



Jeremiah's Place
North Georgia Interfaith Ministries Inc.
PO Box 668
Dahlonega, GA 30533
706-867-5404

QUALIFICATIONS

This page must be completely filled out before proceeding to the application.

☐ I am a resident of Lumpkin County.

☐ I have a full-time job (minimum 38 hours per week).

☐ I have my own reliable car.

☐ I am willing to participate fully in the program at Jeremiah's Place.

☐ I am willing to be fully honest and disclose all information requested as part of my weekly program.

Printed Name

Signature

Date

If every box above is yes, please proceed to the next page.

We can only review applications when this page is completely filled out.

ASSESSMENT PACKET

Please send completed form to casemgr@jeremiahsplace.net

Each Adult seeking housing must fill out a separate application form.

OVERVIEW

Last Name _____ First Name _____ Middle Initial _____

Any other names you have used? _____

Email Address _____ Cell Phone # _____

Last permanent address _____

How long since you lived at this address _____

Family Type (Check one) :

Single Female ____ Single Male ____ Single Female w/child(ren) ____ Single Male w/child(ren) ____
Couple ____ Couple w/child(ren) ____

Are you seeking transitional housing with Jeremiah's Place? Yes ____ No ____ How many people are you seeking housing for: Adults ____ Children ____ If more than one adult, please list name and relationship to you: _____

Your Age ____ Ages of Dependents _____

Are you able to speak, read, and write in English? Yes ____ No ____

Do you have your own reliable car? Yes ____ No ____

How long have you been in Lumpkin County? _____

Where were you living before coming to Lumpkin County? How long?

Do you have a photo ID? Yes ____ No ____ Expiration Date _____ ID # _____ State _____

Emergency Contact _____ Phone _____ Relationship _____

BACKGROUND

Gender: Female ___ Male ___

Marital Status: Single ___ Divorced ___ Widowed ___ Married ___ Separated ___

Veteran: Yes ___ No ___ When Served _____ Discharged _____

Race/Ethnicity: Native American ___ Asian ___ African American ___ Hispanic ___ White ___ Other _____

Highest Level of Education: High School Diploma _____ GED _____ College _____ Other _____

Other Credentials/Certifications _____

IMMEDIATE FAMILY

Names of all Family Members	Age	M/F	Relationship	Any Special Needs	Who has Primary Custody
1					
2					
3					
4					
5					
6					
7					

Do you have the following (**originals, not photocopies**) for **all** family members, including yourself?

Birth Certificate ___ State Issued ID ___ Driver's License ___ Social Security Card ___

In what county do your children attend school? _____

Do you have an open case with DFCS? Yes ___ No ___ Case Manager Name _____

Case Manager Phone # _____ What County? _____

SUPPORT SYSTEM

Where is your nearest family? _____

How would you describe your relationship with your family? Good ___ Fair ___ Poor ___

Who in your family are you closest to? _____ Relationship _____

Do you have any family or friends close by you can stay with? _____

Do you have a support system? Yes ___ No ___

CURRENT HOUSING

Where did you sleep last night?

- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Hotel paid for by shelter, church, or agency |
| <input type="checkbox"/> Transitional or permanent housing for homeless persons | <input type="checkbox"/> Foster care or foster care group home |
| <input type="checkbox"/> Substance abuse treatment center/detox center | <input type="checkbox"/> Psychiatric hospital or other facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Home owned by you/Rented by you | <input type="checkbox"/> Staying or living with a family member |
| <input type="checkbox"/> Staying or living with a friend | <input type="checkbox"/> Place not meant to live in (car, tent, etc.) |
| | <input type="checkbox"/> Hotel or motel paid for by you |

Residence Contact Name: _____ Phone # _____

How long have you been sleeping at last night's residence? (Check one)

1 week or less ☐ 1 week to 1 month ☐ 1 to 3 months ☐ 3 months to 1 year ☐ 1 year or longer ☐

How many times in the last 3 years have you been homeless? _____ How long this time? _____

Housing Status: Literally homeless ☐ Unstable housing/at risk of losing housing ☐ Stable housing ☐

RENTAL HISTORY

Have you ever had a lease in your name? Yes ☐ No ☐

Have you ever had utilities in your name? Yes ☐ No ☐ Last deposit amount \$ _____

Have you ever been evicted from housing? Yes ☐ No ☐ How many times? _____

What was the reason for eviction? _____

Would a prior landlord give you a good reference? Yes ☐ No ☐

Where have you lived and with whom for the past 5-8 years?

