



St.Vincent's Family Strengthening Program
Participation Application

Dear Applicant,

Thank you for your interest in St. Vincent's Family Strengthening Program. Our program seeks to strengthen families by offering a comprehensive program of services, including up to two years of transitional housing for low-income single mothers and their children, who currently reside on the Central Coast. Women must be at least 18 years of age and in custody of one or two children, ages five and under. St. Vincent's requires that residents participate in weekly case management, counseling, parenting education, parenting coaching, and life skills classes. Our staff is dedicated to helping families achieve their goals. For this reason, we are looking to admit women, who are motivated to change their lives and strengthen their families.

If you are eager to embark on a path of transformation, we are here to support you in your journey. Please submit your application, along with a letter introducing yourself to our staff, goals you would like to accomplish, and a letter from your case manager if you are coming from another residential program. We realize the application is lengthy, but we ask that you take time to reflect on the questions and help us to get to know you through your answers. Please do not leave any blanks. If you would like assistance in completing the application, please call. We are happy to assist you.

After your application is submitted, we will ask you to come to meet with our staff, so that you can learn more about the program and see if you feel it is a good fit for you and by the same token, we can get to know you and see if we feel that the program can meet your needs. If you have questions regarding current openings, eligibility, or application status, please contact us at (805) 683-6381.

Blessings,

Rosa Paredes, C.P.A.
President and Chief Executive Officer

Please choose from the following options to submit your application:

Mail

St. Vincent's
Family Strengthening Program
4200 Calle Real
Santa Barbara, CA 93110

Fax

St. Vincent's
Family Strengthening Program
Fax :(805) 967-7508

Program Description

In keeping with St. Vincent's Mission, the Family Strengthening Program is designed to help each client create stability, and emotional and spiritual well-being for herself and her children. St. Vincent's residential program is a sober living environment that offers a complete range of services. The program provides case management, individual therapy, parenting education, a structured therapeutic setting, a schedule for the mothers, and a child development program for the children.

Our Program begins with a 90-day Entrance Phase. Clients who successfully complete the Entrance Phase are invited to stay with the Family Strengthening Program for an additional two years. However, we expect that many women will complete their goals in fewer than 27 months. The schedule will require each woman to make a major commitment to herself and her child as she fully participates in all aspects of the program. Since one important goal of the program is self-sufficiency, having and keeping a job and saving money are an essential part of the work. Equally important are the spiritual, emotional, psychological, educational, and parenting goals that each participant is expected to have and accomplish. Therefore, it is vitally important that each resident attend individual therapy, parenting skills class, house meetings, and case management meetings on a weekly basis.

The Family Strengthening Program does not discriminate in accordance with federal civil rights laws and Title VIII of the Civil Rights Act of 1968, which prohibits discrimination on the basis of race, color, religion, age, sex, disability, national origin or family status.

Eligibility for the Program

1. Single mothers with children
 - a. Must have at least 50% custody
 - b. No more than two children
 - c. At the time of entrance, children cannot be over the age of 5. (They have not reached 6th birthday.)
 - d. May be pregnant with first or second child
 - e. Definition of single mother:
 - i. Women with children who are responsible for the custody and economic welfare of their families (They may or may not receive financial assistance from the child's father.)
 - f. No alcohol or drug abuse. If coming from a recovery or rehab program, applicant must be clean and sober for **at least one year.**
2. Must be financially unable to live independently, yet must be able to pay program fee and purchase food
3. If diagnosed with a mental illness, must be able to live in a communal living situation and must be able to manage medications independently
4. Motivation to change life evidenced by a commitment to:
 - a. Parenting skill and life skill development
 - b. Living in a community and cultivating enhanced social supports
 - c. Obtaining or maintaining employment and/or attending school directly in the service of employment
 - d. Collaborative engagement in case management and therapy
 - e. **Zero use of drugs or alcohol on or off campus during the entire program stay**

Instructions for Completing the Application

1. Please do not leave any spaces blank.
2. Write and include a letter introducing yourself to our staff and a list of your goals that you would like to accomplish while in the Program.
3. Include a written letter of recommendation from your current Case Manager if you are currently residing in a shelter or in another residential program.

