

The Community Enrichment Center
Open Arms Program
Information Sheet

Transitional Housing Eligibility Requirements

Please check all that apply to you.

DATE: _____

- _____ Have been in an abusive relationship (circle those that apply)
spouse, significant other, parent or other.
- _____ Have already applied for protective order or restraining order.
- _____ Have a valid driver's license.
- _____ You are a legal citizen of the U.S.
- _____ Have a high school diploma? __yes __ no GED? __yes __ no
- _____ Currently employed or enrolled in school?
- _____ Have been to an emergency shelter.
- _____ No drug or alcohol use in last six months. (Drug tests required.)
- _____ Willing to work full time (or part-time work/part- time school) and have children
(if any) attend childcare.
- _____ Willing to follow structured program, live in a community setting, participate in
group therapy, individual counseling, children attend counseling, educational
classes and case management.
- _____ Have no permanent living arrangements.

*Please proceed to the client application **if** you checked at least **eight** of the above
criteria.

If you **do not** meet **eight** of the requirements please fax us this sheet with a number
where you can be reached.

Open Arms Program Fax # 817-238-0456

NAME: _____

PHONE # : _____

CASE MANAGERS NAME _____

Shelter where you are currently living:

Open Arms Program Client Application

Please answer the following questions as completely as possible. The information you provide will help us better serve you and may help determine eligibility requirements.
If you need additional space please write on back of page.

Information provided is confidential.

**Fax completed application and eligibility page to:
Open Arms Program 817-238-0456**

Today's date: _____

How did you find out about Open Arms Program? _____

General Information About Yourself

FULL NAME: _____ DOB: _____ AGE: _____

Phone # you can be reached at: _____ Cell # _____

Where are you currently living? _____ For how long? _____

Please list previous residences for five years:

Address	Date	Reason for moving
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your race or ethnicity: _____

Do you have any handicaps or disabilities? yes no If yes, please describe the nature of them. _____

Date of last medical check-up or exam: _____

Are you currently taking any prescription meds? yes no If yes, please complete.

Medication for the treatment of:

Are you pregnant? yes no If yes, due date? _____
If yes, are you currently receiving prenatal care? yes no
Have you ever received any treatment for any mental health diagnosis (depression, anxiety etc.)? yes no If yes, please explain and list dates:

Have you had any past treatment for alcohol or substance abuse? yes no If yes, please specify dates and facility or treatment received.

Date Facility

When is the last time you used drugs or alcohol? Date: _____

Will you need any type of addiction counseling yes no
If drug tested, will you test positive? yes no If yes, Why and for what?

Employment

Are you currently employed? yes no

Employer: _____ Address: _____

Phone # _____

Your position: _____ Wage: _____

How long have you worked there? _____

If you are not employed are you seeking employment? yes no If so, Where and what type? _____

Please list past employment:

Employer	Company Position	Start / end dates	Reason left
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Your Spirituality

Describe your faith background: _____

Education / Training / Skills

What is the highest grade you have completed in school? _____ GED? __ yes __no
Years of College completed: _____

Do you have any special skills training? __ yes __ no
If yes, explain: _____

What type of education or special skills would you like to obtain? _____

Transportation

Do you have a current driver's license? __yes __no
Drivers License # and state issued: _____
Do you own a car? __yes __no if yes, are the tags and inspection current? __yes __no
Do you have auto insurance? __yes __no
Your car make, model & year: _____
Tag # _____ Car color _____

Your Support System

Relative or friend (not living with you) who will always be able to locate you:
Name: _____ Relationship: _____
Phone _____
Address: _____ City, St., Zip: _____

List names of parents, siblings and other supportive relatives and friends:
Relationship Name Phone Address

Describe your relationship with your parents.

Your Children

If you have minor children please complete below information.

CHILDS FULL NAME AGE DOB M/F FATHERS NAME

Where do they attend school / daycare?

Do any of your children have any handicaps or disabilities? yes no

If yes, please explain including Childs name:

Do any of your children need glasses? yes no Special dental care? yes no

List any other special medical or other needs your children may have.

Is your abuser the parent of any of these children? yes no name the children? _____

Is there a divorce decree, child support order, or any other court order that affects any of your children, even if the abuser is not the parent? yes no

Your Relationship With The Abuser

Name of person who abused you: _____

What is your relationship to this person? (Check one only.)

- Married and living together
- Separated, not divorced
- Divorced
- Living together, not married
- Used to live together
- Never married
- Related by blood
- Related by marriage
- Biological parents of same child
- Other, please specify _____

Does the abuser know where you are currently living / residing ? yes no

Does the abuser know where you work / attend school? yes no

If you were ever married to the abuser, where and when were you married?

Place: _____ Date: _____

Have either you or your spouse filed for divorce? yes no

If yes, when? _____ What state? _____ Country? _____

When did you meet this person? _____

When did you begin living with this person? _____

When did you stop living with this person? _____

While you were living together, did you ever separate from this person? yes no

For how many times? _____ For how long? _____ Why?

