

Completed apps may be submitted:



By website/email/fax/drop-off/online

Website: [www.xchangelives.org](http://www.xchangelives.org)

Fax to: 360-397-7477

Mail to: PO Box 1299  
Battle Ground, WA 98604

Drop off: XChange Recovery Center – 21810 NE 37<sup>th</sup> Ave Ridgefield 98642

Phone or email questions to: 360.687.8555 or [info@xchangelives.org](mailto:info@xchangelives.org)

*Please complete this application honestly and thoroughly –  
incomplete applications will not be considered. Program fee required upon entry.*

APPLICATION FOR SUPPORTIVE HOUSING PROGRAM

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Race: \_\_\_\_\_ Gender:  Male  Female

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Treatment/  
Correctional facility: \_\_\_\_\_ Anticipated Release date: \_\_\_\_\_

Counselor’s Name \_\_\_\_\_ Contact Info: \_\_\_\_\_

Last Permanent Address \_\_\_\_\_

Dates lived at this address \_\_\_\_\_

Have you stayed at a shelter in the past 2 years? [ ]yes [ ]no

Name of shelter(s) \_\_\_\_\_

City \_\_\_\_\_ Dates \_\_\_\_\_

Reason(s) you need housing – Check all that apply. Provide explanation when necessary.

Circle primary reason

- [ ] Unemployed
- [ ] Drug/Alcohol Use
- [ ] Domestic Violence
- [ ] Eviction
- [ ] Medical Reason
- [ ] Victim of Crime
- [ ] Other (explain) \_\_\_\_\_
- [ ] Employed (low wages)
- [ ] Mental Illness
- [ ] Family Crisis
- [ ] Legal reason
- [ ] Natural Disaster (fire, etc...)
- [ ] Waiting for assistance from DSHS

How long have you lived in Vancouver? \_\_\_\_\_  
 Are you an American citizen?  Yes  No If no, specify status \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Who should we contact in case of emergency? (please list three)

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

#### FAMILY HISTORY:

Did any of the following occur in your household while you were growing up? (Check all that apply.)

- you were physically abused       household members were frequently involved w/law  
 you were sexually abused       other children in the home were abused/neglected  
 you were emotionally abused       you were chronically truant  
 you were neglected       one or more parents incarcerated  
 your parents were involved in substance abuse  
 family experienced homelessness  
 you were involved in substance abuse  
 household members changed frequently  
 chronic unemployment of adult household members  
 you/family had multiple living situations  
 death of a family member

Who did you live with most often while growing up? \_\_\_\_\_

Do you have siblings? \_\_\_\_\_ # of sisters      \_\_\_\_\_ # of brothers

Please list the relative who lives closest to you (name, relationship, phone number, email address, city and state)

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Briefly describe your family history: (For example, father's or mother's occupation, divorces, supportive parents, abuse [physical or emotional], most positive things about your family, most difficult times for your family, was there any drinking, alcoholism, drug abuse, mental illness or physical illness?)

#### HOUSEHOLD INFORMATION

Are you pregnant?  Yes  No Due Date: \_\_\_\_\_  
 Are you the legal guardian of your children?  Yes  No

Do you have children who do not live with you?  Yes  No  
 (If you have children who do not live with you, please tell us where they are and why they are not with you)  
 Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ Where are they? \_\_\_\_\_ Why not with you? \_\_\_\_\_

Have you ever been married/divorced? (Specify spouse(s) name(s) & marriage/divorce date(s).

Briefly describe reasons for separation/divorce:

Are you anticipating reconciliation?  yes  no

Do you have a significant other?  yes  no

If yes, please provide name & location \_\_\_\_\_

How long have you been in your current relationship? \_\_\_\_\_

How do you identify your sexual orientation? (heterosexual, homosexual, bi-sexual, transgender, questioning, decline to answer) \_\_\_\_\_

CHILD PROTECTIVE SERVICES:

Has Child Protective Services been involved with your family? [ ]yes [ ]no

Date \_\_\_\_\_

Caseworker name & number \_\_\_\_\_

What was the reason for your involvement:

