



Catholic Charities of the Diocese of Arlington

St. Margaret of Cortona
Transitional Residences

Referral Application

Catholic Charities of the Diocese of Arlington
St. Margaret of Cortona
Transitional Residences

Program Application

Dear Applicant:

Thank you for your interest in Catholic Charities' St. Margaret of Cortona Transitional Housing. The mission of this transitional housing program is to implement the Church's commitment to social justice and a preferential option for the homeless poor by offering up to 24 months of low cost housing and supportive services to married and single parents exiting emergency shelters for the homeless throughout the Diocese of Arlington (including twenty one counties). Residents must be at least 18 years of age and in custody of at least one child and working at least 30 hours and participating in growth and learning opportunities.

Catholic Charities of the Diocese of Arlington is a part of the Catholic Charities organization, and helps the poor throughout the United States and Canada. What does it mean to you that we are a Catholic organization? It means that we are committed to treating the whole person,—body, mind and soul—and not just the lack of housing. It means we appreciate the dignity of each person and the dignity of you and your family. Catholic Charities distinguishes itself by making available the comprehensive resources needed to holistically support clients on their journey to healing and self-sufficiency. Like Jesus, Catholic Charities seeks to transform and help all we serve. We understand that providing a roof over a family's head is only part of a larger, more encompassing solution in achieving your goals.

As a staff and program, we follow the guidance of our Bishop, Paul Loverde, and we follow the teachings of the Catholic Church in our program focus, approach and goals. It also means that any guidance our program staff gives you will be in harmony with the Catholic understanding of the human person. It means that our staff often pray before meetings, and will invite you to pray with us or take time for a silent reflection. It means we will respect your faith and beliefs.

It also means that we treat everyone with dignity and help anyone who qualifies for our services, whether they are Catholic or not; whether they have faith or no faith.

If you have additional question please contact the staff of St. Margaret at (703) 910-4845.

Peace,
Art Bennett,
CEO Catholic Charities,
Diocese of Arlington

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Interested persons can learn more about this program or submit applications by contacting:

St. Margaret of Cortona Transitional Residence Program

1423 G Street, Apt A

Woodbridge, Virginia 22191

Phone: (703) 910-4845 Fax: 703-910-7162

PLEASE NOTE: Evaluation for eligibility to the St. Margaret of Cortona program is a process of interviews, verification and readiness assessment by trained psychologists, the Program Director and staff of St. Margaret's.

Transitional living is the last step before independent living. To most effectively prepare for independent living and best use a potential 6 to 24 months of program participation:

- Adults must be employed fulltime (minimum 30 hours per week) and participate in training, workshops or classes.
- Adults must commit earned income to participation fees (a nominal occupancy fee, part of which is set aside in savings),
- Adults must commit to actively increase savings and reduce debt.
- Additional debt may not be accrued in the program unless it is part of a written action plan. Financial transparency and openness is an expectation.
- Adults must participate in a mandatory assessment and counseling
- Participants must positively and effectively engage in mandatory supportive services such as, but not limited to Case Management, Counseling, Life Skills, and Child Activities and Developmental opportunities.
- Applicants must be willing to sign for a background check and be clear of crimes of a sexual or violent nature.
- Applicants must be aware only program approved visitors including family and friends, with background checks submitted by Catholic Charities will be permitted on the property.

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Application Submission Checklist:

- Completely fill out Program Application. *Leave no blanks.* Write "N/A" if an item is not applicable.
- If married, the spouse must complete a separate application form.
- Attach a letter of recommendation and verification of Homelessness from the homeless shelter at which you currently reside, this must be written by your Shelter Program Case Manager.
- Attach a letter you have written to introduce yourself to staff. Please include information about how you became homeless and your personal goals, strengths and successes.
- Provide the following verifications/documentation:

<input type="checkbox"/>	Photo Identification for all adult applicants (18 and over),
<input type="checkbox"/>	Birth Certificate/Registration for all applicants, or Passport
<input type="checkbox"/>	Driver's License / Learner's Permit
<input type="checkbox"/>	Vehicle Registration or Letter of Authorization to borrow a vehicle form owner
<input type="checkbox"/>	Green Card or other Immigration Status Documentation (Student Visa, Work Visa, etc.)
<input type="checkbox"/>	Social Security Cards/ recent proof of application for all applicants
<input type="checkbox"/>	Proof of Marriage for Couples
<input type="checkbox"/>	Military ID Card or Discharge Papers
<input type="checkbox"/>	Paystubs for all Wages and Earnings;
<input type="checkbox"/>	Documented proof of all other Earned or Unearned Income & Benefits from any source: Including Social Security, TANF, SNAP, Unemployment, Child Support, Pensions, and Medicaid or other programs
<input type="checkbox"/>	Current Credit Report (May be free through: https://www.annualcreditreport.com or www.creditkarma.com)
<input type="checkbox"/>	Proof of Pregnancy and anticipated due date, if expecting.
<input type="checkbox"/>	Medical Documentation of any work restrictions

Additional verifications may be requested based on the individual's situation during the Application Process

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Program Application

1. Referral Sponsor

Referring Agency:	Phone #: ()
Address:	Fax #: ()
Case Manager Name:	Phone #: ()
Address:	Email:

1. Applicant Contact Information

Name:	Emergency Contact Name:
Address:	Emergency Contact Number:
Phone#	Emergency Contact Address:
Email:	
Other Contact Information	

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Program Application

2 a. Household Information			
Primary & Secondary Race (terms to use below) →	American Indian or Alaskan Native	White Native Hawaiian or Other Pacific Islander	Ethnicity Options: Hispanic/ Latino Non-Hispanic / Latino Don't Know
	Asian Black Or African American	Don't Know Other	

Names of Adults (18 & over)	Relationship	Date of Birth MM/DD/YYYY	Gender	Marital Status	Race(s)	Ethnicity	SSN	Highest Education level Completed
	Self							

- Please list or check type of Degree _____, Diploma _____, Modified Diploma _____ GED _____

Household Continued								
Child #	Names of Children (Under 18)	Relationship	Date of Birth MM/DD/YYYY	Gender	Living with Applicant?	Race(s)	Ethnicity	SSN
1								
2								
3								

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Household Continued								
Child #	Names of Children (Under 18)	Relationship	Date of Birth MM/DD/YYYY	Gender	Living with Applicant?	Race(s)	Ethnicity	SSN
4								
5								
6								
7								

2 b.

A. List all school age children living with you who are enrolled in school?

- a) Child # _____ Name of School _____ Grade _____ IEP/Special ED* _____
- b) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____
- c) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____
- d) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____
- e) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____
- f) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____
- g) Child # _____ Name of School _____ Grade _____ IEP/Special ED _____

* IEP= Individual Education Plan/ Special ED = Special Education Program

B. Have you or anyone else in your household been on active military duty? Yes _____ No _____

a. If Yes: Who _____ When _____ Service Branch _____

C. Were you, your spouse or any of your children born outside of the United States of America? YES _____ NO _____

a. If Yes:

b. Who _____

Program Application

- c. Where _____
- d. Documentation Type: _____
- D. What languages do you speak? _____
- a. Do you need a translator? _____
- E. Do you have any current domestic violence or safety concerns? Please describe:

- Do you have an active Protective Order? YES _____ NO _____ Issuing Court: _____
- F. Have you experienced in domestic violence in the past? YES _____ NO _____

3a. Housing History

- A. Why did you leave your last housing? (before shelter entry)

- B. Where did you last live for more than 90 Days (address, zip-code)?

- C. Have you had a lease in your name? YES _____ NO _____ Where _____
When _____
- D. Have you ever had an eviction in your name? YES _____ NO _____
If yes to prior eviction(s), List how many and how much you owe:

- E. Have you been homeless before? YES _____ NO _____ If Yes, how many times? _____

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F. Have you stayed in any Prince William County Shelter, Transitional Housing or Subsidized Housing Program?