City/Town	State	With Whom	How Long	Landlord Name and phone#
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City/Town	State	With Whom	How Long	Landlord Name and phone#
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City/Town	State	With Whom	How Long	Landlord Name and phone#
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City/Town	State	With Whom	How Long	Landlord Name and phone#
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City/Town	State	With Whom	How Long	Landlord Name and phone#
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EMPLOYMENT

Are you employed? Yes ___ No ___ Where? _____ How Long? _____
 Full Time ___ Part Time ___ Seasonal ___ How Many Hours? _____ Pay \$_____ per hour/week/month

Is your spouse employed? Yes ___ No ___ Where? _____ How Long? _____
 Full Time ___ Part Time ___ Seasonal ___ How Many Hours? _____ Pay \$_____ per hour/week/month

Previous Work History

Employer: _____ Location: _____ Dates: _____
 Employer: _____ Location: _____ Dates: _____
 Employer: _____ Location: _____ Dates: _____
 Employer: _____ Location: _____ Dates: _____
 Employer: _____ Location: _____ Dates: _____

MONTHLY EXPENSES

Monthly Expenses	Monthly Amount
Landlord	
Power Company	
Water Department	
Gas Company	
Phone Company (Home Phone/Cable/Internet)	
Child Care	
Child Support	
Alimony	
Justice System (Probation, Fines, Fees, etc.)	
Medical	
Car Loan	
Car Insurance	
Credit Card Debt	
Personal Loan	
Cell Phone	
Gas (Car)	
Storage Unit	
Title Loan / Pawn	
Back Child Support	
Past Medical Bill	
Past Utility Bill	
Other	

How much can you afford to spend on housing each month right now?

\$300-\$500 ___ \$501-\$600 ___ \$601-\$700 ___ \$701-\$800 ___ More than \$801 ___

CREDIT HISTORY

Do you have unpaid rent and/or utility bills in your name? Yes ___ No ___

Do you have a credit history (loan, financing, utilities, rent-to-own)? Yes ___ No ___

Do you think you have poor credit? Yes ___ No ___ Current credit score? _____

Do you owe money on credit cards/loans? Yes ___ No ___ How many? ___ Total owed: \$ _____

SOURCES OF INCOME

Have you received **ANY** income from **ANY** source in the past 30 days? Yes ___ No ___

Income Sources and Amount	Yes	No	Amount	Date Started
Employment				
Unemployment				
SSI				
SSDI				
Veteran Disability Payment				
Veteran Pension				
Retirement Income				
Pension from former job				
Child Support				
Alimony				
Other sources				
Non-cash Benefits Received	Yes	No	Amount	Date Started
Food Stamps/SNAP				
TANF				
Medicaid Health Insurance Program				
Medicare Health Insurance				
VA Medical Services				
Section 8, Public Housing, Rental Assistance				
Other				

What other Service Providers, Churches, or Agencies have you received assistance from?

Is there any other information you would like to share about your financial situation? _____

CRIMINAL HISTORY

Have you **EVER** been convicted of a misdemeanor? Yes ___ No ___

Have you **EVER** been convicted of a felony? Yes ___ No ___

If yes, what? _____ When? _____

Are you currently on probation? Yes ___ No ___ Parole? Yes ___ No ___

Name of probation/parole officer _____ Location _____

Indicate **ANY** and **ALL** misdemeanors and/or felonies you have been **ARRESTED** for, in the past 10 years:

Charge	Date of Arrest	Conviction
1		
2		
3		
4		
5		
6		

HEALTH

How would you rate your general health right now? Excellent ___ Good ___ Fair ___ Poor ___

Are you currently taking any medications? Yes ___ No ___ What? _____

Are you supposed to take any medications but do not? Yes ___ No ___ What? _____

Reason for not taking these medications? _____

What health conditions, if any, do you have? _____

Do you have a regular doctor? Yes ___ No ___ Who? _____ Where? _____

Do you have any know allergies? Yes ___ No ___ What? _____

Do you currently use alcohol? Yes ___ No ___ Frequency _____

Do you currently use drugs? Yes ___ No ___ Frequency _____

Do you currently smoke? Yes ___ No ___ Frequency _____

Do you currently vape? Yes ___ No ___ Frequency _____

Are you pregnant? Yes ___ No ___ HIV Status? Neg ___ Pos ___ Don't know ___

Have you applied for disability? Yes ___ No ___

Does your physical health affect your ability to get housing, or limit your housing options? Yes ___ No ___

