are you (if applicable)? \_\_\_\_\_

Were you ever charged with truancy?  Yes  No

What were/are your interests in high school? \_\_\_\_\_

Additional high school (s)/ALC(s):

Name:	Address/City/State	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you completed any college course work?:  Yes  No

Please list any colleges you attended, along with major of study:

1. _____	2. _____
3. _____	4. _____

Please list high school teachers and/or counselors that would be good references:

Name:	Address/City/State	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



# Resident Application

Current Entitlements (pg 4)

Do you have a county worker?  Yes  No County: \_\_\_\_\_

Worker's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you receive financial assistance?  Yes  No

Type of coverage?  GA  SSI  MFIP  Other: \_\_\_\_\_

Amount received: \_\_\_\_\_ Administered by: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have medical coverage?:  Yes  No

Type:  MA  Employer  Other: \_\_\_\_\_

If you don't have medical coverage, are you eligible?:  Yes  No  Not sure

Do you have dental coverage?:  Yes  No

Type:  MA  Employer  Other: \_\_\_\_\_

If you don't have dental coverage, are you eligible?:  Yes  No  Not sure

Do you receive food stamps?:  Yes  No Do you have an EBT card?  Yes  No

Amount received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Administered by: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you receive any additional income (other than employment)?:  Yes  No

Reason: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Administered by: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Office Use Only

Proof of Income(s) provided at interview?  Yes  No  N/A

*If so, attach copies to the back of this application*



# Resident Application

Housing History (pg 5)

Have you ever been placed in foster care?  Currently  Previously  Never

Have you ever spent a night in shelter?  Currently  Previously  Never

If yes, how many times?  Once  Twice  Three or more

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of living situation:  With Family  Shelter  Foster care  Friends house

Owner/Operator/Family or Friend name: \_\_\_\_\_

May we contact this person?:  Yes  No Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of living situation:  With Family  Shelter  Foster care  Friends house

Owner/Operator/Family or Friend name: \_\_\_\_\_

May we contact this person?:  Yes  No Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

The information I have supplied in this application is as accurate and thorough to the best of my knowledge. Any other information will be supplied upon request. I understand that any false information will lead to the denial of my application. Agree:  Yes  No

I also agree that any person listed on this application may be contacted and release to the Salvation Army Booth Brown House information regarding my history that may pertain to my admission into the Booth Brown House program. Agree:  Yes  No

I understand that for final acceptance to the program, Booth Brown House Foyer Program will have to conduct a criminal background search. Providing a social security number will accelerate this process, however it is optional for me to include it in this application and I will not be denied admission by not providing. My social security number is:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Guardian – if not 18)

\_\_\_\_\_  
(Date)