



Easy Does It, Inc. Housing Application

Thank you for applying to Easy Does It, Inc. (“EDI”) a non-profit charitable organization dedicated to improving the quality of life of individuals and families recovering from the effects of addiction, thus contributing to the betterment of our community and society as a whole. EDI is committed to providing residents with a living environment characterized by mutual respect, daily structure, and personal accountability to help you to begin or to continue your own journey of recovery.

EDI three housing programs. At our Hilltop facility, located at 1300 Hilltop Road, Leesport, PA 19533, we have both a transitional housing program and a permanent supportive housing program. We also operate a transitional housing program at our Walnut Street facility, located at 647 Walnut Street, Reading, PA 19601. The goal of all of our housing programs is to help individuals who are homeless due to substance use to recover from addiction and increase their quality of life.

Our **Transitional Housing** program is designed to help individuals who are homeless due to substance use disorders to remain drug and alcohol free, improve the quality of their lives, and ultimately move into stable housing. Residents in our transitional housing program may stay up to **24 months**. Every resident receives supportive services, including recovery support services and educational groups. EDI currently has 60 transitional beds, 50 at our Hilltop location and 10 at our Walnut Street locations. In order to be accepted into our transitional housing program individuals must:

- **Be homeless**
- **If you are in an institution, such as a rehab, you must have been homeless before entering and staying less than 90 days.**
- **Have a substance use disorder**
- **Be committed to recovery from addiction**
- **Have a need for supportive services**
- **If involved in the criminal justice system, offenses must be non-violent**

Our **Permanent Housing** program is designed to help individuals with disabilities to live as independently as possible in a long-term setting. Residents in our permanent housing program may live at EDI for an unspecified length of time and receive supportive services to enable them to become as self-sufficient as possible. In order to be eligible for our Permanent Housing program individuals must:

- **Have experienced chronic homelessness. Chronic homelessness is defined as being continually homeless for 12 months or having 4 or more episodes of homelessness in the last three years that add up to a total of 12 months.**
- **If you are in an institution, such as a rehab, you must have been homeless before entering and staying less than 90 days.**
- **Have a documentable disability**
- **Have substance use disorder**
- **Be committed to recovery from addiction**
- **Have a need for supportive services**
- **If involved in the criminal justice system, offenses must be non-violent**

Please complete this application as completely and honestly as possible. Missing or inaccurate information may cause delays in determining your eligibility.

BASIC RULES AND REGULATIONS FOR EASY DOES IT

- Upon admission, you will be required to pass a drug screen including a breathalyzer test. If you fail to pass, we maintain the right to retract your admission to Easy Does It.
- The nonrefundable \$50 move in fee is due immediately upon arrival to Easy Does It.
- The First 3 days you may only leave the facility to attend 12-step meetings with other residents and to work if you are already employed. You will not be permitted to use your cellphone for the first 3 days. After day 3 you will only be allowed out to look for work, attend meetings or outpatient for at least two weeks at the discretion of your case manager. There is a 6:00pm curfew for the first two weeks, only excused if individual is attending a 12 Step meeting or scheduled appointment.
- For residents assessed as needing drug and alcohol outpatient treatment, all treatment recommendations must be followed. This includes intensive outpatient and outpatient therapy.
- Monthly rental fees are based on 30% of the resident's adjusted income. Food is provided, costing \$80 per month in addition to the cost of rent.
- Residents who enter Easy Does It Housing Program have 30 days to gain income through employment or other legal sources, unless they are disabled and unable to work
- Residents are required to meet with their Case Manager for 1-1 sessions weekly.
- Residents are required to complete 4 hours of Community Service per month.
- Residents start a 90/90 upon intake date, after completion of 90/90 residents must attend no less than five (5) 12 step meetings per week.
- Residents are required to obtain a sponsor and join a home group within their first 30 days of residency.
- Residents are required to attend several mandatory meetings facilitated by EDI staff on campus, unless they are attending outpatient or working during these groups. Failure to attend mandatory functions is reason for review of residence.
- Curfew for residents who are working and meeting other Program requirements is 10:30pm Sunday thru Thursday and 12:00 Midnight Friday and Saturday.
- Each resident is assigned a chore which must be completed within the assigned timeframe

I _____ acknowledge the above rules and expectations of Easy Does It
(Print Name)

Sign Here: _____ Date: _____

HOUSING APPLICATION

Date _____

Please check the housing program that you are applying for

- Transitional Housing
 Permanent Housing

Personal Information

Legal Name _____

Preferred Name _____

Phone number where you can be reached _____

Social Security Number _____

Date of Birth _____ Age _____

Race: White _____ Black or African American _____ Hispanic or Latino _____ Asian _____ Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native _____

Are you a US citizen? Yes No

Gender Male Female Transgender Woman Transgender Man Other _____

Are you a Veteran? Yes No

If yes, what branch? _____ When? _____

Type of Discharge _____

Are you a Berks County Resident? Yes No

What is your primary language? _____

What is your current marital status? Single Married Separated Divorced Widowed

Have you ever lived at Easy Does It before? Yes No

If yes, What facility? _____ When? _____

Do you have any friends or relatives who work for Easy Does It? Yes No

If yes, who? _____

Housing and Homeless History

How long have you been in your current living situation? _____

Regardless of your current situation, how many times have you been homeless in the past three years?

