



26W171 Roosevelt Road, PO Box 667  
Wheaton, IL 60189-0667  
Phone (630) 588-9165  
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### Transitional Housing Program Application

Name: \_\_\_\_\_

Current contact address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (date) (year)

#### Financial and Benefits Information

What is your current monthly income? \_\_\_\_\_

Please state your current financial resources: \_\_\_\_\_

\_\_\_\_\_

Do you have healthcare coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the coverage \_\_\_\_\_

Where do you receive healthcare? \_\_\_\_\_

What, if any, current health concerns do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Background Information

Please describe your current living situation:

Have you ever had your own apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the current barriers to having your own apartment? (Please be as clear and detailed as possible. For example, if the reason is financial, please give some detail as to where the current financial barriers are, such as inability to work and why).

Have you ever been diagnosed and/or received treatment for other medical or mental health conditions besides HIV/AIDS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe diagnosis and/or treatment received, including dates:

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe (including dates, sentences):

Do you currently consume alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, on average, how much on a daily basis?

Do you currently use unprescribed drugs, including illegal substances? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe usage:

Please describe your daily diet:

