



The Launch Pad Foundation
Transitional Housing Application

Please note: Incomplete applications will not be processed.
Please make sure to answer all questions as thoroughly as possible to the best of your ability.

Name: Today's Date:

Street Address: City, State, Zip:

Date of Birth Age Length of Time at Address

Telephone #(s): Email Address:

Is it OK to call? YES NO

Is it OK to leave message? YES NO

Are you a US Citizen? YES NO

Marital Status: Single Married Separated Divorced Widowed

RACE White Black Asian Native America Other

Ethnic Background Hispanic Non-Hispanic

Total # of Children: Total # of Children Living with You:

Are you currently pregnant? YES NO Anticipated Due Date:

Have You Participated in Similar Housing Before? YES NO

If Yes, Please List Program and Dates: (group home, transitional housing, shelter, etc.)

How did you hear about The Launch Pad Foundation? (agency, friend, online, etc.)

EMERGENCY CONTACT INFO

Name: Address, City, State:

Relationship to You: Contact Phone:

Is there anyone you wish we NOT contact or leave a message with? YES NO

If Yes, Please List



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CHILDREN

Child Name: (First, Last)	Date of Birth	Age:	Race W-white B-Black N-Native American A-Asian O- Other	School status (home, daycare, grade)	Social Security # (last four)	Father's Name	DFCS case worker name & dates of involvement If none- list n/a	Who does the Child currently live with?

EMPLOYMENT (From most recent to past):

Employer/Address	Position	Amount per hr.	Start/End Dates	Reason for Leaving

EDUCATION (From most recent to past):

Name of School/City (Latest first)	Dates Attended	Highest Level of Education Completed (Degree. Grade level, etc.)	Course of Study

Have You ever Defaulted on a Student Loan? YES ____ NO ____

Have you ever been diagnosed or suspected to have a learning disability? YES ____ NO ____

If Yes, what is the disability _____



The Launch Pad Foundation Transitional Housing Application

TRANSPORTATION

Do you have a valid driver's license? YES ___ NO ___

If no, please explain: _____

Which State? _____

Do you own a car? YES ___ NO ___

License Plate # _____

Make _____ Color _____ Model _____ Year _____

Is it registered in your name? YES ___ NO ___

Do you have auto insurance? YES ___ NO ___

HOUSING

Please List Last Three Addresses (not including your current address)	Length of Time:	Amount of Rent Paid:	Reason for Leaving

CRIMINAL HISTORY INFORMATION

Have you ever been arrested/ convicted of a **crime**? YES ___ NO ___

If Yes, Please Explain:

Were the charges dropped YES ___ NO ___

Have you ever been convicted of a felony? YES ___ NO ___

If Yes, Please Explain:

Where & When did you serve time in jail?

Do you have a parole or probation officer? YES ___ NO ___

If Yes, Please List Name & Contact #: _____

Length of Time Remaining: _____



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Is there currently a restraining order *on/against you*? YES ___ NO ___

If Yes, Please List Name & Contact #: _____

Describe: _____

Do you currently have a restraining order in place *on/against someone*? YES ___ NO ___

If Yes, Please List Name & Contact #: _____

Describe: _____

Are you or have you ever experienced domestic violence or sexual assault against you? YES ___ NO ___

MEDICAL HISTORY-SELF

Do you have medical insurance? YES ___ NO ___

Insurance Co. Name _____

Primary Care Physician _____ Phone Number _____

Address _____ Date of Last Physical: _____

OB/GYN _____ Phone number _____

Address _____ Date of Last Visit _____

Please list any present health concerns: _____

Please list any prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs:

Medication	Dosage as Prescribed	Start Date	Reason for Medication

MENTAL HEALTH

Are you or have you ever been involved in any counseling or therapy? ___ Yes ___ No

Name of Therapist: _____ Phone Number: _____

Address: _____ Dates: _____



The Launch Pad Foundation Transitional Housing Application

Name of Psychiatrist: _____ Phone Number: _____

Address: _____ Dates: _____

Are you or have you ever been diagnosed with a mental illness? YES ___ NO ___

Diagnosis: _____

Have you ever been hospitalized for mental health? YES ___ NO ___

Date of Hospitalization	Reason	Outcome

SUBSTANCE/ALCOHOL HISTORY

Are you or have you ever used any narcotic or illegal drug including marijuana? YES ___ NO ___

If yes, list drug of choice and last time used: _____

Have you ever been treated for substance or alcohol abuse? YES ___ NO ___

If yes, list dates of Treatment: _____ Successfully graduate? YES ___ NO ___

Are you in recovery? YES ___ NO ___

If so, how long have you been in recovery? _____

Do you currently have a sponsor? YES ___ NO ___

Name Sponsor: _____

Are you currently drinking alcohol? YES ___ NO ___

How many drinks do you have in a week? 1-4 drinks ___ 5-8 ___ 9-12 ___ over 12/week

Are you currently taking Soboxian or methadone? YES ___ NO ___



The Launch Pad Foundation Transitional Housing Application

CHILDREN - MEDICAL HISTORY

Child's Name	Age	Up to date immunization	Name & Address of Pediatrician	Date of last child visit	If the child is receiving any therapeutic supports. (Occupational, speech, etc.) If yes, please list dates & provider	List any health concerns or dates of any hospitalizations

Please list any prescription and non-prescription medicines, vitamins, home remedies, herbs: (please use back side if necessary)

Child's Name	Name of Medication	Dosage	Name of Physician Who Prescribed:	Length of Time on Medication (# of months/years, etc.)	Purpose for Medication

SUPPORTS (please use other side if needed)

Who do you consider are supports in your life? (parents, siblings, friends, etc.)