Yes _____ No _____

a) If Yes, name the Program(s) and dates _____

b) Do you owe them any funds?

Explain: _____

G. Have you stayed in a shelter, Transitional Housing or Subsidized Housing Program OUTSIDE of Prince William County?

Yes _____ No _____

a) If Yes, name the Program(s) and dates _____

b) Do you owe them any funds?

Explain: _____

b) Are you on any housing waitlists anywhere?

Yes _____ No _____

a) If Yes, name the Program(s) and dates _____

H. Have you ever received emergency financial assistance for rent, Security deposit or utilities? Yes _____ No _____

a. If Yes, when and how much? _____

b. Who assisted you? _____

I. Have you ever owned a home that went into foreclosure? Yes _____ No _____, If Yes; When _____

Where _____

3b. Housing History & Planning

A. List all places where you have lived over the last 3 years:

Address	Dates To & From	List all housing types: Lease holder/No-lease? Motel – how paid?/Own Home/Temporary with Friends/ Temporary with family/Unsheltered/ Other-explain

Use back of this page if more space is necessary

- B.** How many bedrooms do you need? _____
- C.** How many people (including yourself), would be living in the housing? _____
- D.** How much rent do you think you can afford? _____

Notes:

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4 a. Financial History

A. Unearned income

List all Assistance	Amount receiving now	Have you applied?	Have you received this in the past?	Were you denied?
TANF	\$	Yes / NO	Yes / NO	Yes / NO
SNAP	\$	Yes / NO	Yes / NO	Yes / NO
VIEW Program	Yes / NO	Yes / NO	Yes / NO	Yes / NO
Social Security? Self	\$	Yes / NO	Yes / NO	Yes / NO
SSI – Child #	\$	Yes / NO	Yes / NO	Yes / NO
SSI – Child #	\$	Yes / NO	Yes / NO	Yes / NO
Unemployment Comp	\$	Yes / NO	Yes / NO	Yes / NO
Workman's Comp	\$	Yes / NO	Yes / NO	Yes / NO
Child Support	\$	Yes / NO	Yes / NO	Yes / NO
Child Care Assistance	\$	Yes / NO	Yes / NO	Yes / NO
Other	\$	Please Explain		
Other	\$	Please Explain		

B. What other agencies or programs provide you any type of services or assistance? Where and what type of help?

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C. Employment History (Adult Applicant) List Current/Most Recent First

Wage Earner Name	Employer Name	Start Date - End Date	Full time? - Part-time?	Temporary ?- Permanent?
Job Title:		Duties:		Wages: \$ _____ / hour
Supervisors Name & Title:				Telephone: Email: Fax:
Employer Address:				
Reason for Leaving				
Wage Earner Name	Employer Name	Start Date - End Date	Full time? - Part-time?	Temporary ?- Permanent?
Job Title:		Duties:		Wages: \$ _____ / hour
Supervisors Name & Title:				Telephone: Email: Fax:
Employer Address:				

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Reason for Leaving				
Wage Earner Name	Employer Name	Start Date - End Date	Full time? - Part-time?	Temporary ?- Permanent?
Job Title:		Duties:		Wages: \$_____ / hour
Supervisors Name & Title:				Telephone: Email: Fax:
Employer Address:				
Reason for Leaving				

D. Credit & Debt

Debt or Recurring Bill List All	Total Amount Due	Existing Judgment or in Collection?	Additional Information (Court/Company name)
Auto Loan	\$	Yes / No / NA	
Credit Cards How Many _____	Total Owed: \$	Yes / No / NA	