How? _____

Has any physical disability impacted your homeless situation? Yes ___ No ___ How? _____

Do you have any special needs that would qualify you for an ADA-compliant unit? Yes ___ No ___

Explain _____

Is there any other information that would be important to know about your health? _____

MENTAL HEALTH

Have you ever received treatment for a mental health issue? Yes ___ No ___

If yes, explain: _____

Have you EVER lost your housing because of your mental health? (being hospitalized, having neighbors complain about your behavior because of symptoms that stopped you from taking care of yourself, your home, etc.) Yes ___ No ___ Explain: _____

Do you have a mental health issue that currently affects your ability to get housing? Yes ___ No ___

DOMESTIC VIOLENCE / ABUSE

Are you currently fleeing abuse? Yes ___ No ___

Have you EVER been the victim of domestic violence or abuse? Yes ___ No ___ When? _____

Type: Physical ___ Emotional ___ Verbal ___ Sexual ___ Financial ___ Spiritual ___ Other _____

Name of abuser(s) _____ Relationship to you _____

Has domestic violence or abuse EVER caused you to lose your housing? Yes ___ No ___

SUBSTANCE ABUSE

Do you have a history of drug abuse? Yes ___ No ___

Do you have a history of alcohol abuse? Yes ___ No ___

Has substance use (drugs or alcohol) EVER caused you to lose your housing? Yes ___ No ___

Do you think current substance use could affect your ability to get housing? Yes ___ No ___

Are you currently in Drug Court of Family Treatment Court? Yes ___ No ___ When started? _____

HOW DID YOU FIND JEREMIAH'S PLACE?

Where did you find out about Jeremiah's Place? _____

Who referred you to Jeremiah's Place? _____

Have you ever participated in the program at Jeremiah's Place or lived at Jeremiah's Place before?
Yes ____ No ____

If yes, when? _____

Reason for leaving? _____

Signature: _____ Date: _____



THE FUTURE

By this time next year I see myself living _____

Identify 3 goals you hope to accomplish in the next couple of months _____

How do you expect to accomplish them? _____

How will living in Transitional Housing at Jeremiah's Place help you to accomplish these goals?

Is there any other information you would like us to consider? _____



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Family Consent Form

And, in granting this Consent, I acknowledge that:

I am signing this form freely and have not been forced or coerced to do so. This consent form has been read by me or to me, and I have received a copy of this form. I have been given the opportunity to discuss the content of this form and the consent being granted under it, and I understand that by signing this form I am giving Jeremiah's Place (North Georgia Interfaith Ministries Inc) permission to verify ALL information given by me and also authorize Jeremiah's Place (North Georgia Interfaith Ministries Inc) to contact any persons named within. I have been given the opportunity to ask any questions regarding such consent and content. Any such questions have been answered to my full satisfaction, and I understand the consent I am granting by signing below.

_____ Signature	_____ Print Name	_____ Date
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_____ Staff Signature	_____ Staff Print Name	_____ Date
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To ensure there is no fraudulent use of this consent form, a head of household must be specified, and the names and dates of birth for any and all minor children for whom I am legally responsible must be listed below.

Head of Household (please print):

_____ Name	_____ DOB
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Minors' Names and dates of Birth (please print):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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RELEASE OF INFORMATION FORM

Before you decide whether or not to allow Jeremiah's Place to share any of your information with another agency or person, the Program Director will discuss with you all alternatives and any potential risks and benefits that could result from sharing your information. Communication between Jeremiah's Place and the agency/person named below may occur in a variety of ways (in person, phone conversation, text, email, fax, instant message etc.) and may include information contained in your assessment. You have the right to choose what is shared, how it is shared, to whom and for how long.

AGENCY NAME _____

CONTACT PERSON _____

PHONE NUMBER _____

SPECIFIC INFORMATION TO RELEASE _____ OR OBTAIN _____

Release Date _____

Expiration Date _____

Signature

Print Name

Date

Staff Signature

Staff Print Name

Date