|  |  |  |
| --- | --- | --- |
| Application Date: |  |  |

At Keyway, we are committed to empowering program participants by providing the tools and resources aimed at reaching their goals, including financial, emotional, and housing security. We understand that women who are involved in the criminal justice system often encounter obstacles that can make a successful return to the community incredibly challenging. Please complete the following application to the best of your ability. If you need assistance, please call 314-771-5207.

# ***Personal Information***

|  |  |
| --- | --- |
| Full Name: |  |

(First, Middle, Last)

|  |  |  |  |
| --- | --- | --- | --- |
| Maiden Name: |  | Alias/Nickname: |  |
| DOB: |  | Inmate ID # (if applicable): |  |
| Phone: |  | Email Address: |  |
| Current Address: |  |
| City: |  | State: |  | Zip: |  |
| Is this your mailing address? | [ ]  Yes [ ]  No |
| If no, please provide your mailing address (post-release if currently incarcerated): |
| Address: |  |
| City: |  | State: |  | Zip: |  |

## ***Racial Identity (check all that apply):***

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Black/African American | [ ]  White/Caucasian | [ ]  Hawaiian/Pacific Islander | [ ]  Asian |
| [ ]  Native American/Alaskan Native | [ ]  Other: |  |
| [ ]  Prefer not to disclose |  |

## ***Ethnicity:***

|  |  |  |
| --- | --- | --- |
| [ ]  Hispanic/Latinx | [ ]  Non-Hispanic/Latinx | [ ]  Prefer not to disclose |

## ***Gender Identity:***

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Woman | [ ]  Transgender Woman | [ ]  Transgender Man | [ ]  Gender Variant/Non-Conforming |
| [ ]  Other: |  |  |

## ***Pronouns:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  She/her/hers | [ ]  He/him/his | [ ]  They/them/their | [ ]  Other: |  |

## ***Military Service:***

|  |  |  |  |
| --- | --- | --- | --- |
| Are you a veteran? | [ ]  Yes [ ]  No | Service Dates? |  |
| Type of discharge: |  |

# ***Housing***

|  |  |
| --- | --- |
| Are you currently incarcerated? | [ ]  Yes [ ]  No |
| If yes, what facility? |  |  |
| Do you have an approved home plan? | [ ]  Yes [ ]  No |
| *Please describe your home plan, if applicable:* |  |
|  |  |

## ***If not currently incarcerated, answer the questions in this section:***

***Current residence is: (type of residence)***

|  |  |  |
| --- | --- | --- |
| [ ]  Owned Home/Mortgage | [ ]  Rental | [ ]  Homeless |
| [ ]  Transitional/Recovery Housing | [ ]  Temporary Shelter |  |

***Current household makeup (check all that apply): (who lives in your household)***

|  |  |  |
| --- | --- | --- |
| [ ]  With a Friend/Non-Family Member | [ ]  With a Relative | [ ]  With Spouse or Partner |
| [ ]  Live alone | [ ]  Other |  |

|  |  |
| --- | --- |
| Is your current housing situation stable? | [ ]  Yes [ ]  No |
| Do you feel unsafe in your current home? | [ ]  Yes [ ]  No |
| Is there violence or substance use in your home? | [ ]  Yes [ ]  No |
| Are you at risk of losing your current housing? | [ ]  Yes [ ]  No |
| *Please explain any yes responses:* |  |
|  |

## ***All Applicants, answer the following questions:***

|  |  |  |
| --- | --- | --- |
| Zip code of last permanent address: |  |  |
| Have you ever been evicted? | [ ]  Yes [ ]  No |
| Do you have any outstanding utility bills? | [ ]  Yes [ ]  No |
| Do you have a pending eviction? | [ ]  Yes [ ]  No |
| *Please explain any yes responses:* |  |
|  |
| ***If you are accepted and complete Keyway’s Transitional Housing Program, where would you seek permanent housing?*** (check all that apply) |
| [ ]  St. Louis City | [ ]  Other city in Missouri |
| [ ]  St. Louis County | [ ]  Other state |

# ***Justice Involvement***

|  |  |
| --- | --- |
| Most recent justice involvement: | [ ]  current [ ]  within 6 months [ ]  within 1 year [ ]  over 1 year ago [ ]  never |
| Have you ever been to jail? | [ ]  Yes [ ]  No | Have you ever been to prison? | [ ]  Yes [ ]  No |

## ***If previously or currently incarcerated:***

|  |  |  |  |
| --- | --- | --- | --- |
| Intake date of most recent incarceration: |  | Release date: |  |
| Location of most recent incarceration: |  |
| Do you have any pending legal issues or active warrants? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| ***List Current/Pending charge(s):*** |  | ***Date of Charge*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| ***List Previous charge(s):*** |  | ***Date of Charge*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## ***What is your current legal status? (Check all that apply)***

|  |  |  |
| --- | --- | --- |
| [ ]  On State Probation/Parole | [ ]  Mental Health Court | [ ]  Domestic Violence Court |
| [ ]  Drug Court | [ ]  Pre-Trial | [ ]  Diversion | [ ]  Incarcerated |  |
| [ ]  On Federal Probation | [ ]  On Federal Parole | [ ]  None |  |  |
| Probation/parole officer: |  | Phone: |  |
| Supervision start date: |  | End Date: |  |
| Case Worker: |  | Phone: |  |
| Counselor: |  | Phone: |  |
| Attorney: |  | Phone: |  |

