
Hillcrest Sites

Independence Housing Site

401 N Spring St
Independence, MO 64050
816.461.0468

Lee's Summit Housing Site

501A SW Mission Rd
Lee's Summit, MO 64063
816.600.2681

Kansas City, KS /Overland Park, KS

738 N 31st St
Kansas City, KS 66102
913.400.2573

*Please contact your local
Hillcrest office to make an
appointment to apply for the
Transitional Housing Program
or apply at www.hillcrestkc.org.*

Hillcrest Transitional Housing

"A Hand Up. Not a Handout."

P r o g r a m A p p l i c a t i o n

Thank you for your interest in Hillcrest Transitional Housing. Before you complete the application, please read the following information carefully.

What is Hillcrest Transitional Housing?

Hillcrest is a transitional housing program designed to provide rent & utility free temporary shelter & supportive services so that homeless clients can save money, pay off bills, regain confidence, and then move into their own home. Required weekly classes teach households about budgeting, nutrition, and job skills.

Where is the Transitional Housing Program located?

The transitional housing program provides temporary private shelter in Independence, Lee's Summit, Overland Park, & Kansas City, Kansas.

What are the program units like?

This program provides apartment-style shelter units to each client family. These are NOT private rental apartments and are not leased to clients. Most units have 1-2 bedrooms, with private kitchen & bath. Each shelter unit is furnished, including dishes, pots & pans, linens, etc., which remain in the unit at client exit. There is a client phone (local calls only), but phones are not always available for the individual shelter units. There are washers and dryers located at each site, but there is not storage space available.

What are the requirements for me to participate in the Hillcrest Transitional Housing Program?

- All adults in the family must have a full-time job (35-40 hours/week) or be ready to actively seek employment upon program entry.
- Adults will attend weekly sessions with counselors to work on budgeting, nutrition, and employment.
- Each client is expected to work hard at saving money and work at securing a permanent residence by the end the three-month program.
- Each client will help with apartment upkeep of the shelter hallways, laundry facilities, and yards.
- Some housing sites are income restricted. Clients applying to Lee's Summit and some Kansas City, KS & Kansas City, MO sites must have gross annual income at or below 50% of Area Median Income. (See income limits in the application.)

How do I apply?

Anyone interested in Hillcrest must submit a written application, in person or via the website. **It is the applicant's responsibility to contact Hillcrest 1-2 times per week to express an ongoing interest in the program.** Once a program unit is available, the applicant will be invited to an interview. A committee of staff members will visit with each applicant about their needs, concerns, and goals. When the family attends the interview, it is helpful to have information about debts and sources of income. At that time, we will provide more details about the program. A decision will be made within 24 hours of the interview as to whether the program is a good fit for the applicant.

For Office Use Only

Date of Application: _____

Follow Up Calls: _____

Select the program site(s) you are interested in:

Independence, MO _____

Lee's Summit, MO _____

Kansas City, KS _____

Overland Park, KS _____

Applicant Name: _____

Co-Applicant (Spouse) Name: _____

Phone Number: _____

Where are you living right now? (circle one)

House/Apt. Friends Relatives Shelter Hotel Street Car Other: _____

Address: _____ City/State/Zip _____ Phone: _____

How long have you been staying there? _____ Ever Applied ___ OR Lived ___ at Hillcrest before?

Have you been asked to leave your current living situation? _____ Referred to Hillcrest by: _____

INCLUDING YOURSELF, List all who would be in the Transitional Housing Program:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Soc. Sec. #</u>	<u>Grade/School</u>	<u>Race</u>	<u>Hispanic? Yes/No</u>	<u>Type of Custody</u>

Anyone pregnant (who)? _____ Due Date _____

Bills and Debts: (complete the attached list and add any items not listed)

<u>Item</u>	<u>Amt Due</u>	<u>Mo. Pymnt</u>	<u>Past Due?</u>	<u>Item</u>	<u>Amt Due</u>	<u>Mo. Pymnt</u>	<u>Past Due?</u>
<u>Past Rent</u>	_____	_____	Yes / No	<u>Pawn Shop</u>	_____	_____	Yes / No
<u>Cable</u>	_____	_____	Yes / No	<u>Payday Loans</u>	_____	_____	Yes / No
<u>Electric</u>	_____	_____	Yes / No	<u>Tickets/Fines</u>	_____	_____	Yes / No
<u>Gas</u>	_____	_____	Yes / No	<u>Bankruptcy</u>	_____	_____	Yes / No
<u>Telephone</u>	_____	_____	Yes / No	<u>Credit Cards</u>	_____	_____	Yes / No
<u>Water</u>	_____	_____	Yes / No	<u>Storage</u>	_____	_____	Yes / No
<u>Student Loan</u>	_____	_____	Yes / No	<u>Childcare</u>	_____	_____	Yes / No
<u>Medical</u>	_____	_____	Yes / No	<u>Auto Payment</u>	_____	_____	Yes / No
<u>Clubs</u>	_____	_____	Yes / No	<u>Auto Insurance</u>	_____	_____	Yes / No
<u>Child Support</u>	_____	_____	Yes / No	<u>Title Loans</u>	_____	_____	Yes / No
<u>Repossessions</u>	_____	_____	Yes / No	<u>Cell / Pager</u>	_____	_____	Yes / No
<u>Bad Checks</u>	_____	_____	Yes / No	<u>Other</u>	_____	_____	Yes / No

INCOME currently received from all sources: Job, Food Stamps, TANF, SSI, etc.:

If child support is owed to you, please list monthly/total amount owed.