Describe the relationships you have and/or have had with child(ren) father(s) (good and bad)

PARENTING (please use other side if needed)

What do you think are your strengths as a parent? _____



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What do you think you could improve upon in your parenting? _____

Have you ever attended a parenting group, course or have had individual parenting assistance?

YES ____ NO ____

If so, please list dates and where: _____

Do you have a current religious or spiritual practice or preference? YES ____ NO ____

Please list: _____

What are your specific education/career goals? _____

FINANCIAL:

The program requires an ability to pay monthly rent of \$85 while in residence at The Launch Pad. It also requires you to have the Georgia Power Bill transferred in your name within the first week of move in

Do you have the ability to pay the rent and have the electric bill transferred in your name? _

YES ____ NO ____

What does self-sufficiency mean to you? _____

List some of the reasons why you would like to be in our program, in priority order:

1. _____

2. _____

3. _____



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The Launch Pad Foundation does not discriminate against any applicant based on race, color, religion, creed, national origin, or sexual orientation.

If you are currently working with any city or town welfare department please realize we will give them any information they request, relating to your application during the intake process.

The information I, _____ provided The Launch Pad Foundation. is true, accurate, and honest. If any information that I have provided as actual and truthful is indeed false and untrue and has been deliberately lied about by myself, TLP may ask me to leave the program immediately. I also absolve TLP from any liability of any actions they may take based on this information that I have provided as truth.

Applicant Signature Date

I, _____ give The Launch Pad Foundation permission to speak to the individuals/companies listed in this application for the purposes of gaining more information and verification to make an informed decision about my possible entry into the program.

Applicant Signature Date



The Launch Pad Foundation Transitional Housing Application

INCOME			
Salary/earnings		SSDI	
TANF		SSI	
Worker's Comp		Unemployment	
Child Support		Other	
Alimony		Other	
Food Stamps			
		TOTAL MONTHLY INCOME	\$
EXPENSES			
Housing Expenses		Personal Expenses	
Rent		Medications/Vitamins	
Electric		Child Care	
Gas		Hair/Nails	
Home Phone		Church Donations	
Cell Phone		School lunches	
Cable		Clothing	
Total	\$	Cigarettes	
		Recreation (fast food, movies, etc.)	
Household Expenses		Rent to Own	
Food		Credit Cards	
Toiletries		Child Support	
Diapers/Wipes		Other:	
Laundry		Other:	
Total	\$	Other:	
		Total	\$
Transportation		Outstanding Debt:	
Car Payment		Back Rent Due	
Gasoline		Electric	
Car Insurance		Gas	
Car Registration		Cell Phone	
Maintenance		Child Care	
Bus/Taxi		Student Loan in Default	
Total	\$	Total	\$
		TOTAL MONTHLY EXPENSES	\$



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Name: _____ Today's Date: _____

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Telephone #(s): _____ Email Address: _____

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Are you a US Citizen? YES ___ NO ___

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

RACE White ___ Black ___ Asian ___ Native America ___ Other _____

Ethnic Background Hispanic _____ Non-Hispanic _____

Total # of Children: _____ Total # of Children Living with You: _____

Are you currently pregnant? YES ___ NO ___ Anticipated Due Date: _____

Have You Participated in Similar Housing Before? YES ___ NO ___

If Yes, Please List Program and Dates: (group home, transitional housing, shelter, etc.)

How did you hear about The Launch Pad Foundation? (agency, friend, online, etc.)

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YES ____ NO ____

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		TOTAL MONTHLY INCOME	\$
EXPENSES			
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Gas		Hair/Nails	
Home Phone		Church Donations	
Cell Phone		School lunches	
Cable		Clothing	
Total	\$	Cigarettes	
		Recreation (fast food, movies, etc.)	
Household Expenses		Rent to Own	
Food		Credit Cards	
Toiletries		Child Support	
Diapers/Wipes		Other:	
Laundry		Other:	
Total	\$	Other:	
		Total	\$
Transportation		Outstanding Debt:	
Car Payment		Back Rent Due	
Gasoline		Electric	
Car Insurance		Gas	
Car Registration		Cell Phone	
Maintenance		Child Care	
Bus/Taxi		Student Loan in Default	
Total	\$	Total	\$
		TOTAL MONTHLY EXPENSES	\$



Photo Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to The Launch Pad Foundation, INC, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to:

(a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

(b) Permission to use my name; and

(c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

Name: _____

Signature: _____

Address: _____

Date: _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian: _____ Print Name: _____

The following is required if the consent form must be read to the parent/legal guardian:
I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Date

Signature of Organizational Representative or Community Leader



Photo Consent and Release Form

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Name: _____

Signature: _____

Address: _____

Date: _____

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Signature of Parent
or Legal Guardian: _____ Print Name: _____

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