

# Plumb Place

224 E. 6<sup>th</sup>, Emporia, KS 66801  
620-342-1613

## **Plumb Place Occupant Information Form** **Acceptance, Expectations, and Termination Policies**

### **ACCEPTANCE - In order to be considered for the program, a woman:**

- MUST meet the definition of homeless as defined by HUD
- MUST have approved documentation of homelessness prior to moving in
- CANNOT have the resources to live independently
- MUST meet Plumb Place intake criteria

### **EXPECTATIONS - Once a woman is accepted into the program, she:**

- MUST participate in her individual case plan; including meeting goals as outlined in the case plan and meeting with case managers as scheduled
- MUST follow Plumb Place occupant Handbook and rules as written
- MUST utilize the Resource Center as determined by staff
- Maintain the confidentiality of ALL Occupants (past and current) as well as Plumb Place staff.

### **TERMINATION - Termination can occur upon any of the following:**

- Repeated no show and/or no reschedule with Case Manager or Resource Coordinator
- Repeated failure to follow Occupant Handbook
- Behavior that jeopardizes the peace and safety of other Occupants/house
- Non compliance with program and/or lack of participation

\*The above list is not all inclusive and Plumb Place staff and/or Board of Directors reserves the right to make decisions on a case-by-case basis.

\* Federal Fair Housing Regulations: Services are provided to participants without regard to race, color, national origin, sex, gender, religion, disability, familial status, age or sexual orientation.

This page is for the applicant to keep.

## Occupant Information Form

This information form must be completed in full. Information marked with an \* is used for statistical purposes only.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Race/Ethnicity\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ County of Origin\*: \_\_\_\_\_ Vehicle Type/Make: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State of issue: \_\_\_\_\_ Are you a veteran?\* Yes No  
 Are you pregnant? Yes Due Date \_\_\_\_\_ No

### **IMPORTANT – WE NEED TO BE ABLE TO REACH YOU!**

Contact name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Why do you need to stay at Plumb Place? \_\_\_\_\_

Have you applied at Plumb Place before? Yes No If yes, when: \_\_\_\_\_

Have you lived at Plumb Place before? Yes No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, please explain: \_\_\_\_\_

Referred by (if applicable): Self Other: \_\_\_\_\_

### PRIOR LIVING ARRANGEMENTS

Please list your four most recent addresses and dates of residency.

	<u>Address</u>	<u>City</u>	<u>State</u>	<u>From</u>	<u>To</u>
1.					
2.					
3.					
4.					

Present Landlord (if applicable):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been evicted from a residence? Yes No If yes, please explain: \_\_\_\_\_

### EMPLOYMENT/FINANCIAL INFORMATION

Employer: \_\_\_\_\_ Employer's Telephone #: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Gross Monthly Income (before taxes): \_\_\_\_\_

Sources of income\*: Place amount in appropriate space

SSI	_____	General Public Assistance	_____
SSDI	_____	Unemployment Benefits	_____
Social Security	_____	Veteran's Benefits	_____
Medicaid	_____	Veteran's Health Care	_____

Food Stamps \_\_\_\_\_ No Financial Resources (check if applies) \_\_\_\_\_  
 Other \_\_\_\_\_

Do you currently have any unpaid bills? Yes No If yes, please explain: \_\_\_\_\_

Please list other debt or monthly payments you have - including medical expenses and/or co-pays.

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

**SOCIAL SERVICE INFORMATION**

Please list any therapists, counselors, or others who are providing services to you. For example: SRS, Court Services, Social Security, Attorneys, SOS, etc. If there are more, please attach an extra sheet.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____

What do you consider to be your top three goals (what do you want to achieve in the next year)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**MEDICAL HISTORY**

Primary health problem and how long: \_\_\_\_\_

<u>Medical Issue</u>	<u>When</u>	<u>Medical Issue</u>	<u>When</u>
Chicken pox	_____	High blood pressure	_____
Measles	_____	Diabetes	_____
German measles	_____	Gallbladder	_____
Whooping cough	_____	Liver trouble	_____
Scarlet fever	_____	Asthma/allergy	_____
Rheumatic fever	_____	Chest pain/heart attack	_____
Mumps	_____	Kidney disease/stones	_____
Polio	_____	Anemia	_____
Tuberculosis	_____	Stroke	_____
Cancer	_____	HIV/AIDS	_____
Stomach ulcers	_____	Drug abuse	_____
Colitis	_____	Mental illness	_____
Alcohol abuse	_____	Developmental disability	_____
Physical disability	_____	Domestic violence	_____
Other	_____		

Please list name and dosage of the medications you are currently taking.

<u>Medication Name</u>	<u>Dose</u>	<u>Medication Name</u>	<u>Dose</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known allergies.

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**EMERGENCY CONTACT INFORMATION**

In case of an emergency, list 2 persons to be contacted. By giving these names, you are giving permission for Plumb Place staff and/or Plumb Place Board Members to contact these people.

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

Relationship: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

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

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

**IMPORTANT** - The people listed under Social Services may be contacted concerning you residing in a shared living environment. No questions regarding professional services will be asked without a release of information form. If accepted, you will be required to provide a copy of your most recent pay stub or other written verification of income. **Withholding information will result in the denial of residency at Plumb Place.**

By my signature, I certify that the information contained in this information form is true and factual to the best of my knowledge. If any false information is give, your potential tenancy may be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumb Place Representative

\_\_\_\_\_  
Date