# ***Medical/Mental Health Information***

|  |  |
| --- | --- |
| Do you have any diagnosed medical conditions? | [ ]  Yes [ ]  No |
| Do you have any diagnosed mental health conditions? | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Diagnosis/Condition*** |  | ***Type of Treatments Received*** | ***When Received*** |
|  |  |  | [ ]  Past [ ]  Current |
|  |  |  | [ ]  Past [ ]  Current |
|  |  |  | [ ]  Past [ ]  Current |
|  |  |  | [ ]  Past [ ]  Current |

|  |
| --- |
| ***List all current prescription medications:*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## ***Substance Use***

|  |  |
| --- | --- |
| Do you, or have you ever, had a substance use disorder? | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| ***Substance(s) of Choice:*** | ***Duration of Use:*** | ***Date of Last Use:*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## ***Disability Benefits***

|  |  |
| --- | --- |
| Are you disabled? | [ ]  Yes [ ]  No |

## ***If yes, what is the current status of your disability benefits?***

|  |  |  |
| --- | --- | --- |
| [ ]  Have not yet applied  | [ ]  Application submitted pending decision  | [ ]  Application denied  |
| [ ]  Application denied pending appeal  | [ ]  Pending reinstatement post-incarceration |
| [ ]  Currently receiving (list amount): | $ |  |

|  |  |
| --- | --- |
| Benefits Type: | [ ]  SSI [ ]  SSDI |

# ***Employment***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ever employed? | [ ]  Yes [ ]  No | Worked in past year? | [ ]  Yes [ ]  No | Currently employed? | [ ]  Yes [ ]  No |
| Are you able to work? | [ ]  Yes [ ]  No |  |  |  |

# ***Income***

***Sources of Income (check all that apply):***

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Wages/salary  | [ ]  Self-employment  | [ ]  Social security  | [ ]  Disability |
| [ ]  Retirement/survivors pension  | [ ]  Supplemental Security Income  | [ ]  TANF  | [ ]  SNAP  |
| [ ]  Child support | [ ]  Alimony  | [ ]  Family/friends  |  |
| [ ]  Workers’ comp | [ ]  Unemployment  | [ ]  VA payments  |  |

|  |  |
| --- | --- |
| Monthly Income Amount: | $ |

# ***Children***

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have children? | [ ]  Yes [ ]  No | If yes, are any under age 18? | [ ]  Yes [ ]  No |
| Do you have contact with your children? | [ ]  Yes [ ]  No | Is it possible that you are currently pregnant? | [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| If under 18, who is caring for your children at this time? | [ ]  Me | [ ]  Other Parent | [ ]  Partner |
| [ ]  Relative | [ ]  Friend | [ ]  Children’s Division/Foster Care | [ ]  Other: |  |
| Will you be working towards reunification with your children? Are you expecting to have overnight visits? | [ ]  Yes [ ]  No |
| Will your children be living with you during your time in our program? | [ ]  Yes [ ]  No |

# ***Services***

***What services are you interested in receiving? (check all that apply)***

[ ]  Transitional Housing (Baker House, Schirmer House)

[ ]  Recovery/Sober Living Housing (Sharon House)

[ ]  Finding Independent Housing in the community

[ ]  Case Management Services

[ ]  Vocational/Employment Services

[ ]  Skill Building/Life Skills Services

[ ]  Behavioral Health Services (counseling/therapy)

[ ]  Substance Use/Recovery Support (SMART Recovery/Mindfulness Based Sobriety/Peer Support groups)

## ***How did you hear about Keyway?***

|  |  |  |
| --- | --- | --- |
| [ ]  MO Probation/Parole Officer | [ ]  Federal Probation Officer | [ ]  STL City Justice Services |
| [ ]  STL County Justice Services | [ ]  Treatment/Case Management Provider: |  |
| [ ]  Other: |  |

# ***Goals***

***What are the goals you want to work toward? (please list at least 2)***

|  |  |
| --- | --- |
| 1. |  |
|  |  |
| 2. |  |
|  |  |
| 3. |  |
|  |  |
| 4. |  |
|  |  |

|  |  |
| --- | --- |
| ***What expectations do you have of Keyway?*** |  |
|  |
|  |

# ***Additional Information***

|  |
| --- |
| ***Is there any additional information you would like us to know when reviewing your application?***  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# ***Response to Application***

|  |
| --- |
| ***How would you like to receive your response to your application?*** |
| [ ]  send to mailing to address listed above  | [ ]  email to address listed above  |
| [ ]  send to designated individual (provide name and contact information): |
|  |
|  |

# ***Disclosure***

*Some information collected is used for data tracking purposes and will not be considered in determining your eligibility for our programs.*

# ***Acknowledgements***

*By checking the boxes below, you are verifying you have read, understand, and agree to the corresponding section.*

|  |
| --- |
|[ ]  I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Action of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. |
|[ ]  I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if admitted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the contacts listed within to give you any pertinent information they may have. Keyway is authorized to use this information, and to share this information with other authorized individuals or entities identified within, to the extent necessary to determine program eligibility and/or placement. |
|[ ]  I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., providing treatment, communicating with probation/parole, etc.). This Authorization for the Release of Confidential Information shall become effective on the date of execution of my signature below and shall remain valid for one year from the date signed or six months following discharge from Keyway services, whichever is later. |
|[ ]  I understand that Keyway may not be able to continue to provide me services if I refuse to consent to a disclosure that is critical to Keyway’s ability to provide those services. |
| Signature:  |  | Date:  |  |

# ***Return Completed Application To:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Mail:** | **Applications****Keyway Center****7716 S. Broadway****St. Louis, MO 63111** | **Email:** | **applications@keywaycenter.org** |