



Community Lodgings, Inc.

Date Received: _____
 Date Contacted: _____
 Unit Size: _____
 Accepted/Denied: _____

Applicant Pre-Screening

Date: _____
 Name: _____ Address: _____
 Phone #: _____
 Referral source: _____
 Contact Name/Number: _____

Ask questions that determine how well the caller meets the following eligibility criteria. Check box if criteria is met and provide detail(s) on line following, if necessary.

Eligibility Criteria:

- US Citizen or person of legal status. _____
- Consist of at least one child younger than 18 years old (list number of children and ages).

- Willing to live in drug-free environment, and submit to drug testing at any time during the application process.

- Willing to participate in weekly case management, monthly workshops, and other program activities.

- No recent history of violent/disruptive behavior. _____
- Willingness to participate in monthly budgeting and financial management.

- Employed at least 35 hours per week. _____
- If unemployed, active participant in aftercare, counseling, job training, GED, or employment as appropriate. List name of provider and contact information.

- Willing to adhere to program guidelines. _____

Housing Criteria (Self referred applicants, please provide documented verification of ascribed housing status)

Please describe current housing status:

I, _____, attest that I have read the above eligibility guidelines and believe I am eligible to apply for CLI's Transitional Housing Program.

 Signature of Applicant

 Date