<u>Source</u>	<u>Monthly Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Current Case Worker's Name? _____ Phone # _____

Name of Social Services Office: _____

Please explain briefly the reasons for your current situation: _____

Do you or any family members receive any medical or counseling services?

<u>Name</u>	<u>Problem</u>	<u>Medication</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drivers License Number: _____ State: _____ Expiration: _____

Do you have a car? Yes ___ No ___ Year ___ Model _____ Insurance: Yes ___ No ___

Tag # _____ Current: Yes ___ No ___ State: _____ Current Inspection? Yes ___ No ___

References/Emergency Contact:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT PERSONAL HISTORY

Name: _____ Age: _____ SS# _____

Date of Birth: _____ Location of Birth: _____

Married ___ Single ___ Divorced ___ Separated ___ Widowed ___ Previous marriages? Yes ___ No ___

Race (circle): Caucasian African-American Native American Other: _____

Education level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

Circle school grade avg: A B C D F Name of School Year Graduated

High School/GED _____

College _____

Job History Information (Last 5 Years):

<u>Year</u>	<u>Company Name</u>	<u>Pay Rate</u>	<u>Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family

Parents Names Address (city, state) Phone #

Brothers/Sisters Names Address (city, state) Phone #

Do you smoke? Yes ___ No ___ How much per day? _____

Do you use drugs or alcohol? Yes ___ No ___ Ever been in drug or alcohol rehabilitation? Yes ___ No ___

If yes, when ___ Name of abused substance _____ Facility _____

AA Participant? Yes ___ No ___ NA Participant? Yes ___ No ___

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes ___ No ___

What for? _____ Did you receive a fine/sentence? Yes ___ No ___

Have you been a battered person? Yes ___ No ___ When? _____

Have you served any time in jail? Yes ___ No ___ How long? _____

Do you have any pending tickets? (speeding, parking, etc.) Yes ___ No ___

What for? _____ When is your court date? _____

Are you on parole or probation at present? Yes ___ No ___ How long? _____

Parole/Probation officer _____ Phone # _____

Is there a warrant/s out for your arrest at present? Yes ___ No ___

Reason: _____

Hillcrest Transitional Housing
Program Rules

The following rules of conduct shall be in effect while clients participate in the Hillcrest Transitional Housing program. Violation of any rule will, at the sole discretion of the Board or Staff, be cause for immediate dismissal from the program, causing forfeiture of shelter space & supportive services.

1. No illegal activity of any kind will be permitted
2. Use or possession of alcohol, firearms or illegal drugs is prohibited.
3. Curfew is 11:00 pm. This can only be waived for work schedules. Your Guests must be out of the shelter buildings by 10:00 pm. Quiet hours are: 10:00 pm through 7:00 am.
4. No overnight guests are allowed unless permission is obtained through a staff member.
5. Children under the age of 13 must be attended by an approved adult at all times.
6. Children must be enrolled in the school district nearest Hillcrest or in the district your family originates from. They must attend school everyday required.
7. No fighting of any kind will be tolerated.
8. No pets of any kind will be allowed.
9. Smoking is **NOT** permitted inside the shelter units, buildings, or offices.
10. Clients must keep shelter units & common areas clean and neat.
11. All adults in the Hillcrest program are expected to work at least 40 hours per week.
12. All adults must attend scheduled meetings & appointments.
13. A \$100 move-in occupancy charge will be taken at time of shelter entry, or at time of first paycheck, to cover costs of cleaning, damages, or non-completion of program.

I have read and understand that if I violate any one of these rules I may be dismissed from the Hillcrest program. I agree to hold Hillcrest Transitional Housing and/or any other parties associated with this program in any way whatsoever, singly, or collectively, from any blame or liability for injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in this program or in activities associated therewith. I give permission for information to be released about me and my children, by or to any doctor, social worker, counselor, employer, landlord, shelter, agency, including Mid America Assistance Coalition & Rosie HMIS databases, or any other person deemed necessary by Hillcrest Transitional Housing. I agree that my acceptance into the Hillcrest Transitional Housing Program is not a rental agreement, and that this is not a landlord/tenant agreement, but an application for temporary homeless shelter & supportive services provided by the Hillcrest program.

Signature

Date

Signature

Date