



## TALENT GATEWAY APPLICATION

### CONTACT INFORMATION

Full Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address (REQUIRED): \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Msg. Phone: \_\_\_\_\_

**INFORMATION REQUIRED FOR ALL HOUSEHOLD MEMBERS (who will live with you at Gateway site):**

**LIST YOURSELF FIRST: CHECK ALL THAT APPLY:**

| FULL NAME | RELATIONSHIP | BIRTHDAY | GENDER | OHP ID NUMBER<br>(Indicate Allcare or JCC) |
|-----------|--------------|----------|--------|--|
|           | <u>SELF</u>  |          |        |  |
|           |              |          |        |  |
|           |              |          |        |  |
|           |              |          |        |  |
|           |              |          |        |  |
|           |              |          |        |  |

Did you lose your residence in the Alameda fire? Yes \_\_\_\_\_ No \_\_\_\_\_

Pre-Alameda Fire Address \_\_\_\_\_

Do you lack permanent safe shelter YES \_\_\_\_ NO \_\_\_\_

### INCOME AND/OR BENEFIT INFORMATION

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How long have you worked here? \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

How much do you earn per month? \_\_\_\_\_

Do you receive SNAP (food stamps)? Yes \_\_\_\_\_ No \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**Do you receive income from any other source? (Where from and the amount)**

**SOURCE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**SOURCE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Do you currently have health insurance?  YES  NO

OHP -WHICH ONE?  Jackson Care Connect  All Care  Healthy Kids  Other: \_\_\_\_\_

MEDICARE  Employer Provided Health Insurance  Private Insurance  Veteran's Administration Medical

**DO YOU REQUIRE A UNIT WITH SPECIAL FEATURES?**  YES  NO

Grab Rails  No Stairs  Wheelchair Accessible  Hearing Impaired Smoke Detector  Other

**ADDITIONAL CONTACT INFORMATION**

Person to be contacted:

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

Relationship to you: \_\_\_\_\_

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

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

**INTAKE INFORMATION (Questions 1-4)**

**PLEASE ANSWER THESE QUESTIONS FULLY AND TO THE BEST OF YOUR KNOWLEDGE SO WE KNOW HOW WE CAN HELP YOU BEST.**

1. Tell us about yourself, for example: What is your current living situation? Why do you want to be housed at the Gateway project?

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

2. What are your housing barriers? (What keeps you from finding stable housing) examples: income, criminal history, no rental history, bad rental history, evictions, poor credit or lack of, etc. \_\_\_\_\_

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

3. Are you involved with any community agencies? Who is your Case Manager or Worker? **Please include their Phone Number.** If you are not currently involved with any agencies please list 4 non related personal references.

| CONTACT NAME | AGENCY / COMPANY | PHONE # |
|--------------|------------------|---------|
| 1.           |                  |         |
| 2.           |                  |         |
| 3.           |                  |         |
| 4.           |                  |         |

4. Please describe any health related challenges including Mental health, Physical health and Social/Emotional health that you may be experiencing. If so, please share if you are a current client of Jackson County Mental Health, Columbia Care or Options. \_\_\_\_\_

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

**~PLEASE CALL ONCE A MONTH TO CHECK IN AND  
IF YOU HAVE ANY CHANGES ON YOUR APPLICATION PLEASE REPORT IT RIGHT AWAY~**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For office use only:

Applicant part of/working with  Phoenix-Talent Schools  Disaster Case Manager: \_\_\_\_\_

Other \_\_\_\_\_