Never in 3 years 1 time 2 times 3 times 4 or more times

What is the total number or months that you have been homeless in the last 3 years?

One Two Three Four Five Six Seven Eight Nine Ten Eleven Twelve or more

Are you currently on a list for subsidized housing (e.g. Section 8)? Yes No

If yes, where? _____

Where was your last permanent address? (i.e. place you rented, owned, or received mail)

Address: _____

Start Date: _____ End Date: _____

Landlord Name: _____ Phone Number: _____

Amount of Rent: _____ Reason for Leaving: _____

Physical/Mental Health

Do you have any of the following disabling conditions that impact your ability to work or to live independently?

Alcohol Abuse Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	Drug Abuse Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol and Drug Abuse Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	HIV/AIDS Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic Health Condition Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mental Health Problems Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
Developmental Disability Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	Physical Disability Start Date: ___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have health insurance? Yes No

If yes, what type? _____

Do you have a primary care physician? Yes No

If yes, who? _____

When was the last time you had medical care? _____

For what reason? _____

Describe your current health compared to others your age

Excellent Very Good Good Fair Poor

Are you pregnant? Yes No N/A

Have you been tested for TB? Yes No

If yes, when? _____

If yes, what was the result? _____

Have you ever experienced domestic violence? Yes No

Have you ever experienced emotional, physical, or sexual abuse? Yes No

Have you ever received counseling or mental health services? Yes No

Do you have a mental health diagnosis? Yes No

If yes, what is your diagnosis? _____

Have you ever been in inpatient mental health treatment? Yes No

If yes, when? _____ For what purpose? _____

Have you ever self-harmed, such as cutting or burning? Yes No

Have you ever attempted suicide? Yes No

Have you ever binged, purged, or restricted your eating? Yes No

Please list any current medical conditions:

Please list any medications you are currently taking:

Name of Medication(s):

Reason:

Are you allergic to any foods or medicines? Yes No

If yes, please list _____

Employment/Financial

Do you have your birth certificate? Yes No

Do you have a driver's license? Yes No

Do you have a Social Security Card: Yes No

Do you own a car? Yes No

Do you have state ID? Yes No

Do you have car insurance? Yes No

Are you able to work? Yes No

Are you currently employed? Yes No

Are you seeking employment? Yes No

Do you have a checking account? Yes No

Do you have a savings account? Yes No

Do you have any outstanding debts? Yes No

If yes, please explain _____

Have you ever had financial or budget counseling? Yes No

Do you buy lottery or scratch off tickets? Yes No

Have you been to a casino in the past 6 months? Yes No

Do you bet on sporting events? Yes No

What is the last job you had (or your current job)?

Employer's Name: _____

Employer's Address: _____

Title: _____

Start: _____ End: _____ Salary: _____

Reason for Leaving: _____

Do you currently have any source of Income? Yes No

If yes, please list the type(s) and amount(s) below:

Type of Income	Yes (If Yes, Start Date)	No	Amount
Alimony or Other Spousal Support	___/___/___		\$
Child Support	___/___/___		\$
Earned Income	___/___/___		\$
General Assistance	___/___/___		\$
Other	___/___/___		\$
Pension or Retirement Income from Another Job	___/___/___		\$
Private disability insurance	___/___/___		\$
Retirement Income from Social Security	___/___/___		\$
Social Security Disability Insurance (SSDI)	___/___/___		\$
Supplemental Security Income (SSI)	___/___/___		\$
Temporary Assistance for Needy Families (TANF)	___/___/___		\$
Unemployment Insurance	___/___/___		\$
VA Non-Service Connected Disability Pension	___/___/___		\$
VA Service Connected Disability Compensation	___/___/___		\$
Workers Compensation	___/___/___		\$
Total monthly income from all sources:		-	\$

Are you currently receiving any type of noncash benefits, such as food stamps? Yes No

If yes, please complete the type(s) and amount(s) below

Type of Non-Cash Benefit	Yes (If Yes, Start Date)	No	Amount (if applicable)
Special Supplemental Nutrition Assistance Program (SNAP)	___/___/___		\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	___/___/___		\$
TANF Child Care services (or use local name)	___/___/___		\$

TANF transportation services (or use local name)	___/___/___		\$
Other TANF-Funded Services (or use local name)	___/___/___		\$
Section 8, Public Housing, or other rental assistance	___/___/___		\$
Other, if yes, specify	___/___/___		\$
Temporary rental assistance. If yes, <i>specify</i>	___/___/___		\$

Education

Are you currently in school or working on a degree? Yes No

What is the highest level of education that you have completed?