County \_\_\_\_\_ Children removed? \_\_\_\_\_

Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_

Court ordered services \_\_\_\_\_

Mandatory parenting classes? [ ]Yes (Date completed) \_\_\_\_\_ [ ]No

Do you currently have an ongoing CPS case? [ ]Yes [ ]No

DOMESTIC VIOLENCE

Have you ever experienced domestic violence? \_\_\_\_\_

Name of abuser \_\_\_\_\_ When \_\_\_\_\_

Address \_\_\_\_\_

Restraining order in affect? [ ]Yes [ ]No County \_\_\_\_\_

WHO DO YOU USE FOR EMOTIONAL/SOCIAL SUPPORT? (Check all that apply)

- [ ] Mother [ ] Friends [ ] Probation officer
- [ ] Father [ ] Mentor [ ] Counselor
- [ ] Other relative \_\_\_\_\_ [ ] Sponsor [ ] Clergy
- [ ] Social service provider [ ] Other (Specify) \_\_\_\_\_

INCOME INFORMATION

What are your sources of financial support? \_\_\_\_\_

Other? \_\_\_\_\_

Amount per month \_\_\_\_\_

Have you ever used Access to Recovery funds for housing before? (yes/no)\_\_\_\_\_

What other funding have you used for recovery housing before? (please list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you receive any of the following?	YES	NO	Amount	Application/pending date	Have not applied
TANF					
Food Stamps					
ADATSA					
SSI/SSDI/SSA					
GAU/GAX					
Unemployment Insurance					
Child Support					

Case worker \_\_\_\_\_ Phone \_\_\_\_\_

Client ID # \_\_\_\_\_ State \_\_\_\_\_

[ ] Other cash assistance (specify) \_\_\_\_\_

#### EMPLOYMENT HISTORY

Are you currently employed? [ ] Yes [ ] No

Employer name & address \_\_\_\_\_

Hours per week \_\_\_\_\_ Wages \_\_\_\_\_

How long have you been at your current job? \_\_\_\_\_

Are you looking for work? [ ] Yes [ ] No

If no, specify reason \_\_\_\_\_

How long have you been unemployed? \_\_\_\_\_

What type of work are you looking for? \_\_\_\_\_

Please list your last 4 employers:

Employer	Dates of employment	Reason for leaving

Which was your most enjoyable job? Why did you like it?

What is your best job skill?

What are your goals for employment?

#### EDUCATION

Do you have a high school diploma?  Yes  No Year of graduation \_\_\_\_\_

Do you have a GED?  Yes  No

Do you have any college education? \_\_\_\_\_ Degree? \_\_\_\_\_

If yes, name & location of college(s) \_\_\_\_\_

Degree(s) and date(s) received \_\_\_\_\_

Other education? \_\_\_\_\_

Do you have a learning disability?  yes  no  not sure

Are you interested in getting your GED?  yes  no

Do you plan to go back to school or to any other educational institution?  yes  no

If yes, please tell us your plans:

#### SUBSTANCE ABUSE (use back of paper if necessary)

Describe your substance abuse history and how you plan to stay clean and sober:

Do you currently drink alcohol or use drugs? (Specify) \_\_\_\_\_

Date of last use/drink: \_\_\_\_\_

Do you attend 12-step meetings? [ ]Yes – how often \_\_\_\_\_

[ ]No – why not? \_\_\_\_\_

List treatment dates and locations:

**LEGAL HISTORY**

DATE	OFFENSE	OUTCOME (sentence, fines, diversion, drug court, etc...)	Probation/Parole officer's name & number

Please explain your criminal history and describe *what you plan to do differently this time* to avoid further involvement with the criminal justice system?

Do you have any current/pending legal issues or law suits? (list each and current status)

Do you have court/probation/parole requirements? Specify

Do you have legal financial obligations? [ ]Yes [ ]No Amount \$ \_\_\_\_\_

Name of probation Officer: \_\_\_\_\_

If currently incarcerated, what is your release date? \_\_\_\_\_

List incarcerations

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MEDICAL HISTORY

List any current medications (prescription/non-prescription):

Are you on a MAT (Medicated Assisted Treatment) program?

