Catholic Charities, Diocese of Metuchen
State Street Transitional Housing Program Application
933/929 State Street
Perth Amboy, NJ 08861
(P) 732-826-7711
(F) 732-442-1763

Today's Date_____

Name: _____
(Last Name) (First Name) (Middle Initial)

CO-Applicant _____
(Last Name) (First Name) (Middle Initial

Referred By: _____
(How did you hear about State Street THP?)

Last Address: _____
(Past month or more)

Date of Birth: _____ **Marital Status: Single Married Divorce Widowed**
(Month) (Date) (Year) (Please circle one)

Social Security Number_____ Do you have photo identification? Yes No

Contact Number: _____Source of Income: _____
(Indicate the type)

Reason for Being Homeless: _____

Source of Income: SSI SSDI Employment Unemployment Other, Specify: _____

Place of Employment: _____ Part-Time Full -Time

Income Amount: _____Frequency: Weekly Bi-weekly Monthly Bi-monthly other: _____
(Please circle only one)

Supervisor's Name _____
Phone Number

Do you receive Food Stamps? Yes No Amount $_____
(Please circle one)

Do you have health insurance? Yes No What type of health insurance? _____
(Please circle one)

Medical Doctor: _____Contact Number: _____
(Name)

Agency: _____ Contact Number: _____

Medical Conditions: _____

Mental Health Issues: _____

Counselor/Therapist: _____

Medications: _____
(Names of medications)

Current Health Status **Excellent** **Good** **Fair** **Poor** **Able to climb stairs?** **Yes** **No**

Substance Abuse History: _____
(Kindly name substance and drug of choice)

Alcohol/Drug Rehab Program Name & Date: _____

Criminal Justice Contacts: _____
(Parole and DYFS Officers)

Have you applied for Section 8? Yes No **Highest Grade Completed:** _____

Have you participated in training programs: **Yes No**

Please list: _____

What career are you seeking: _____

Emergency Contact: _____
First **Last** **Middle initial** **Relationship**

_____
Address **City** **State** **Zip Code** **Phone Number**

Client Signature: _____ **Date:** _____

Case Worker: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Transitional Housing Placement: **Approved** **Denied** **Referred Elsewhere**

Reason for Denial/Referral: _____