Date _____ How were you referred to St. Vincent's? _____
Friend / Agency / Website

APPLICANT'S INFORMATION

First Name Middle Name Last Name

Social Security Number Age Date of Birth

Current Address Apt# City State Zip Code

Telephone Numbers Home Cell Work

Email

Contact Instructions

Marital Status Single Married Separated Divorced Widowed

If married, Spouse's Full Name _____

EMERGENCY CONTACT INFORMATION

First Name Middle Name Last Name

Current Address Apt# City State Zip Code

Primary Phone Number Alternate Phone Number

Relationship to you

APPLICANT’S CHILDREN: Please list the children who are living with you.
 (Maximum of two children, infant to five years old at St. Vincent’s)

Full Name	Gender	Birthdate	Father’s Full Name	Custody and Visitation Agreements	Child Support Received
					\$
					\$

Are you pregnant at this time? Yes No Due Date _____

What are your current childcare arrangements?

APPLICANT’S CHILDREN: Please list the children who are not living with you.

Full Name	Gender	Birthdate	Father’s Full Name	Custody and Visitation Agreements	Place of Residence

RENTAL/HOUSING HISTORY

Please list all of your addresses for the past five years. Use an additional page if needed to complete five-year history.

Most Recent Address #1

Landlord _____ Telephone _____

Rental Amount \$ _____ Dates you lived at this address from _____ to _____

With whom did you live? _____ Reason for leaving _____

Previous Address #2

Landlord _____ Telephone _____

Rental Amount \$ _____ Dates you lived at this address from _____ to _____

With whom did you live? _____ Reason for leaving _____

Previous Address #3

Landlord _____ Telephone _____

Rental Amount \$ _____ Dates you lived at this address from _____ to _____

With whom did you live? _____ Reason for leaving _____

Previous Address #4

Landlord _____ Telephone _____

Rental Amount \$ _____ Dates you lived at this address from _____ to _____

With whom did you live? _____ Reason for leaving _____

Have you ever been homeless? YES NO If yes, when? _____

To help you with this question, consider the following definition of a homeless individual: an individual who lacks a fixed, regular, and adequate nighttime residence; or whose primary nighttime residence is a shelter, hotel, transitional housing, or a place that is not designed for or ordinarily used for sleeping accommodations.

Have you applied for Section 8 Housing? YES NO If yes, when? _____

Have you ever been denied or terminated from a transitional living program, Section 8, public housing, tax credit or any other housing? YES NO

Please explain.

Please list all shelters or residential programs in which you have lived.

Shelter /Program	Location	Case Manager	Dates
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Shelter /Program	Location	Case Manager	Dates
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PROGRAM FEE

The program fee is \$385 per/month with one child, and \$420 per/month with two children.

Do you have the means to pay your program fee each month by the first of the month? YES NO

FINANCIAL HISTORY

Please record the amount of income and assistance you are receiving from all sources.

Do not leave any boxes blank.

Income/Assistance	Amount you are currently receiving each month	Have you applied?	Have you received this in the past?	Have you been denied?
Employment Wages	\$ _____			
CalWORKS Cash Aid	\$ _____	YES / NO	YES / NO	YES / NO
Food Stamps	\$ _____	YES / NO	YES / NO	YES / NO
Medi-Cal	YES / NO	YES / NO	YES / NO	YES / NO
WIC	YES / NO	YES / NO	YES / NO	YES / NO
SSI	\$ _____	YES / NO	YES / NO	YES / NO
Worker's Comp	\$ _____	YES / NO	YES / NO	YES / NO
Unemployment	\$ _____	YES / NO	YES / NO	YES / NO
Child Support	\$ _____	YES / NO	YES / NO	YES / NO
Financial Aid	\$ _____	YES / NO	YES / NO	YES / NO
Scholarships	\$ _____	YES / NO	YES / NO	YES / NO
Trust Fund	\$ _____		YES / NO	
Assistance from Family Members	\$ _____		YES / NO	
Other	\$ _____	Please explain.		
Other	\$ _____	Please explain.		

