



Housing Application

Thank you for applying to Easy Does It, Inc. (EDI), a nonprofit organization dedicated to improving the quality of life of individuals and families recovering from the effects of substance use disorder. EDI is committed to providing supportive housing programs with a living environment characterized by mutual respect, daily structure, and personal accountability to help residents begin or continue their journey of recovery. Our supportive housing programs are located at our Leesport facility at 1300 Hilltop Road, in Leesport PA, 19533.

As of February 1, 2020, EDI has supportive housing available to Berks County residents on a self-pay basis. Self-pay beds are for individuals who meet the criteria listed below for EDI's Permanent Supportive Housing program, except that they do not meet the chronic homelessness requirement and have income. Please use this application for self-pay beds.

EDI's **Permanent Supportive Housing (PSH)** program is designed to help individuals with disabilities (especially substance use disorder) who have experienced chronic homelessness. The goal of our PSH program is to build a foundation in recovery and acquire the life skills necessary to independent living. Residents in our permanent housing program stay at EDI for an average of at least 12 months. During their stay, residents receive recovery support services to enable them to become as self-sufficient as possible. In order to be eligible for our Permanent Housing program individuals must:

- **Be chronically homeless.** Chronic homelessness is defined by the U.S. Department of Housing and Urban Development (HUD) as being continually homeless for at least 12 months, or having 4 or more episodes of homelessness in the last three years that add up to a total of at least 12 months.
- **Be literally homeless.** If you are in an institution, such as a short term residential treatment facility (rehab), hospital or prison, you must have been homeless before entering the institution having stayed in the institution for less than 90 days.
- **Have a disability.** Have a documented disability such as substance use disorder, and/or a mental health diagnosis or physical disability
- **Be committed to recovery** from addiction, and 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 for EDI's housing programs.

BASIC RULES AND REGULATIONS FOR EDI

- The nonrefundable \$100 move-in fee is due immediately upon arrival to EDI.
- 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 refuse your admission to EDI.
- The first 14 days is an orientation period. Within that 14 days, the first 3 days is considered a "black out" period, when you will not be permitted to use your cellphone and may only leave the facility to attend 12-step meetings with other residents, and/or to work if you are already employed. After day 3 you will be permitted to have your cellphone but only be allowed to leave the facility to look for work, attend meetings or outpatient services at the discretion of your Recovery Support Specialist (RSS).
- All treatment recommendations must be followed. This includes intensive outpatient and outpatient counseling for substance use disorder and mental health.
- Monthly rental fees are based on 30% of the resident's net income. Food is provided, costing \$60 per month in addition to the cost of rent.
- Residents who enter EDI's 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 RSS for 1-1 sessions weekly and to attend daily programming.
- Residents are required to be engaged in a pathway of recovery, obtain a sponsor, and join a home group.
- Residents are required to attend several mandatory meetings facilitated by EDI staff on campus, unless they are attending outpatient counseling or working during these groups. Failure to attend mandatory functions or engage in programming is grounds for discharge.
- Each resident is assigned a chore which must be completed within the assigned timeframe.

I _____ acknowledge the above rules and expectations of EDI.

(Print Name)

Sign Here: _____ Date: _____

EDI HOUSING APPLICATION

Date _____

Please check the housing program that you are applying for

- Self-Pay Supportive Housing
- Permanent Supportive 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 EDI before? Yes No

If yes, What facility? _____ When? _____

Do you have any friends or relatives who work for EDI? Yes No

If yes, who? _____

Are you able to pay the \$100 dollar move in fee on the day of admission? Yes No

Are you able to pass a drug screen on the day of admission? Yes No

Education

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

Housing and Homeless History

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

Where are you now? Treatment Jail with a friend on the streets Other Explain _____

Physical/Mental Health

Do you have health insurance? Yes No. County _____ or Personal _____

Do you have a primary care physician? Yes No

If yes, who? _____

Do you have any mental health or medical conditions that would limit you from living by yourself? YES NO

If yes, what? _____

Are you pregnant? Yes No N/A

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 If yes, explain _____

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

Have you been tested for TB? Yes No If yes, when? _____ what was the result? _____

Have you ever experienced domestic violence? Yes No

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

Please list any current medical conditions:

Are you allergic to any foods or medicines? Yes No

If yes, please list _____

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	Physical Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drug Abuse	<input type="checkbox"/> YES <input type="checkbox"/> NO	HIV/AIDS	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mental Health Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Developmental Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic Health Condition	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Drug and Alcohol History

What is your drug of choice? _____

Is there a history of addiction in your family? Yes No

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? _____

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

When was the last time you went to a recovery meeting and where? _____

Last date used? _____

Most recent drug test date and by who? _____

Legal History

Do you have any pending charges? Yes No

If yes, please explain _____

Have you ever been convicted of a crime? Yes No

If yes, when and on what charge(s)? _____

Are you presently involved with the court system? Yes No

If yes, explain: _____

Are you currently on Probation or Parole? Yes No

If yes, where? _____

Do you have a PFA against you? _____

Employment/Financial

Do you have a driver's license? Yes No Do you own a car? Yes No

Do you have state ID? Yes No Are you currently employed? Yes No. If "no" are you seeking employment? Yes No

Do you currently have any source of Income, ie, SSDI, food stamps, etc.? Yes No

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

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 EDI 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 EDI.

Signature _____ Date _____

Drop-off, FAX or Mail Application to:

Easy Does It, Inc.
1300 Hilltop Road
Leesport, PA 19533

Fax: 610-373-2459
Attn: Admissions Coordinator

Email: intake@ediinc.org
610-373-2463 (Tel)