



## **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 30 transitional beds, 20 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 \_\_\_\_\_

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 US citizen?  Yes  No

Are you a Berks County Resident?  Yes  No

What is your primary language? \_\_\_\_\_

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

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

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

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

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

Which of the following best describes your current living situation?

- Emergency shelter or hotel/motel paid for with emergency voucher
- Safe Haven
- Place not meant for living (on the streets, in a car, an abandoned building)
- Hospital or other medical facility
- Jail or prison
- Psychiatric hospital
- Substance abuse treatment center
- Transitional housing for homeless persons
- Halfway house or residential project with no homeless criteria
- Staying with friends or family
- Own apartment or house

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 of 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: \_\_\_\_\_

**Financial/Employment**

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

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	___/___/___		\$
<b><u>Total monthly income from all sources:</u></b>		-	\$

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>	___/___/___		\$

Are you able to work?  Yes  No

Are you currently employed?  Yes  No

Are you seeking employment?  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: \_\_\_\_\_

### Education

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

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

5<sup>th</sup> or 6<sup>th</sup> Grade  7<sup>th</sup> or 8<sup>th</sup> Grade  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> 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

### Physical/Mental Health

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? \_\_\_\_\_

Please list any current medical conditions:

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Please list any medications you are currently taking:

Name of Medication(s):

Reason:

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Are you allergic to any foods or medicines?  Yes  No

If yes, please list \_\_\_\_\_

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

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

Have you ever experienced domestic violence?  Yes  No

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

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

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? \_\_\_\_\_

### Drug and Alcohol History

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  No

If yes, Amount \_\_\_\_\_

How old were you when you first used drugs/alcohol? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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

Treatment Center	Month/Year	Length of Stay	Completed?

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:**

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**