

*Easy Does It Inc. of Reading and Leesport  
Housing Programs*



## Easy Does It, Inc. Transitional Housing Application

### Welcome

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. As part of our Housing Program (the “Program”) the EDI staff 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.

Learning to live a recovering lifestyle without the use of mood altering chemicals is not an easy task. Ultimately it is *your* responsibility. Our role at EDI is to help you to get there. We do that by providing a safe and supportive housing environment, comprehensive case management, supportive programs and services and peer- to -peer empowerment.

All to help you learn how to make and sustain positive, meaningful changes in your life.

We ask that you completely fill out the application; failure to fully complete the application may result in delaying your interview.

We hope your journey towards recovery is both challenging and rewarding. One of the main obstacles to change is fear – fear of the unknown and of what life will be like without mood altering chemicals.

Easy Does It Staff

## HOUSING APPLICATION

Please complete the following questions to the best of your ability.

Date \_\_\_\_\_

### A. DEMOGRAPHIC INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ S.S.# \_\_\_\_\_

Gender:  Male  Female  Transgender Are you a US citizen?  Yes  No

Birth Name(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Current Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_

Do you have any disabilities that would require reasonable accommodations?  Yes  No

If so, please specify what accommodations will be needed: \_\_\_\_\_

Do you have any children?  Yes  No

Child's Name	Age	Birth Date	Social Security Number	Who has custody/where are they living now?

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

### B. HOUSING INFORMATION

Is this the first time you have experienced housing crisis/homeless?  Yes  No

What are your reasons for your housing crisis/homelessness? \_\_\_\_\_

When did you first leave the home of your parents or guardian? \_\_\_\_\_

Have you ever lived at Easy Does It before?  Yes  No If yes, what facility?

If so, explain: \_\_\_\_\_

Have or do any of your relatives, friends or acquaintances live or work at the EDI?  Yes  No

If so, explain: \_\_\_\_\_

Are you a resident of Berks County?  Yes  No If yes, for how long? \_\_\_\_\_

If no, why are you interested in living in Berks County? \_\_\_\_\_

What personal household items do you have? \_\_\_\_\_

Do you have any outstanding debts to local housing authorities?  Yes  No

If yes, to whom? \_\_\_\_\_

How much? \_\_\_\_\_

When was debt incurred? \_\_\_\_\_ How was debt incurred? \_\_\_\_\_

Are you currently on the list for subsidized housing?  Yes  No If yes, where? \_\_\_\_\_

Do you have any comments regarding any problems that you have had in keeping housing for yourself? \_\_\_\_\_

Begin with the address at which you lived 7 years ago. Please list all places you have lived and the place where you are staying now. Include all shelters, homes of relatives, rented dwellings, living in cars, on the street, or any other living arrangement. Please include name and address of landlords.

Address: _____	How Long? _
Landlord Name: _____	Phone Number: _____
Amount of Rent: _____	Why You Left: _____

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Address: _____ How Long? _ Landlord Name: _____ Phone Number: _____ Amount of Rent: _____ Why You Left: _____

### C. FINANCIAL INFORMATION

Please list your income:

<u>Source</u>	<u>Amount</u>
Wages	_____
Public Assistance (Welfare)	_____
Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Food Stamps	_____
Other (please specify)	_____

Do you have current checking account?  Yes  No Savings Account?  Yes  No

Do you have any outstanding debts for any of the following:  Utilities  School Loans  Fines & costs  Other

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had financial or budget counseling in the past?  Yes  No

If yes, where? \_\_\_\_\_

Do you buy lottery or scratch-off tickets?  Yes  No          Play bingo?  Yes  No

Have you been to a casino in the past 6 months?  Yes  No          Do you bet on sports events?  Yes  No

#### D. EDUCATION AND TRAINING

Please list all schools starting with the 7th grade. Include Vo-Tech, college, business school, technical school and any other school that you may have attended.

Name and Address of School	Years Attended	Program of Study
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a high school diploma?  Yes  No  GED

Please list ALL special training courses that you have had including on-the-job training.