Name of your CalWORKS Case Worker _____ Phone _____

Please list any outstanding debts or recurring bills. Do not leave any spaces blank.

Debts	Total Amount Due	Existing Judgment?	Additional Information
Auto Loan	\$	YES / NO / NA	
Credit Cards (total)	\$	YES / NO / NA	
Student Loans	\$	YES / NO / NA	
Medical Bills	\$	YES / NO / NA	
Legal Fines/tickets	\$	YES / NO / NA	
Bank Overdrafts	\$	YES / NO / NA	
Child Support You Owe	\$	YES / NO / NA	
Other:	\$	YES / NO / NA	
Other:	\$	YES / NO / NA	
Recurring Bills	Amount Paid Each Month	Up to Date with Payments?	Additional Information
Car Payment	\$	YES / NO / NA	
Vehicle Insurance	\$	YES / NO / NA	
Cell Phone	\$	YES / NO / NA	
Childcare	\$	YES / NO / NA	
Storage Unit	\$	YES / NO / NA	
Rent/ Mortgage	\$	YES / NO / NA	
Utilities	\$	YES / NO / NA	
Health Insurance	\$	YES / NO / NA	
Other	\$	YES / NO / NA	
Other	\$	YES / NO / NA	

Have you ever filed for Bankruptcy? YES NO If so, when? _____

Banking Information

Bank for Savings _____ Balance \$ _____

Bank for Checking/Direct Deposit _____ Balance \$ _____

If you do not have a bank account, please explain why and how you cash checks, pay bills, and access cash.

TRANSPORTATION HISTORY

Do you have a current driver's license? YES NO

Driver's License Number _____ State Issued _____

Do you have your own car? YES NO Make & Model _____

If yes, is it registered in your name? YES NO If no, why not? _____

Do you use public transportation? YES NO

Do you know how to use public transportation? YES NO

Do you have outstanding tickets or fines? YES NO

If yes, please explain.

EDUCATION HISTORY

Do you have a high school diploma or GED? Diploma GED Neither

Year Graduated High School _____ School _____ City/State _____

Have you taken any college/vocational courses? YES NO

Year _____ School _____ City/State _____

Do you have an Associate's Degree? YES NO Major _____

Year Graduated _____ School _____ City/State _____

Do you have a Bachelor's Degree? YES NO Major _____

Year Graduated _____ School _____ City/State _____

Do you have any vocational certifications or licenses? YES NO If yes, please list.

EMPLOYMENT HISTORY

Please list all for the past five years. Use additional page if needed to complete five-year history.
Please list current employment first.

Employer		
Start Date	End Date	Full Time Part time
Job Title	Temporary/Permanent	Wage \$ _____/hour
Supervisor's Name and Title		
Address		Telephone
Reason for Leaving		

Employer		
Start Date	End Date	Full Time Part time
Job Title	Temporary/Permanent	Wage \$ _____/hour
Supervisor's Name and Title		
Address		Telephone
Reason for Leaving		

Employer		
Start Date	End Date	Full Time Part time
Job Title	Temporary/Permanent	Wage \$ _____/hour
Supervisor's Name and Title		
Address		Telephone
Reason for Leaving		

MEDICAL HISTORY

When was the last time you visited your doctor or health clinic? _____

For what reason: _____

Name of physician or clinic: _____

At which hospital did you deliver your child? _____ Location _____

Have you ever been hospitalized for any other reason? YES NO

If yes, what were the dates? _____

If yes, what was the name of the hospital? _____

If yes, for what reason? _____

Have you or a family member been diagnosed with depression, anxiety, or any other mental health disorder? YES NO Self and family member Self only Family member only

