



CENTER HOUSE – SHELTER PLUS CARE APPLICATION

Center House in Asbury Park provides quality, affordable and supportive housing for homeless individuals living with HIV. Our primary goal is to provide a supportive housing environment where residents can achieve needed residential stability and live with dignity, respect, and a sense of home.

The Center in Asbury Park will make the final determination of residency.

The following **supporting documents are required for application and Center House residency**. Please attach supporting documents to a completed and signed application.

- Social Security Card (*copy*) *Originals presented at Section 8 Interview.*
- Birth Certificate (*copy*) *Originals presented at Section 8 Interview.*
- Award letter from SSI, SSD, VA, GA (*if applicable*)
- Banking statements, most recent (*if applicable*)
- Medicaid Card (*copy*)
- GA / Food Stamp Card (*copy*)
- Form PA-4 (Medical verification)
- Verification of PPD placement & reading within the last 12 months.
If PPD positive, please attach verification of most recent chest x-ray.
- Verification of corrections history.
- Mental Health Evaluation (Psych Evaluation) is required for all applicants who have a history of mental illness and is requested for all applicants.

Please submit all applications to:

Robert Kaeding
Executive Director
The Center in Asbury Park
806 Third Avenue
Asbury Park, NJ 07712



ELIBILITY REQUIREMENTS

Individuals (single adults) applying for residency at Center House are required to meet the following *qualifying criteria*:

1. Homelessness as defined by the U.S. Department of Housing and Urban Development.
2. Income eligibility for Section 8 Voucher based upon a designated percentage of Monmouth County Median Income.
3. Living with HIV / AIDS and disabled as defined by U.S. Department of Housing and Urban Development.

SUBSTANCE USE ASSESSMENT POLICY

- Center House is not an inpatient substance use rehab nor is it an outpatient substance use treatment program. Applicants in recovery from substance use or alcohol abuse are requested to document a minimum of 6 months sobriety with an appropriate recovery support system.
- Upon assessment, all applicants must agree to random drug screening.
- Upon assessment, an admission of illegal drug use or testing positive for illegal drug use will result in ineligibility for residency at Center House.
(Completion of an outpatient or inpatient substance use treatment program will be required for reconsideration for residency at Center House)

HIV DIAGNOSIS AND TB SCREENING

Has applicant been diagnosed with HIV/AIDS? Yes No

(attach document form PA-4)

Where does client receive HIV care? _____

Primary HIV Care Provider _____ Phone _____

Has applicant been screened for TB within the last 12 months? Yes No

(If yes, please attach verification of PPD placement & reading. If PPD positive, attach verification of most recent chest x-ray.)



CORRECTIONS HISTORY

Has applicant ever been incarcerated in New Jersey or any other state? Yes No

(If yes, please attach verifying documents) _____

Has applicant had an illegal drug conviction(s) in New Jersey or any other state? Yes No

(If yes, please attach verifying documents) _____

Does applicant have an outstanding warrant(s)? Yes No

(If yes, please attach verifying documents) _____

Is applicant currently on probation? Yes No

(If yes, please list name and phone of Probation Officer) _____

SUBSTANCE USE / ABUSE HISTORY

Does applicant have a history of substance use / abuse? Yes No

If yes, is applicant currently in recovery ? Yes No

If yes, has the applicant participated in a treatment program? Yes No

If yes, where and when was the treatment program? _____

MENTAL HEALTH

Does applicant have a history of mental illness? Yes No

Diagnosis _____ Treatment _____

(If yes, Mental Health Evaluation required. Please attach evaluation.)



APPLICANTS

Before you sign this application please read the statements below. If you do not understand or have any questions, please ask the agency representative assisting you.

I agree that the statements that I have made on this form are true and complete to the best of my knowledge. I know that lying about my situation, failing to give necessary information or causing others to hold back information is against the law and may subject me to prosecution.

I understand that any information I give is subject to verification by the Center House. I authorize Center House to contact any individual or other source that may have knowledge of my situation in order that information on this application may be verified.

I agree to let Center House know immediately of any change in my living conditions, family situation or money received from any source.

I understand that I will not be discriminated against because of race, age, color, creed, national origin, sex, marital status, handicap, gender expression or political belief.

I understand that the members of the Shelter Plus Care Committee will review my circumstances to determine if qualifying criteria are met. The members of this committee include representatives from the following agencies: Monmouth County Division of Social Services; Visiting Nurse Association of Central Jersey; Jersey Shore University Medical Center's A-Team; MCPHA; W. Canright House; The Center in Asbury Park and others as may be determined appropriate. The Center in Asbury Park & its agents will make final determination and continue to review my circumstances as needed.

I, _____ attest that I have read and agree to these statements. I fully realize that Center House relies upon the truth and accuracy of my statements.

I certify under penalty of perjury that my answers regarding this application are correct and complete. I further understand that the law provides for fine or imprisonment or both for a person hiding facts or not telling the truth.

Applicant Signature

Date

Agency Representative, Title

Date