Type of Training	Where	When
_____	_____	_____
_____	_____	_____

What do you feel was the biggest problem that you had while you were attending school? \_\_\_\_\_

What are your personal and career goals? \_\_\_\_\_

#### E. MILITARY HISTORY

Have you ever been in the military?  Yes  No

If yes, which branch? \_\_\_\_\_ When? \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**F. EMPLOYMENT HISTORY**

Please list ALL employers beginning with the most recent job you've held:

Employer's Name: _____ Employer's Address: _____ Title: _____ Start: _____ End: _____ Salary Per Hour: _____ Reason For Leaving: _____
Employer's Name: _____ Employer's Address: _____ Title: _____ Start: _____ End: _____ Salary Per Hour: _____ Reason For Leaving: _____
Employer's Name: _____ Employer's Address: _____ Title: _____ Start: _____ End: _____ Salary Per Hour: _____ Reason For Leaving: _____
Employer's Name: _____ Employer's Address: _____ Title: _____ Start: _____ End: _____ Salary Per Hour: _____ Reason For Leaving: _____

Which job did you like the best and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. LEGAL HISTORY**

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, name & phone number of Probation/Parole Officer

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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 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? \_\_\_\_\_

**H. PHYSICAL HEALTH HISTORY**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Client's description of present state of health:  Good  Fair  PoorList any outstanding medical or health problems: \_\_\_\_\_  
\_\_\_\_\_Allergies to Food or Medications?  Yes  No

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

Are there any medical problems that would limit your ability to work?  Yes  No

If yes, explain: \_\_\_\_\_

Are you pregnant?  Yes  No If so, due date? \_\_\_\_\_Are you presently taking any medication?  Yes  No

Name of Medication(s):

Reason:

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Do you have health insurance?  Yes  No If yes, Insurance provider: \_\_\_\_\_

When was last time you had medical care? \_\_\_\_\_

For what reason? \_\_\_\_\_

Have you had a TB test?  Yes  No Have you been tested for HIV  Yes  No

If yes, when? \_\_\_\_\_ Results \_\_\_\_\_

List all hospitalizations:

Name of Hospital

Reason

Date

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**I. BEHAVIORAL & EMOTIONAL HEALTH**Have you ever been a victim of domestic violence?  Yes  NoHave you ever been a victim of emotional, physical or sexual abuse?  Yes  NoHave you ever had any psychiatric treatment or counseling?  Yes  NoHave you ever inflicted self-injury such as cutting, bingeing, purging, etc.?  Yes  No



If yes, to any of the above, please explain: \_\_\_\_\_

Have you attended outpatient counseling for mental health treatment?  Yes  No

Have you ever been in inpatient treatment for mental health?  Yes  No How many times? \_\_\_\_\_

If history of mental health treatment or counseling, what is your current diagnosis? \_\_\_\_\_

Who made this diagnosis and when was it made? \_\_\_\_\_

Describe your feeling about your mental health treatment experiences: \_\_\_\_\_

Have you had any thoughts, gestures, incidents, or attempts at suicide or homicide?  Yes  No

If yes, explain: \_\_\_\_\_

**J. ALCOHOL AND DRUG USE:**

Do you smoke cigarettes or chew tobacco?  Yes  No If yes, how much \_\_\_\_\_

Do you identify as an addict/alcoholic?  Yes  No

What is your drug of choice? \_\_\_\_\_

How old were you the first time drugs and/or alcohol were used? \_\_\_\_\_

Date of last use: \_\_\_\_\_ Chemical Substance: \_\_\_\_\_

Longest time chemically free: \_\_\_\_\_

Are you in recovery?  Yes  No

Describe your recovery process: \_\_\_\_\_

Describe your support system: \_\_\_\_\_

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? \_\_\_\_\_

Treatment Center	Month/Year	Length of Stay	Completed?

Describe your feelings about your drinking or drug use: \_\_\_\_\_

**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 staff?
  
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!

9. Who should we contact in case of emergency?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Drop-off, FAX or Mail Application to:  
  
Easy Does It  
1300 Hilltop Road  
Leesport, PA 19533  
Fax 610-373-2459