



## 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.

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

- Upon admission, you will be required to complete a drug screen including a breathalyzer test.
- 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 scheduled appointments 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.
- Residents are required to be compliant with all medications. All medications must be taken as prescribed unless the prescribing physician documents that the medication has been discontinued.
- Monthly rental fees are based on 30% of the resident’s net income.
- Residents who enter EDI’s housing program will be encouraged to gain income through employment or other legal sources.
- 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.
- 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

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

- **Must be living in Berks County for the last 90 days to meet eligibility**

What was your last permanent address? \_\_\_\_\_

How long have you lived there? Dates \_\_\_\_\_

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, When? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

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

If yes, who? \_\_\_\_\_

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?

- 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

**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 \_\_\_\_\_

- All Permanent Supportive Applicants must be homeless 12 months or more for eligibility

**Physical/Mental Health**

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

- Must have CCBH Berks County, if not must switch before admission

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? \_\_\_\_\_

- Psychiatric evaluation is required

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 \_\_\_\_\_

Do you have the flu shot? \_\_\_\_\_

Do you have the COVID-19 vaccine? \_\_\_\_\_ Booster? \_\_\_\_\_

- Proof of vaccination required. If unable to provide, series will need to be repeated

Have you ever experienced domestic violence?  Yes  No

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

Please list any current physical 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?

- Mental Health Disorder? \_\_\_\_\_
- Physical Disability? \_\_\_\_\_ Do you require any special accommodations? \_\_\_\_\_
- HIV/AIDS? \_\_\_\_\_
- Developmental Disabilities? \_\_\_\_\_ Do you require any special accommodations? \_\_\_\_\_

**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 Probation/Parole Officer? \_\_\_\_\_

Probation Officer name and phone number \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

**\*\* Disclaimer: A current list of prescribed medications is required with application.**

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](mailto:intake@ediinc.org)  
610-373-2463 (Tel)**