



First Fruit
MINISTRIES

Application for Residency

This application is for all supportive housing programs serving people experiencing homelessness or human trafficking.

First Fruit Ministries
2750 Vance Street
Wilmington, NC 28412
Phone 910.794.9656
Fax 910.794.9657

_____/_____/_____
(Office Only) HMIS # (Office Only) Start Date (Office Only) Program Assignment

_____/_____/_____
First Name Middle Name Last Name Date of Application

_____/_____/_____
Age Date of Birth Social Security Number Your Phone Number

Other Contact Phone Number Email Address @

Who are you applying for? ☐ Just yourself ☐ You and your family member(s)

Have you read our Program Guidelines? ☐ Yes ☐ No *If no, please do so.*

Please answer every question in full. Incomplete applications will not be considered.

About You

Your Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Your Gender: ☐ Female ☐ Male ☐ Transgender

Your Primary Race (Check only one):

- ☐ American Indian or Alaskan Native ☐ White ☐ Asian
☐ African American or Black ☐ Native Hawaiian or other Pacific Islander

Your Secondary Race (Check only one and only if multi-racial):

- ☐ American Indian or Alaskan Native ☐ White ☐ Asian
☐ African American or Black ☐ Native Hawaiian or other Pacific Islander

Ethnicity (Check only one):

- ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Are you a veteran? ☐ Yes ☐ No

Have you ever served in the military? ☐ Yes ☐ No

Have you ever served in a war zone? ☐ Yes ☐ No

Do you receive Veterans benefits? ☐ Yes ☐ No Monthly Amount: \$_____

Please tell us the full name, address, and phone number of your Next-of-kin:

Please tell us the full name, address, and phone number of your emergency contact:

Your Driver License or State ID Number: _____ **State-Issued:** _____ **Is it valid?** ☐ Yes ☐ No

Your Current Living Situation

Approximate Date your Homelessness Started

Where did you sleep last night? _____, _____, _____, _____
 Shelter or Street Address City State Zip Code

Where are you sleeping now? (Check one)

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Foster care home or group home
- ☐ Hospital or other non-psychiatric mental facility
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing facility
- ☐ Owned place, no with ongoing housing subsidy
- ☐ Owned place, with ongoing housing subsidy
- ☐ Permanent supportive housing for formerly homeless persons (CoC project, HUD program, HOPWA PH)
- ☐ Place not meant for human habitation (vehicle, outside, abandoned building, bus/train station)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Rental place, no ongoing housing subsidy
- ☐ Rental place, with other ongoing housing subsidy
- ☐ Rental place, with VASH subsidy
- ☐ Rental place, with GPD TIP subsidy
- ☐ Halfway house with no homeless criteria
- ☐ Safe Haven
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional housing for homeless persons
- ☐

Other:

How long have you been staying where you are now?

- ☐ 1 day or less
- ☐ 1 to 3 months
- ☐ 2 days to 1 week
- ☐ More than 3 months, but less than 1 year
- ☐ More than 1 week, but less than 1 month
- ☐ 1 year or longer

Is homelessness due to a natural disaster?

- ☐
- Yes
- ☐
- No

What was your last permanent address?

(permanent means you lived there 90 days or longer)

Street Address

City _____ County _____

State Zip Code

Have you lived at First Fruit Ministries before?

- ☐ Yes ☐ No *If yes, what dates?*

Including now, how many times in the past 3 years have you been homeless (in a place not meant for human habitation, or an emergency shelter, or a safe haven)?

- ☐ Never in 3 years
- ☐ This time only
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times

In the past 3 years, how many months have you been homeless?

months

Please tell us briefly a little more about what has happened in the recent past that has led to you being homeless.

Your Health History

Are you a domestic violence victim/survivor? ☐ Yes ☐ No *If yes, when did the experience occur?*

- ☐ Within the past 3 months
- ☐ 6 months to one year ago
- ☐ 3 to 6 months ago
- ☐ 1 year ago or more

Are you currently fleeing or attempting to flee a domestic violence situation? Yes ☐ No ☐

If yes, do you have a restraining order? ☐ Yes ☐ No

Does the person know where you are? ☐ Yes ☐ No

Name/description of person involved: _____

Does anyone have a restraining order against you? ☐ Yes ☐ No *If yes, who, and for what reason?*

Have you ever worked [or done other activities] without getting the payment you were promised?

