



### Program Description

The YWCA Keys of Hope Women's 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 up to 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 Keys of Hope Women's 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 Keys of Hope Women's 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 membership fee 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 staff 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 Keys of Hope Women's Program Application 2021

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternative Number (\_\_\_\_\_) \_\_\_\_\_

Are the above phone numbers safe to (check all that apply):  Call? |  Text? |  Leave a voicemail?

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

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

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

**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
- Incarcerated? If so, estimated release date: \_\_\_\_\_
- 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 enrolling in the Keys of Hope program.*

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 enrolling in the Keys of Hope program.*

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

How long have you been clean and sober? years? \_\_\_\_\_ months? \_\_\_\_\_ days? \_\_\_\_\_

Are you currently in an alcohol or drug treatment program?  Yes  No

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.*

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Please list your current prescription medications:

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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?

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

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

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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.

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

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

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: \_\_\_\_\_