



CLT Passport Screening Application:

The Harvest Center of Charlotte's 12-18-month CLT PASSPORT PROGRAM is a process for long-term change and sustainability under the direction of our Transformation Team. This **PROGRAM** consists of transitional housing component for males, females, and families, with a three-phase holistic person-centered/family-centered approach to addressing the Eight Dimensions of Wellness. Our Transformation Team will interview and evaluate each screening/application when we have openings on a case by case basis. We will prayerfully and carefully select the ideal candidates who are determined to complete the CLT Passport Program successfully. We accept screenings/referral sheets year-round and will notify qualified applicants when we have openings and provide a referral contact sheet if we don't have openings.

1. The Harvest Center is **NOT AN EMERGENCY PLACEMENT FACILITY** the entry process can take up to 7 days when we have openings.
2. Once all details on screening application is complete return to: The Harvest Center of Charlotte, Attn: Intake Coordinator at 5415 Airport Dr, Charlotte NC 28208, email intake@theharvestcenter.org, or fax it to 704-335-8818.
3. If the candidate meets criteria and we have openings, we will notify the applicant to submit a full Application in its entirety.
4. Applicants who do not meet entry criteria for The Harvest Center of Charlotte CLT Passport Program can access community referrals with our Intake Coordinator for a variety of services.

Today's Date:

PLEASE READ & INITIAL TO AFFIRM APPLICANT MEETS ENTRY CRITERIA

1. Highly motivated for success and willing to go above and beyond for long-term change
2. Experience homelessness, poverty, and unemployment due to a life-altering event
3. Single adults age 18+, Married couples w/ Children, OR Single Mom's/Dad's with children
4. No PENDING criminal charges; No Felonies in last six years
5. Actively seeking a faith community, gainful full-time employment, and a more permanent living situation
6. Free and clean of impairing substances and can always pass a drug test
7. Willing to be employed in a permanent full-time job
8. Participate in assessments, programs, and counseling
9. Provide the Harvest Center with a copy of your Comprehensive Clinical Assessment at entry and sign a release of information
10. Willing and able to attend any classes prescribed on your Person/Family-Centered Plan
11. Positive attitude and willingness to give back to the community
12. Understand there is limited living space for your items and demonstrate flexibility and adaptability to change

Have you had a Comprehensive Clinical Assessment completed? Yes No
 Name: _____ Last 4 SS#: _____
 Email Address: _____ Best Number(s) to contact you: _____
 DOB: _____ Don't Know _____ Age: _____ Sex: _____
 Ethnicity: Hispanic/Latino _____ African American _____ White _____ Other: _____
 U.S. citizen, or do you have current documentation to reside in the U.S? Yes No
 Marital Status: Single Married Divorced Widowed Separated _____
 Spouses Name: _____ Last 4 SS#: _____
 Do you have any children? Yes No If yes, please list the name and ages of all of your children.
 Name: _____ Age: _____ Date of Birth: _____ Do you have legal custody? Yes No
 Name: _____ Age: _____ Date of Birth: _____ Do you have legal custody? Yes No
 Name: _____ Age: _____ Date of Birth: _____ Do you have legal custody? Yes No
 Name: _____ Age: _____ Date of Birth: _____ Do you have legal custody? Yes No
 Pregnant: No Yes Don't Know HIV Status: Neg Pos Don't Know
 How did you hear about the Transformation Program? _____
 Do you work a minimum of 30 hrs per week? _____ Are you able to work at least 30 hrs per wk? _____
 Source of Income: _____ Monthly income: _____
***please attach last two pay stubs**
 Bank Use: _____ Checking? Yes No Savings? Yes No
 Do you have a disabling condition? Yes No Condition? _____
 Does it keep you from working a permanent full-time job minimum of 30 hours a week? _____ Yes _____ No
 Do you currently use alcohol? No Yes Frequency _____ Interested in treatment? _____
 Do you currently use drugs? No Yes Frequency _____ Interested in treatment? _____
 Do you have a history of alcohol or substance abuse? No Yes Length of sobriety _____
 What is your substance of choice? _____
 How did you become homeless? _____
 How long have you been homeless? _____ Times you have you been homeless in the last 3 yrs? _____
 Where are you currently staying? _____ From (mo/yr): ___/___ To (mo/yr): ___/_____
 How long have you been a resident of Mecklenburg County?: _____

Have you ever lived in a housing authority apartment? _____ If yes, why did you leave? _____

Have you **ever** been convicted of a misdemeanor? ___ Yes ___ No. **OR** a felony? ___ Yes ___ No

If yes, what?: _____ When? _____

Currently on probation? ___ Yes ___ No Name & Contact for officer? _____

Have you ever been incarcerated (jailed) for a crime? ___ Yes ___ No If yes, list the three most recent below:

Charge(s) _____ State _____ Time Served _____ Release Date _____

Charge(s) _____ State _____ Time Served _____ Release Date _____

Charge(s) _____ State _____ Time Served _____ Release Date _____

Are there any current warrants for your arrest/pending charges? ___ Yes ___ No If yes, list them below:

Where? _____ Charges: _____

Where? _____ Charges: _____

Required to register with any Federal, State, County or City Departments due to a crime? ___ Yes ___ No

Are you a registered Sex Offender? ___ Yes ___ No

Why is this program for you? _____

Why would you be a good candidate for this program? _____

Did anyone complete this application for you? If so name and relationship of person completing application? _____

*The applicant must sign below to attest that to the best of their knowledge the content in this application is true, and The Harvest Center at Charlotte may contact any natural/professional supports or family members listed in the application to communicate about the individual applying/accepted for the CLT Passport Program up to 1 year from the date signed. Signing below affirms the applicant meets the entry criteria on the first page and that you have initialed all entry criteria.

Print Full Name: _____

Applicant signature: _____ **Date:** _____

Additional Comments: _____