If yes, circle one: Suboxone Vivitrol

Dose? \_\_\_\_\_

Provider: \_\_\_\_\_ Address: \_\_\_\_\_

Doctor: \_\_\_\_\_

Hospitalizations: (briefly describe reason for admission and dates)

List any mental or physical problems that prevent you from working:

MENTAL HEALTH HISTORY

Have you thought of or attempted suicide? [ ]Yes [ ]No

Dates \_\_\_\_\_

Last time you thought about suicide? \_\_\_\_\_

Treatment/hospitalization? (please give dates and briefly describe the situation)



Have you ever seen a counselor for anything? If so , what were you seeing them for?

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Have you ever been diagnosed with any mental health issues? (Depression, anxiety, ADHD, Bipolar, schizophrenia, etc.)

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Are you currently participating in mental health treatment?     Yes     No

Name & location of treatment provider \_\_\_\_\_

Have you ever taken mental health medication(s)? \_\_\_\_\_

What have you taken? \_\_\_\_\_

Are you taking medications currently? \_\_\_\_\_

If yes, please list below:

**TRANSPORTATION:**

Do you have a valid driver's license?     Yes     No

License number & state of issue \_\_\_\_\_

Do you own a vehicle?     Yes     No

Make \_\_\_\_\_    Model \_\_\_\_\_    Year \_\_\_\_\_

Do you have liability insurance:     Yes     No

Name of insurance agent \_\_\_\_\_    Policy # \_\_\_\_\_

If you do not have a valid driver's license, what do you need to do to obtain one?

**RESIDENCES:**

List your residences in the last five years: (begin with most current residence – include address, city, state and length of stay)

- 1.
- 2.
- 3.
- 4.
- 5.

**HOUSING**

Do you plan to stay in Clark County?  Yes  NO If no; why not? \_\_\_\_\_

How did you hear about XChange Recovery? (Check all that apply)

- Shelter provider
- Friends
- Website
- DSHS Agency
- Flyers, brochures
- Other (Specify): \_\_\_\_\_

Do you have friends or family who currently live in XChange Recovery housing or are affiliated with Living Hope XChange Church?

Yes – specify \_\_\_\_\_  No

**GOALS AND OBJECTIVES:**

Briefly describe your goals for yourself and your family:

How do you think XChange Recovery can help you achieve these goals?

**Applicant Certification:**

I certify that the information given to XChange Recovery on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my knowledge and belief. It is further understood I must immediately report changes in household composition or household income to XChange Recovery. It is understood and agreed that failure to report changes, and/or submitting false statements of information, is grounds for termination of tenancy with XChange Recovery.

I have read, or have had read aloud by XChange Recovery staff, and do understand this applicant certification statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

XChange Recovery can only accept completed applications. Please be sure to attach proof of homelessness and income verification. Proof of homelessness can include a letter from a family member or friend stating that you are staying with them temporarily, a letter from shelter staff, or discharge paperwork from a treatment facility or correctional institution. If another person cannot verify homelessness then you must complete the Self Disclosure of Homelessness form in the application packet.

Income verification must be attached. If you have no money and no income, you may complete the Self Disclosure of Income form in the application packet. If you receive income from employment, or any type of government program including TANF, GAU, SSI/SSDI, or Child Support you must attach documentation from your income source

**Re-entry applicants do not need to provide homelessness & income verification**

**XChange Recovery  
Authorization for the Release of Information/Waiver of Liability**

I, \_\_\_\_\_, authorize the release and receipt of information about me including documentation and other materials pertinent to participation in the XChange Recovery programs from the following agencies:

Department of Corrections	Lifeline Connections	Share	Community Services Northwest
DSHS	DCFS	SafeChoice	Open House
CPS	CCSO	CCJC	Clark County Therapeutic Drug Court
			City of Vancouver, Washington
			Columbia River Mental Health

\_\_\_\_\_  
(Current Landlord)

The following is a list of others from whom information may be requested: (Please initial entries)

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

I understand that my information is being secured on database.

\_\_\_\_\_  
**Client initials**

*I agree that photocopies of this authorization may be used for the purposes stated above. This release/waiver shall be valid for one year.*

**I, the undersigned, hereby release XChange Recovery, and all individuals connected with this organization, from any liability for acts performed in assisting and advising me in good faith. XChange Recovery will not be liable for any personal injury or loss of property during my program participation.**

**In signing this release, I recognize that XChange Recovery is a non-profit agency, which is providing a service and assistance to me at my request.**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

XChange Recovery Staff Signature \_\_\_\_\_

Date \_\_\_\_\_