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Debt or Recurring Bill List All	Total Amount Due	Existing Judgment or In Collection?	Additional Information (Court/Company name)
Student Loans:	\$	Yes / No / NA	
Subsidized	\$	Yes / No / NA	
Unsubsidized	\$	Yes / No / NA	
Furniture Company(s)	\$	Yes / No / NA	
Vehicle Loans	\$	Yes / No / NA	
Repossession Balances	Total Owed: \$		
Vehicle Insurance	\$	Yes / No / NA	
Electric Company(s)	\$	Yes / No / NA	
Gas Company(s)	\$	Yes / No / NA	
Phone or Cell Service(s)	\$	Yes / No / NA	
Cable/ Internet Service(s)	\$	Yes / No / NA	
Day Care Service(s)	\$	Yes / No / NA	
Debt or Recurring Bills List All	\$	Existing Judgment/Garnishment or In Collection	Additional Information (Court/Company Names)
Rent	\$	Yes / No / NA	
Mortgage Loans	\$	Yes / No / NA	

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Debt or Recurring Bill List All	Total Amount Due	Existing Judgment or in Collection?	Additional Information (Court/Company name)
Dental Bills	\$	Yes / No / NA	
Medical Bills	\$	Yes / No / NA	
Legal Fees or Fines, Tickets (include DMV)	\$	Yes / No / NA	
Child Support YOU owe	\$	Yes / No / NA	
Other	\$	Yes / No / NA	
Other	\$	Yes / No / NA	
Other	\$	Yes / No / NA	

Use back of this page to list or explain or debt or bills

Program Application

5 a. Medical History

A. When and Where did you last see a medical practitioner? (List Name of Doctor/Hospital/Clinic)

B. For what reason did you see the doctor or visit a clinic or ER ?

C. Are you, or do you believe any other household member, is pregnant? Yes _____ No _____ N/A _____ If
Yes, Approximate Due Date _____

D. Describe any disabilities:

E. Have you ever been hospitalized for any reason? Please explain: _____

F. Has anyone in your household ever used drugs or alcohol? Who _____

What substances _____ When last used? _____

a. Have you ever attended AA/NA meetings? Yes _____ No _____, If yes; When _____

b. Do you have a sponsor? _____

G. Have you or any other Family Member ever been diagnosed with depression, anxiety, or mental health concern?

Family Member	Concern or Condition
Self	

Use back of this page to add further information

Program Application

H. Are you or any one in your family seeing a Counselor or Therapist?

c. If Yes, Who: _____

d. Agency/Counselor(s): _____

I. Please List all Prescription Medications taken:

Who Takes Each Medication	Name of Medication	Reason for Taking	Prescribing Doctor	Side Effects?

Use back of this page to list additional information about prescribed medications

J. Please List Over the Counter the Medications most frequently taken:

Who Takes Each Medications	Name of Medication	Reason for Taking?	Where Purchased?	Side Effects?

Use back of this page to list additional information about OTC medications

Program Application

6. Legal History

A. Has anyone in your Household ever been arrested, including Driving Under the Influence (DUI): Yes ___ No ___

If Yes, Complete for each person arrested/charges:

Member Name	County/State Arrested	Charge(s)	Still Pending? (Y/N)	Penalties: Jail/ Fines/ Community Service

B. Was the person convicted placed on Probation or Parole? Yes ___ No ___

Member Name	Probation/ Parole Start Date - End Date	Probation/Parole Officers Name	Telephone/Email

Use back of this page for any additional information

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Declaration of Application

**St. Margaret of Cortona Transitional Housing is operated through Catholic Charities of the Diocese of Arlington
I understand there is a screening and evaluation process and that I must fully cooperate with each step to be considered for the program.**

This will include, but is not limited to:

- 1) Fact Checking of my application information**
- 2) Psychological Readiness Testing**
- 3) Providing all verifications as required.**
- 4) If married, my spouse must complete all the same requirements to apply.**

_____ **Information I provide as part of this application will not be shared outside Catholic Charities without my permission.**

_____ **I understand that Catholic Charities may contact people listed below to ask questions about me and I give my consent: (current or former landlords, employers, probation/parole officer, counselor, educational institutions, Department of Social Services, references from other service agencies and nonprofits.)**

_____ **Catholic Charities may not discuss my application with: _____.**

By signing below, I, the applicant, confirm that I have read and answered all St. Margaret of Cortona Program Application questions truthfully and openly. I agree I have voluntarily applied for this *program in its entirety.*

Applicant Signature

Date