Have you ever been granted a protective order against this person before? yes no

Do you have an emergency protective order? yes no

How many times you been abused in this relationship? _____

How many times have you left the current abuser? _____

When was the LAST time this person abused you? Date: _____ Place: _____

Were you injured? yes no If yes please check injuries incurred. Bruises/cuts
 Sprains/dislocations Broken bones Head injuries Burns Internal bleeding
 Miscarriage Other

Were the police called? yes no

Briefly describe the last incidence of abuse:

What kind of verbal and/or emotional abuse has occurred in this relationship?

- Threatened to kill you, family or friends.
- Intimidated you through actions, facial expressions or tone of voice.
- Insulted, humiliated, degraded you.
- Controlled where you go, whom you see or talk to, etc.
- Discounted your accomplishments or strengths.
- Made you ask for money and/or explain how your money was spent.
- Treated you like a slave or servant: demanded to be waited on.
- Insisted on final say in all decisions.
- Threatened to harm or kill self.
- Threatened to take children away.
- Destroyed personal property.
- Other Please list: _____

What kind of physical abuse has occurred in this relationship?

- Slapped Kicked Burned Punched Choked Bit you Confined or held against your will
- Used weapon or object
- Shoved/threw you around
- Threw things at you
- Pulled your hair
- Prevented you from getting health care or taking medication
- Does this person use weapons or objects? yes no
- Other: _____

Has there been any sexual abuse? yes no If yes, please describe briefly:

Has this person ever abused any of your children? yes no If yes, complete the following

:

Name of child: _____

Type of abuse: _____

Date: _____

Describe specifically what happened: (please, use the back of this page.)

Has Child Protective Services ever been notified? yes no

Name of Case Worker: _____ Phone # _____

Have the police been notified or criminal charges filed? yes no

Information About Your Abuser

Abuser's full name: _____

What name does abuser go by? _____

DOB: _____ Age: ____ S.S. # _____ DL. # _____

Abuser's occupation: _____ Is abuser currently employed? __ yes __ no

Employer: _____ City / State _____

Physical description of abuser:

Height: _____ Weight _____ Race _____ Hair color _____ Eye color

Glasses? __ yes __ no Beard __ Mustache _____

Please describe any tattoos, scars or piercings if any. _____

What kind of vehicle does this person drive? Model _____ Make _____

Year _____ Color _____ License plate # _____

Is this person currently on parole or probation? __ yes __ no If yes, state and briefly describe offense. _____

Does this person have a criminal record? __ yes __ no

Is this person incarcerated? ____ yes __no

Do you know about the Vine System? __ yes __ no

Does the abuser have a history of stalking you or any other persons? ____ yes ____ no

Does this person own any guns? __ yes __ no

Does this person have access to any guns? __ yes __ no

Does this person have a history of any mental health diagnosis? __ yes __ no

If yes, specify: _____

Does this person have a history of substance / alcohol abuse? __ yes __ no

If yes, please specify: _____

Sources of Income and General Financial Information

Please list monthly income: List monthly expenses

Wages _____	Car pymt. _____
TANF _____	Car ins. _____
Child support _____	Credit cards. _____
SS _____	Phone bill: _____
SSI _____	Daycare : _____
Food stamps _____	Medical/Dental _____
Unemployment _____	Other: _____
Medicaid _____	Other: _____
WIC _____	Other: _____

Please list all past and outstanding financial obligations and debt, and any credit issues that need to be

resolved. (Example: Credit cards, tickets, fines, delinquent phone and utility bills...)

1 _____ \$ _____	4 _____ \$ _____
2 _____ \$ _____	5 _____ \$ _____
3 _____ \$ _____	6 _____ \$ _____

Have you applied for or are you currently receiving C.C.M.S.? yes no

Have you applied for Victims Assistance ? yes no

Back ground checks are performed on accepted applicants, answering the below questions will not disqualify you from being accepted into our program. It is used to form a treatment plan.

Have you ever been arrested? yes no If yes, explain: _____

Do you have any outstanding tickets or warrants? yes no
If yes, explain:

Write a realistic paragraph of what your life will be like in two years if you stay in an abusive relationship.

Write a realistic paragraph on what your life will be like in two years if you choose to make changes. Also describe what steps you need to take in order to reach the type of lifestyle you desire.

CONFIDENTIALITY

The information disclosed in the application and information gained through interviews and conversations with you are available only to the Open Arms Program staff **unless you give written consent** for releasing that information to another person **unless required by law.**

Please read and sign the following:

I state that the information given here is the truth. I understand that if I am chosen to enter the program, I will have to submit to a urine drug screen and criminal and criminal background check. I understand that there is no contract with Open Arms Program to provide services to me and that I may leave at any time or may be asked to leave at any time with due cause.

Signature: _____ Date: _____

In order for Open Arms Program to provide services we will need to talk with your case manager at the emergency where you are now residing at the shelter where you are residing. Please complete the information release form below:

I, _____, hereby give my permission to my current Case Manager _____ to release any and all information from my records to Open Arms Program.

Signature: _____ Date: _____

Created by: Open Arms Program, with special acknowledgment to Tarrant County Office of the Criminal District Attorney: Protective Order Unit