If yes, what? _____

Are you currently or have you recently seen a counselor/therapist? YES NO

If yes, when? _____

If yes, by whom? _____ Agency _____

Do you have any allergies? YES NO
Type _____ Date of last TB Test _____

Are you currently taking any medications or do you have a prescription for medication you are not taking? YES NO

Name of Medicine	Dose	Reason for Taking	Prescribing Doctor
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Name of Medicine	Dose	Reason for Taking	Prescribing Doctor
------------------	------	-------------------	--------------------

Name of Medicine	Dose	Reason for Taking	Prescribing Doctor
------------------	------	-------------------	--------------------

Please tell us about your child's / children's health

When was/were your child/children last seen by a physician or health clinic? _____

For what reason? _____

Name of physician/health clinic

Are immunizations current? YES NO Does your child have any known allergies? YES NO

List allergies

Does/do your child/children have any physical, developmental, or mental challenges? YES NO

If yes, please explain. _____

Please list medicines your child/children is/are taking.

Child's Name	Medication	Dose	Reason for Taking
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Child's Name	Medication	Dose	Reason for Taking
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Is Child Welfare Services working with you or have they in the past? YES NO

If yes, please explain. _____

CWS Worker _____ Telephone _____

Is/are your child/children receiving counseling? YES NO Counselor's Name _____

LEGAL HISTORY

Have you ever been arrested? YES NO

If yes, what were the charges? _____

If yes, in what state? _____ If yes, when? _____ Are the charges pending? YES NO

Have you ever been incarcerated? YES NO If so, for how long? _____

If so, where were you incarcerated? _____ Dates _____

Outstanding fines _____ Community Service Hour Remaining _____

Probation/Parole? YES NO Start Date _____ End Date _____

Probation/Parole Officer's Name _____ Telephone _____

PERSONAL HISTORY

Have you ever been afraid in your personal relationship with someone? YES NO

Do you currently feel that you are in danger from a current or past partner? YES NO

Do you have a protective order? YES NO Do you want a protective order? YES NO

How much alcohol have you had in the last 7 days? _____

Have you ever tried to cut down on drinking alcohol? YES NO

Have you ever had more alcohol than you intended to? YES NO

Have you ever had to give up an important activity because of drinking? YES NO

Did you ever feel the need to drink to recover from alcohol effects? YES NO

Have you ever been in a substance treatment program? YES NO

If yes, court mandated voluntary

When were you in the program? _____ Did you complete the program? YES NO

How long have you been clean and sober? _____

Do you have a relapse prevention program? YES NO

If yes, please explain. _____

REFERENCES

Please list two references whom we may contact other than family members or close friends. (Please make sure you have known the person for at least one year.)

Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

We know that **finding affordable housing** and **having a job with a living wage** are goals. Please tell us about other things you would like to accomplish during your stay in St. Vincent's Family Strengthening Program.

If I am accepted and I choose to enter the Program, I would like to accomplish the following personal self help goals. Please be specific as to what you feel you need.

If I am accepted and I choose to enter the Program, I would like to accomplish the following parenting goals. Please be specific as to what you feel you need.

If I am accepted and I choose to enter the Program, I would like to accomplish the following recovery goals. Please be specific as to what you feel you need.

Please read carefully and initial.

____ I affirm that the information provided here is true to the best of my knowledge. I understand that the information that I have provided, and may later provide, will not be released for general dissemination or publication.

____ I also understand that for the purposes of assessment and program eligibility, information will need to be obtained from landlords, employers and references listed on this application to which I give my consent.

Applicant Signature

Date

Race and Ethnicity: Please check the one that most applies.

White

Asian/White

Black/African American

Black/African American & White

American Indian/Alaskan Native

Amer. Indian/Alaskan Native &
Black/African American

American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander

Other Multi-racial

Hispanic Heritage

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