



Date Received: _____

GOOD SAMARITAN SHELTER SERVICES, INC.
Application for Santa Maria Family Shelter

By execution of this application, I hereby apply for membership in the Good Samaritan Shelter Services, Inc. Family Shelter. I provide the following information for use by the Case Managers, staff or agents of Good Samaritan Shelter Services, Inc. for purposes of determining my eligibility and suitability for residential membership. **In order for your application to be considered, the application must be filled out completely and all attachments must be included. Failure to complete the application may cause you to lose your place on the list for availability in the shelter.** Type or print your information. Use additional sheets if necessary. **This application needs to be submitted in-person to the Family Shelter Program Coordinator.**

PERSONAL INFORMATION: 1st adult in household

Name: _____
(last) (first) (middle)

Date of Birth: __/__/__ Sex: Male Female

Social Security No.: _____ Driver's License No.: _____

Phone/home: _____ Work: _____ Cell: _____

Are you currently homeless/without a permanent place to live? __yes __no

Current address: _____
(street) (city) (state) (zip code)

RECOVERY

Are you in recovery? _____ yes _____ no Sobriety Date: _____

If you have been in substance abuse treatment, whether in-patient or out-patient within the last three (3) years, give the name of each program (detox, treatment center, etc), the dates you attended, and the reason for leaving: _____

Are you currently involved in A.A. or N.A.? _____yes _____no
If yes, how many meetings do you attend per week? _____ Do you have a sponsor? _____

INCOME

What is your current source of income? _____ employment _____ disability _____ other: _____
What is your current income per month? Amount: \$ _____
List all other sources and amounts of income: _____
Employers Information: _____ Telephone: _____
Job/ Position: _____ Net income amount: \$ _____
Have you applied for: ___ General relief ___ Disability ___ Unemployment ___ Worker's Comp. ___ SSI

LEGAL INFORMATION:

Are you currently on Probation or Parole? Yes No

Name of P.O. _____ Phone# _____

Do you currently have CWS case? Yes No

Name of case worker? _____ Phone# _____

PERSONAL INFORMATION: 2nd adult in household (If necessary, if only one adult in household leave blank)

Name: _____
(last) (first) (middle)

Date of Birth: ___/___/___ Sex: Male Female

Social Security No.: _____ Driver's License No.: _____

Phone/home: _____ Work: _____ Cell: _____

Are you currently homeless/without a permanent place to live? ___yes ___no

Current address: _____
(street) (city) (state) (zip code)

RECOVERY

Are you in recovery? _____ yes _____ no Sobriety Date: _____

If you have been in substance abuse treatment, wither in-patient or out-patient within the last three (3) years, give the name of each program (detox, treatment center, etc), the dates you attended, and the reason for leaving: _____

Are you currently involved in A.A. or N.A.? _____yes _____no
If yes, how many meetings do you attend per week? _____ Do you have a sponsor? _____

INCOME

What is your current source of income? _____employment _____disability _____other:_____

What is your current income per month? Amount: \$_____

List all other sources and amounts of income: _____

Employers Information: _____ Telephone:_____

Job/ Position: _____ Net income amount: \$_____

Have you applied for: ___General relief ___Disability___Unemployment ___Worker's Comp. ___SSI

LEGAL INFORMATION:

Are you currently on Probation or Parole? Yes No

Name of P.O. _____Phone#_____

Do you currently have CWS case? Yes No

Name of case worker? _____ Phone#_____

CHILDREN:

Child's name: _____ DOB: _____ Who has custody? _____

Child's name: _____ DOB: _____ Who has custody? _____

List the children that will be residing with you: _____

Is there any other important information that we should know? _____

ATTACHMENTS: You must attach the following documents to this application to be added to the waitlist:

1. I.D. and/or Driver's license
2. Proof of income-i.e., employment, CalWorks, SSI, SSDI, General Relief, or other
3. Birth Certificate for adults and children in household
4. CWS Case plan (if applicable)

By signing this you are agreeing that all of the above information you listed is accurate. Should any of this information should change it is your responsibility to contact a staff member and update your application. If you have any questions, please call 805-347-3338 ext. 108

(applicant) (date)

(applicant) (date)