



Program Participant Application Form

PROGRAM PARTICIPANT INFORMATION:

Applicant Name: _____

Date of Birth: _____ Age: _____

Gender: Male or Female

SSN: _____

Phone: _____

Email: _____

INCOME & PROGRAM INFORMATION:

Primary Income Source: _____

Monthly Income: \$ _____

Housing Program (VA / SSI / SSA / Other): _____

Case Manager / Program: _____

ELIGIBILITY SCREENING:

- | | | |
|--|-----------|----------|
| 1. Can you live independently? | Yes _____ | No _____ |
| 2. Can you pay the monthly program fee? | Yes _____ | No _____ |
| 3. Can you follow house rules? | Yes _____ | No _____ |
| 4. Can you maintain a clean space? | Yes _____ | No _____ |
| 5. Recent violence (within 12 months)? | Yes _____ | No _____ |
| 6. Sexual assault or battery charges? | Yes _____ | No _____ |
| 7. Illegal drug use or charges? | Yes _____ | No _____ |
| 8. Active Case Management? | Yes _____ | No _____ |
| 9. I agree to no guests inside of home? | Yes _____ | No _____ |
| 10. I agree to no loud music? | Yes _____ | No _____ |
| 11. I agree to quiet hours 10pm-6am? | Yes _____ | No _____ |
| 12. I agree to the no pets policy? | Yes _____ | No _____ |
| 13. I read and agree to all program rules? | Yes _____ | No _____ |
| 14. Please explain all " No " answers to questions 1-4 and 9-13. Explain all " Yes " answers to questions 5-8. | | |



REFERRAL SOURCE INFORMATION:

Agency Name: _____

Case Manager: _____

Phone: _____

Email: _____

APPLICANT ACKNOWLEDGMENT:

I certify that the information provided is true and complete to the best of my knowledge. I agree that I must pay the non-refundable application fee with this application for possible consideration of acceptance into the program. I understand that submission of this application and non-refundable application fee does not guarantee acceptance and that Epi-Care Inc reserves the right to deny acceptance based on eligibility, screening, and program capacity.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

*******Stop Here. Do Not Go Past this Line*******

PROGRAM CONTACT:

Epi-Care Inc

Program Director: Syreeta Phillips

Phone: (404) 850-3650

Email: info@epi-care.org

Website: www.epi-care.org

PROGRAM ACCEPTANCE:

Passed Background Check: Yes _____ No _____

Program Acceptance: Yes _____ No _____

Requested Move-In Date: _____