



420 West Clinch Ave. | Knoxville, TN 37902 | P: 865.523.6126 | F: 865.637.5263

Program Description

The YWCA Women's Housing Program is intended to assist women in achieving independent living situations within the community. The YWCA provides single women with a safe place to live for at least two years until permanent housing in the community is obtained. Women have their own private room, shared bathrooms, full-size kitchen, living room, laundry facilities, social work services, and group meetings.

Criteria for Applicant Acceptance and Participation

- Applicant must demonstrate an ability to pay program fees.
- Applicant must be drug/alcohol free for no less than a period of 6 weeks prior to application.
- Applicant cannot be a violent offender.
- Applicant must be a single female and at least 18 years of age.
- Applicant must demonstrate proof that she is in need of housing.

Applicant Process for Admission

1. Applicant must obtain and complete a YWCA Women's Housing Program Application. If an applicant needs special accommodations she can request those from YWCA Front Desk Staff.
2. Applicant will have a face to face interview with the YWCA Women's Housing Program Staff. A scheduled interview will be arranged at the time the application is submitted, otherwise, applicant is responsible for calling the YWCA at 865-523-6126 to set up an appointment for an interview.
3. Following the interview, if applicant is accepted and space is available, she can begin the move-in process. If space is not available, the applicant is responsible for calling every day to 865-523-6126 to check for availability and maintain a spot on the waiting list.
4. If applicant does not have a current TB test, she must obtain one for free from the Knox County Health Department. Directions and hours will be provided by YWCA staff. Applicant must also provide proof of income and homeless verification at time of move in.

By filling out this application, the applicant agrees to:

1. Demonstrate an ability to pay move-in fees of \$140.00, weekly fees of \$60.00 and a monthly \$5.00 utility fee during course of residency. If fees are a hardship, applicant must discuss this with program staff.
2. Meet bi-weekly with Residence Social Worker for goal planning and follow up.
3. Attend the monthly mandatory meeting held on the first Wednesday of each month at 7:00 p.m.
4. Complete required financial literacy and life skills courses.
5. Occupy her room a minimum of five (5) nights per week.
6. Demonstrate an ability to get along with a diverse population of women.
7. Comply with policies and procedures of the program.
8. Maintain and show verification of employment or if on disability, demonstrate engagement in 8-10 hours of self-improvement activities per week.
9. Maintain sobriety from drugs and alcohol. If use is suspected, she may be asked to take a urine screen.

Applicant Name: _____



YWCA Women's Housing Program Application 2018

Date: _____

Name: _____ Date of Birth: _____

Current Address: _____

Previous Address: _____

Phone Number: (_____) _____ Alternative Number (_____) _____

Have you ever lived at the YWCA before? Yes No If yes, date of last stay: _____
(month/year)

Did you leave on good terms? Yes No

Employment History

Please list the last three places of employment, beginning with the most recent first.

Employer: _____ Position Held: _____

Length of Employment: From (month/year) _____ to _____

Employer: _____ Position Held: _____

Length of Employment: From (month/year) _____ to _____

Employer: _____ Position Held: _____

Length of Employment: From (month/year) _____ to _____

I am: employed part time employed full time not employed

Income History

Monthly Income <\$250 \$250-\$500 \$500-\$750 \$750-\$1000 >\$1000

Please include SSDI/SSI income

Other sources of income: SSDI/SSI Food Stamps Retirement Benefits

Veterans Benefits Other (please explain): _____

Education History

I have: completed elementary/junior high school completed some high school

High school diploma/GED technical/vocational training

An associate's degree A bachelor's degree or more

Are you currently in a vocational/training or educational program? Yes No

Applicant Name: _____

Military History

Are you a military veteran? Yes No

Current Living Situation

- Living on the street (in a car, park, abandoned building, on a sidewalk, outside)
- Mental health or substance abuse treatment facility
Name of mental health/ substance abuse program: _____
- Transitional housing program
Name of transitional housing program: _____
- Domestic Violence Shelter
- Other shelter
Name of shelter: _____
- Rental housing Are you being evicted? Yes No
- Living with an abusive partner
- Other living situation (please explain): _____

Do you have children under the age of 18 years old? Yes No
 If you have children under 18 years old, do you have custody of your minor children? Yes No
 Are you working to regain custody of your minor children? Yes No

In the event of an emergency, is there someone who always knows how to get ahold of you?
 Name: _____ Phone Number: (____) _____
 Address: _____

Criminal History

Have you even been convicted of a crime? Yes No
Being convicted of a crime will not necessarily prevent you from getting housing at the YWCA.
 If you have been convicted of a crime, please provide the date and an explanation of the charges: _____

Probation Officer: _____ County: _____
 Supervised? Yes No

Alcohol and Drug History

Do you now or have you ever abused drugs or alcohol? Yes No
Prior alcohol and drug abuse will not necessarily prevent you from getting housing at the YWCA.
 How long have you been clean and sober? years? months? days?
 Are you currently in an alcohol or drug treatment program? Yes No

Applicant Name: _____

If yes, where? _____ How long? _____

Are you participating in an alcohol or drug support group such as AA or NA? Yes No

Please list meetings/group sites: _____

Physical and Mental Health History

Have you ever been hospitalized? Yes No

If you have been hospitalized, please explain why and give approximate dates.

