



advocate program

## Transitional Housing Application

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**NOTE: If you need any assistance with interpreting or completing this application, please do not hesitate to tell the person who gave you the form. Staff can provide the form in languages other than English and you have the option of verbally dictating your answers.**

The Haseya Advocate Program is a program of Red Wind Consulting, Inc. that provides native-specific advocacy to address violence against Native victims of domestic violence, sexual assault, dating violence, and stalking. Haseya's vision is that every American Indian/Alaska Native woman will be treated with respect, honored as a sacred being, and have a safe and peaceful life.

Described here are the eligibility criteria for Transitional Housing and some basic program information. *This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire.* The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation. You have the right to not answer any question you believe is not necessary to determine eligibility.

Please complete this application and return it to the Haseya Advocate you received it from. Once we receive your application, we will review it and contact you within *3 business days*. If you are eligible, we will set up a time to meet with you and talk about the next steps in the process. This meeting can take place at any public place we both feel is safe (coffee shop, library, Haseya office) and that will provide enough privacy for our conversation.

If we don't currently have space in our transitional housing program but you are interested in being placed on a waiting list, you can let us know when we contact you.

Thank you for your interest. We look forward to hearing from you soon!

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## Eligibility Criteria

Determination of acceptance into Transitional Housing will be made on a case by case basis, based on the following minimum criteria and guidelines.

Applicant must be:

- who is homeless, or in need of transitional housing assistance, as a result of a situation of domestic violence, sexual violence, dating violence, or stalking;
- Eighteen years old or (legally) emancipated minor;
- In need of housing, without sufficient emergency or transitional housing available;
- Willing and desiring to participate in Transitional Housing and meet with staff on a mutually-determined schedule;
- Willing to create an individualized safety plan, with the assistance of Transitional Housing staff; and
- Able to safely\* live independently, without access to staff or support 24-hours per day, 7 days per week.

*\* The Haseya Transitional Housing Program recognizes that you, the applicant, does not have control over the batterer's behavior or the behavior of people associated with the batterer. We also strive to help each participant maintain the safest life possible, and will not exclude participation or withhold assistance based on the batterer's behavior.*

### Transitional Housing Information

The Haseya Transitional Housing can provide:

- Rent subsidy, security deposits, utilities and other housing-related costs, for up to 12 months;
- Advocacy and emotional support, including counseling and case management;
- Cultural support and access to cultural activities;
- Assistance finding and maintaining permanent housing;
- Safety planning and safety devices for your home;
- Economic Advocacy in the form of vocational and employment assistance;
- Assistance with transportation, child care and obtaining household furnishings;
- Referrals to community resources and services;
- Follow-up services, for a minimum of 3 months, upon exiting transitional housing.



Name: \_\_\_\_\_ Today's date \_\_\_\_\_

Preferred method of contact. (This will be the way that you are contacted to be informed of your application status.) \_\_\_\_\_

If we contact you by phone, is it safe to leave a message for you there?  Yes  No If no, when would be the best day and time to call? \_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?

Where did you hear about our Transitional Housing Program?

**BACKGROUND**

Are you over 18 years of age or a legally emancipated minor?  Yes  No

Identified gender (how you identify): \_\_\_\_\_

What is your preferred language you speak? \_\_\_\_\_

Are you able to understand (verbal and/or written) English?  Yes  No

Please list all other people who would reside with you in transitional housing. Provide gender, age, and any specific needs or accommodations for each individual: (Please note: the funding for this Transitional Housing Program requires we provide housing assistance only to survivors of domestic, sexual, or dating violence, or stalking and their children.)

Name	Gender	Age	Any Specific Needs



Do you have a companion or service animal(s)?  Yes  No

Do you have other animals that you are concerned for that might need temporary housing?  Yes  No

If yes, please describe the species and any other relevant characteristics of each animal.

Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You are welcome to skip this question or only include information you believe is relevant to your participation in Transitional Housing.

**CURRENT LIVING SITUATION**

Are you homeless, or in need of transitional housing assistance, because of a situation of domestic violence, sexual violence, dating violence, or stalking; and emergency shelter services or other crisis intervention services are unavailable or insufficient?  Yes  No

Are you currently staying in a safe place while your participation in Transitional Housing is determined?  Yes  No

If No, would you like someone to contact you about options for safe, emergency shelter?  Yes  No      Are you willing to relocate to another community?  Yes  No

If yes, are there any areas you absolutely cannot or will not live? \_\_\_\_\_

**SAFETY**

Please let us know if you would like us to assist you with creating a safety plan while your application is being reviewed. Answering the following question will not influence or jeopardize your eligibility. This is simply to learn more about how we can help you.

Is there anything else you would like to share with us about your immediate safety concerns?



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## **ADDITIONAL SUPPORT & SERVICES?**

Please describe any cultural supports you would like to get from Haseya Transitional Housing:

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Please describe the types of assistance and support would you like to get from Haseya Transitional Housing:

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## **OTHER**

Please include any other information you feel would be helpful for us, when considering your application:

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Please describe any questions or concerns you have about Transitional Housing, which we can discuss when we meet:

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## **COMMUNITY RESOURCES**

If you are not accepted into our transitional housing program, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.):

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**Please note that this is an application and does not constitute acceptance into Haseya Transitional Housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested.**

**Thank you!**

**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_

Accepted into Transitional Housing?  Yes  NoIf yes, date applicant was notified: \_\_\_\_\_

Date accepted/ move-in: \_\_\_\_\_

Was applicant placed on waiting list?  Yes  No      If yes, date: \_\_\_\_\_

If no, reason? \_\_\_\_\_

If not accepted, date applicant was notified: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Was applicant provided information about the appeal process?  Yes  No

Other referrals/assistance given? \_\_\_\_\_