☐ Yes *If yes, please answer the 5 questions below*

☐ No *If no, skip to pg. 4*

1. Was it the same work you described above? ☐ Yes ☐ No

2. What kind(s) of work or activities were you doing?

3. What payment did you expect and why?

4. What did you receive?

5. Did anyone where you worked [or did other activities] ever hurt you or threaten to hurt you?

☐ Yes ☐ No *If yes, could you tell me what they did or said?*

Do you have any Special Needs or disabilities? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> A. Physical Disability | <input type="checkbox"/> F. Mental Health Problem |
| <input type="checkbox"/> B. Developmental Disability | <input type="checkbox"/> G. Alcohol Abuse |
| <input type="checkbox"/> C. Chronic Health Condition | <input type="checkbox"/> H. Drug Abuse |
| <input type="checkbox"/> D. HIV/AIDS | <input type="checkbox"/> I. Both Alcohol and Drug Abuse |
| <input type="checkbox"/> E. Learning/Reading/Writing Difficulties | <input type="checkbox"/> J. Pregnant? Due Date _____ |

If you have any physical disabilities please tell us about them and include the month/year they started:

Have you received disability determination? ☐ Yes ☐ No *When?* _____

Have you applied for disability determination? ☐ Yes ☐ *When?* _____

If you have any developmental disabilities please tell us about those: _____

Have you been diagnosed with a mental health disorder? ☐ Yes ☐ No *What is your diagnosis?* _____

Are you currently seeing a mental health professional? ☐ Yes ☐ No *Who is that and when was your last visit?* _____

Has the use of alcohol ever resulted in a life problem (DUI, hurt relationships, lost jobs, etc.?) ☐ Yes ☐ No

Are you an alcoholic? ☐ Yes ☐ No

Has the use of illegal drugs or substances like Spice ever resulted in a life problem? ☐ Yes ☐ No

Please tell us which drugs and when you used them.

What is the date you last had an alcoholic drink, use an illegal drug, or substance like Spice? _____

How old were you when you started drinking and/or taking drugs? _____

If alcohol or drugs have resulted in life problems, are you currently going to AA or NA meetings? ☐ Yes ☐ No

Do you have a sponsor? ☐ Yes ☐ No

Are you working the steps? ☐ Yes ☐ No

Please list all medications you are currently taking and what they are for: _____

Are you currently or have you previously received in or out patient treatment for addiction or mental health needs?

☐ Yes ☐ No *What types of out-patient services, when, and through what agency?*

If you have health insurance, what type and which company? _____

Do you receive Medicaid? ☐ Yes ☐ No

Do you receive Medicare? ☐ Yes ☐ No

Please list which agencies are currently providing supportive service (i.e., job search, mental health) to you and what kind of service they are providing.

Criminal History

Have you ever served time in jail/prison? ☐ Yes ☐ No

If yes, please tell us the dates, where you served and what your conviction(s) were for: _____

Are you currently on probation? ☐ Yes ☐ No

If yes, for what reason? _____

Name of and phone number for your probation officer: _____

Do you have any current charges pending? ☐ Yes ☐ No

If yes, what are they for? _____

Employment History

What is your highest level of education?

Did you obtain a: GED ☐ or ☐ High School Diploma ☐ ? If yes, please check the appropriate box.

Did you obtain a: College level degree or certification? ☐ Yes ☐ No

If yes, what degree or certification? _____

If you are currently enrolled in school, please tell us which school and which program: _____

Have you ever received vocational or job skills training? Yes ☐ No ☐ If yes, what kind? _____

Right now, you are:

- | | |
|--|---|
| <input type="checkbox"/> Employed full-time, looking for additional work/hours | <input type="checkbox"/> Employed seasonally/intermittently |
| <input type="checkbox"/> Employed full-time, NOT looking for additional work/hours | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed part-time, looking for additional work/hours | <input type="checkbox"/> Other – participating in an unpaid job experience/internship |
| <input type="checkbox"/> Employed part-time, NOT looking for additional work/hours | <input type="checkbox"/> Disabled – receiving disability services |
| | <input type="checkbox"/> Disabled – NOT receiving disability service |
| | <input type="checkbox"/> Other-retired |
| | <input type="checkbox"/> Other |

If you are working, please tell us who your employer is: _____

If not employed, are you receiving unemployment/worker's compensation benefits? Yes ☐ No ☐

Are you currently working with any agencies that are providing employment assistance to you? Yes ☐ No ☐

If yes, which agencies? _____

Name of your last employer: _____ Position held: _____

Last date of employment? _____ Reason for leaving? _____

What types of work have you done in the past? _____

Household Information

Please list your children in the form below, including those adopted out, in foster care, and deceased. If you have more than 3 children, please print out and fill an additional page 6.

Child's Full Name	Child's Full Name	Child's Full Name
Age	Age	Age
Date of Birth	Date of Birth	Date of Birth
Gender	Gender	Gender
Race	Race	Race
Ethnicity	Ethnicity	Ethnicity
Last 4 digits Social Security #	Last 4 digits Social Security #	Last 4 digits Social Security #
Who does she/he live with?	Who does she/he live with?	Who does she/he live with?
Child's relationship to you	Child's relationship to you	Child's relationship to you
Name of child's other biological parent	Name of child's other biological parent	Name of child's other biological parent
Are they involved in the child's life?	Are they involved in the child's life?	Are they involved in the child's life?
Do you have a legal agreement?	Do you have a legal agreement?	Do you have a legal agreement?
Is child enrolled in daycare or school?	Is child enrolled in daycare or school?	Is child enrolled in daycare or school?
What school and grade level?	What school and grade level?	What school and grade level?
Does an agency provide childcare? Who?	Does an agency provide childcare? Who?	Does an agency provide childcare? Who?
Do you receive financial assistance for childcare? By whom and how much?	Do you receive financial assistance for childcare? By whom and how much?	Do you receive financial assistance for childcare? By whom and how much?