A serious medical condition will not necessarily prevent you from living at the YWCA.

Please list your current prescription medications:

Please check any issues physical or mental health issues you have now or have had in the past:

- | | |
|--|---|
| <input type="radio"/> allergies (please list medication allergies) | <input type="radio"/> diabetes |
| <input type="radio"/> anxiety | <input type="radio"/> eating disorders |
| <input type="radio"/> arthritis | <input type="radio"/> epilepsy/seizures |
| <input type="radio"/> asthma | <input type="radio"/> fibromyalgia |
| <input type="radio"/> bipolar | <input type="radio"/> heart disease |
| <input type="radio"/> broken bones | <input type="radio"/> high blood pressure |
| <input type="radio"/> cancer | <input type="radio"/> schizophrenia |
| <input type="radio"/> depression | <input type="radio"/> trauma/PTSD |
| <input type="radio"/> Other (please explain): _____ | |

Are you currently seeing a therapist or counselor? Yes No

If yes, what is your counselor's name and agency?

Have you seen a therapist or counselor in the past? Yes No

If yes, what was your counselor's name and agency?

Are you able to complete daily living tasks (such as bathing and cooking) without assistance? Yes No

Goals

The YWCA believes every person should be empowered to make plans for her future. Name at least three goals you would like to work on during your stay at the YWCA.

1. _____
2. _____
3. _____

Applicant Name: _____

The YWCA maintains a safe space for women who are working toward personal life goals. To assure the safety of our current residents, we ask you observe the following rules while you are living at the YWCA:

1. As a resident, you will refrain from engaging in violence, bullying, intimidation, threatening verbal or physical behavior, or verbal abuse towards other residents, staff, or program participants.
2. We have women who work during evening hours. Please refrain from yelling or using profanity in the hallways and public areas to maintain a quiet environment.
3. Respect community members in words and deeds. Respect the residents' space and boundaries.
4. Use, possession, or distribution of illegal drugs on or off YWCA premises is prohibited.
5. Use, possession, or distribution of prescription narcotics (for example, hydrocodone, oxycodone, roxicodone, Demerol, codeine) is prohibited.
6. Use of alcohol on the premise is prohibited. You will be refused admittance if you return to the residence under the influence alcohol or drugs and may be required to obtain a drug screen.
7. Please respect the privacy of our residents. Do not reveal other residents' address to anyone outside the YWCA. Do not discuss residents' personal issues with other residents who live at the YWCA. Your privacy will be respected by staff.
8. Refrain from smoking in the building. Use the smoking area behind the building. This includes E-Cigs
9. Do not damage YWCA property. Please report property damage to YWCA staff promptly.
10. Refrain from illegal activities in the community.

By signing this application, I indicate I understand these residency expectations and agree to follow expectations to maintain housing at the YWCA Women's Housing Program.

Applicant Signature: _____ Date: _____

Staff Notes

Date of Interview: _____ Time of Interview: _____

Approved Yes No

Conditions for Approval: _____

Interview Notes: _____

Staff Signature: _____

Applicant Name: _____

2018 YWCA Intake Information Sheet – INDIVIDUAL (Knox County)

Name of Person Receiving Services:

Gender (select one): Female Male Other _____

Race/ Ethnicity (select one):

- American Indian Latin@/Hispanic/Chicano
 Asian/Pacific Islander White/Caucasian
 Black/African American Multiracial
 Other:

Age Group (select one):

- 0-4 5-9 10-14 15-19
 20-24 25-64 65-80 80+

How many people live in your house?

How many of these people are children?

Single-parent household? Yes No

If yes, parent's gender: Female Male Other

Household income (select one):

- \$0 - \$11,500 \$11,501 - \$15,190
 \$15,191 - \$18,880 \$18,881 - \$22,570
 \$22,571 - \$26,260 \$26,261 - \$29,950
 \$29,950 - \$33,640 \$33,641 - \$37,350
 Greater than \$37,350

Residence (select one):

- Knoxville
 Knox County
 Other TN county
 Out of state

What is your highest level of education? (select one)

- Less than high school Associate (2-year) degree High school diploma/GED Bachelor (4-year) degree
 Certification or license Master degree Doctorate degree

Do you have a disability?

- Yes No

Is English your first language?

- Yes No

Are you a refugee or immigrant?

- Yes No

For office use only:

 Program

 Staff

 Date