- 5th or 6th Grade
 7th or 8th Grade
 9th Grade
 10th Grade
 11th Grade
 12th Grade (no diploma)
 High School Diploma
 GED
 Some College
 Technical School
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree

Have you ever received vocational training or apprenticeship certificates? Yes No

Drug and Alcohol History

How old were you when you first used drugs/alcohol? _____

Have you ever been in detox? Yes No How many times? _____

Have you ever been in residential treatment for alcohol/drugs Yes No How many times? _____

Have you ever been on MAT (Methadone, Suboxone, etc.)? Yes No When? _____

Do you consider yourself and alcoholic/addict? Yes No

What is your drug of choice? _____

Have you ever been/are you in recovery? Yes No

What is the longest period of time that you have been drug and alcohol free? _____

When? _____

Do you have a support system of people who do not drink/use drugs? Yes No

If yes, please describe _____

Describe your feelings about your drinking/drugs use _____

Please tell us about the treatment you have received, starting with the most recent

Treatment Center	Month/Year	Length of Stay	Completed?

What type(s) of drugs have you used? (Please complete all that apply)

Alcohol

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Marijuana/Cannabis

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Heroin

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Other Opioids (Vicodin, Oxycontin, etc.) Type _____

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Cocaine Crack

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Methamphetamine

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Other Stimulants (Adderall, Ritalin, MDMA, etc.) Type _____

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Sedatives (Xanax, Valium, Klonopin, etc.)

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Hallucinogens (LSD, Mushrooms, DMT, PCP, Ketamine, etc.) Type _____

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Inhalants (paint, glue, solvents, etc.) Type _____

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Other Drugs (K2/Spice, Kratom, Bath Salts, Research Chemical etc.) Type _____

Frequency _____ Amount used _____ Method _____

Start date _____ Date last used _____

Do you smoke cigarettes? Yes No Vape? Yes No Chew Tobacco? Yes N

If yes, Amount _____

Legal History

Have you ever been arrested? Yes No

Have you ever been convicted of a crime? Yes No

If yes, on what charge(s)? _____

Are you currently on Probation or Parole? Yes No

If yes, where? _____

Are you involved in any way with the court system at present? Yes No

If yes, explain: _____

In the past? Yes No If yes, explain: _____

Do you have any pending charges? Yes No

If yes, please explain _____

Are you on file for child abuse or have you ever been convicted of a child abuse crime? Yes No

If yes, explain: _____

Have you ever been accused or investigated of any child neglect and/or abuse? Yes No

If yes, explain: _____

Have you ever been convicted for a sexually based crime? Yes No

If yes, explain: _____

Have you ever been accused of domestic violence? Yes No

If yes, explain: _____

Have you ever been served with a Protection From Abuse Order (PFA)? Yes No

If yes, explain: _____

Have you ever requested a PFA? Yes No

If yes, explain: _____

Have you received any counseling for domestic violence or anger management? Yes No

If yes, explain: _____

What has been your past reaction to authority figures? _____

K. FAMILY HISTORY:

Do you have any children under the age of 18? Yes No

Child's Name	Age	Who has custody/where are they living now?

Number and ages of brothers: _____

Number and ages of sisters: _____

Were you raised by your parent(s) or someone else? _____

Describe your home life growing up: _____

Describe your past and current relationship with your mother: _____

Describe your past and current relationship with your father: _____

Is there a history of addiction in your family? _____

L. PERSONAL ASSESSMENT:

Please identify your strengths and limitations in achieving your goals toward self-sufficiency:

Strengths

Limitations

Describe your spiritual and/or religious experience:

Past: _____

Current: _____

1. What are the circumstances leading up to your application to Easy Does It?
2. What are your current circumstances regarding (a) food, (b) clothing, (c) employment, (d) transportation, and (e) other elements relevant to your ability to achieve independence?
3. Would you be willing to use the social welfare system within this area to better your circumstances?
 Yes No. What do you expect from them?
4. If admitted to residency, what do you expect from the Easy Does It?

5. Would you be willing to meet with staff individually once a week to review the status of your goals?

6. How do you feel about following directions in a situation of need?

7. In what areas will you need help if you are accepted into the Easy Does It Housing Program?

8. What do you expect to accomplish while in residency at the Easy Does It? Be specific!

I, _____, verify that the information on my application is accurate and truthful. In addition, I understand that at any time during the application and interviewing process or after acceptance into the Easy Does It Housing Program, if it is determined/discovered that I have lied on my application, I may become ineligible to apply or participate in the Housing Programs of Easy Does It, Inc.

Signature _____ Date _____

Drop-off, FAX or Mail Application to:

Easy Does It
1300 Hilltop Road
Leesport, PA 19533

Fax 610-373-2459