Do you receive child support? Amount? From whom?	Do you receive child support? Amount? From whom?	Do you receive child support? Amount? From whom?
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Have you ever been investigated by DSS? ☐ Yes ☐ No

If yes, please answer the following 3 questions. (If you have been investigated more than once, please provide information about each investigation.)

1. Which children were related to this DSS investigation? _____

2. What was the reason for this investigation? _____

3. What were the results of this investigation? _____

Monthly Resources

Do you currently have a monthly income? ☐ Yes ☐ No

<i>Please list the sources of your monthly income and the amount received from each:</i>		<i>Please list the sources of any monthly non-cash benefits and the amount received from each:</i>	
SOURCE OF MONTHLY INCOME	AMOUNT	SOURCE OF MONTHLY INCOME	AMOUNT
<input type="checkbox"/> Alimony or other spousal support	\$	<input type="checkbox"/> SNAP – Supplemental Nutrition Assistance Program (Food Stamps)	\$
<input type="checkbox"/> Child support	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for WIC	\$
<input type="checkbox"/> Earned income (Employment)	\$	<input type="checkbox"/> TANF Child Care Services	\$
<input type="checkbox"/> Pension or retirement Income from a former job	\$	<input type="checkbox"/> TANF Transportation Services	\$
<input type="checkbox"/> Private disability insurance	\$	<input type="checkbox"/> Other TANF Funded Service	\$
<input type="checkbox"/> Retirement income from social security	\$	<input type="checkbox"/> Section 8, Public Housing or rental assistance	\$
<input type="checkbox"/> SSDI (Social Security Disability Income)	\$	<input type="checkbox"/> Other Source	\$
<input type="checkbox"/> SSI (Social Security Income)	\$		
<input type="checkbox"/> TANF (Temporary assistance for Needy Families or FIP) grant	\$		
<input type="checkbox"/> Unemployment Insurance	\$		
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$		
<input type="checkbox"/> Workers Compensation	\$		
<input type="checkbox"/> Other, please specify	\$		

<input type="checkbox"/> No Financial Resources	
Total Monthly Income Reported	\$

Essay Questions

Please take time to think about and then answer the following questions thoroughly.

Imagine that right now you are in a great place. You have the opportunity to pursue the dream of your heart, the thing that you most want to do with your life, your calling. God puts gifts and talents in you specifically for you to accomplish this calling and right now is the time to develop those gifts and talents, to receive the peace and joy that comes from doing what you were made to do. Please take the time to think about your answers to the following questions.

1. What would you do if there were no obstacles you could not overcome? What is your dream for your future?

2. What talents, skills and gifts have you been given that could be developed to help you achieve your dream?

What are you good at? _____

3. In that future you have imagined, doing the thing you love most, how do you see supporting yourself while you live that dream? _____

4. What changes do you need to make in your habits, heart, and in your thinking to turn yourself into the person who could achieve and support their dreams? _____

5. *If you had 6 months to work on your goals while you lived at First Fruit Ministries, what would you want to accomplish in those months?* _____

6. *In that 6 months, what steps do you need to take to accomplish your goals?* _____

7. *We know that surviving homelessness takes a lot of work, a lot of energy. Please ask yourself, are you willing to turn the energy you spend surviving homelessness into self-discipline, and to put in the work that turning your life around would take? To work on the emotional, the mental, the physical, the spiritual, the practical? Are you willing to accept our direction, our policies, and our rules?*

Most importantly, are you willing to let us help you? ☐ Yes ☐ No

PLEASE INCLUDE THESE 3 DOCUMENTS WITH YOUR APPLICATION

1. A **proof of homelessness letter** from a caseworker, therapist, shelter staff, or other professional detailing your current living situation, on letterhead, signed and dated.
2. If you are seeing a mental health professional, please ask them to attach a copy of their latest **clinical or psychological assessment**.
3. A copy of **your criminal history** from each State where you have been convicted of a crime. You can go to the State's Department of Corrections website.

WAYS TO SUBMIT YOUR APPLICATION

DROP OFF

MAIL

EMAIL

OFFICE LOCATION:

First Fruit Ministries
2750 Vance St
Wilmington, NC 28412

OFFICE IS OPEN:

10 am – 4 pm on Weekdays

MAILING ADDRESS:

First Fruit Ministries
P. O. Box 15354
Wilmington, NC 28408

EMAIL ADDRESS:

housing@firstfruitministries.org

If you have questions or need help with the application you are welcome to call the office at 910-794-9656 between 10am and 2pm weekdays; we'll be glad to talk with you.