****

**Thank you for applying to the YWCA Helena WINGS Program**

The following 2 pages that go before the application *are for you to keep* and will help you learn more about the YWCA WINGS Program and guide you through what is needed to fully complete your application.

**Steps to apply:**

1. Please fill out each page of the YWCA WINGS Program Application completely to the best of your knowledge.
2. Remember to list three people on the reference page that you feel would be able to provide helpful information about how our program can best support you (for example: your Addiction Counselor, Mental Health Provider, Probation Officer, Social Worker, Medical Prover, etc).
3. Include with the application your most recent Chemical Dependency Evaluation.
4. Include with the application your most recent Mental Health Assessment.
5. Submit your application in person to the YWCA at 501 North Park Avenue. Or you can fax the application to 406-442-0428, or you can also email the application to [erin@ywcahelena.org](mailto:erin@ywcahelena.org).
6. Follow up with a phone call to 406-442-8774 to check in on the status of your application, and always call to update information when necessary – especially if your contact information has changed (we want to be able to reach you)!

If at any point you have questions or need support with community resources, please reach out to us at 406-442-8774 and we will be happy to assist you.

**WINGS Program Expectations:**

* Meeting with WINGS Advocate **once a week** to develop goals toward

1) Employment/Education, 2) Housing, 3) Self-Care, 4) Community Connectivity, 5) Mental Health, and 6) Financial Budgeting.

* Joining daily gratitude circle at 8:30 am Monday through Thursday.
* Attending weekly mental health counseling sessions with the in-house therapist.
* Working weekly with an addiction counselor, in-house.
* Participants attend Changing Patterns group, Women in Recovery group and The Circle of Security group, and other activities when designated as vital to Program completion.
* Attending community 12-step groups and obtaining Sponsorship.
* Participants will pay rent on the first business day of every month while in the program.
  + The lowest amount rent can be is $50 and the highest amount rent can be is $250, which is based on 25% of gross income – or if not employed, a base of $50 is expected.
* YWCA resident rooms are fully furnished with a single bed, bedding, pillow, nightstand, dresser, and desk/chair. Please always ask if extra furniture is needed. In room refrigerators and extension cords are not supported by our old wiring.
* The YWCA provides a dorm-sized refrigerator and a locked cabinet for each participant in the very ample kitchen space. There are larger freezers and a commercial refrigerator to support overflow.

**The YWCA Helena is a sober, safe living space for women and their children:**

* Participants **must not use alcohol or other drugs on or off** YWCA Helena premises. Use of substances in-house is unacceptable and will result in immediate dismissal from the program.
  + Random urine analyses will be completed with all Participants.
  + Participants are expected to stay at YWCA Helena every night.
  + Participants who have children will be required to sign a child addendum
  + Circle of Security parenting classes and other opportunities to foster the healthiest mother/child relationship are offered to all WINGS Participants.

We look forward to receiving your completed application. Again, if you have questions or need assistance, please reach out to us at 406-442-8774.

**Thank you!**

**YWCA WINGS Program Application**

MIssion Statement

The YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

The YWCA of Helena is committed to providing women with safe, affordable housing and assistance in accessing community resources.

We ask a lot of questions in this application, so we can get to know the women interested in living at the YWCA and learn how we can support participants in achieving life goals.

General information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_

First Middle Last

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it safe to call/leave a message YES NO

Other contact/Message Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Who is your Emergency Contact?

Phone Number?

Where are you coming from? Circle one:

Jail Prison Prerelease Treatment Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in Helena? YES No

How long have you been in Helena? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the YWCA?

Have you lived at the YWCA before? YES NO

If yes:

When did you live at the YWCA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you move out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check** any agencies you are currently working with or have worked with in the last year:

\_\_\_AWARE

\_\_\_Boyd Andrew

\_\_\_Center for Mental Health

\_\_\_Pure View

\_\_\_Counseling

\_\_\_CTI

\_\_\_DPHHS/CPS

\_\_\_Family Promise

\_\_\_God’s Love

\_\_\_Good Samaritan

\_\_\_Helena Industries

\_\_\_Job Service

\_\_\_Public Defender/attorney

\_\_\_Food Share

\_\_\_Helena Indian Alliance

\_\_\_Prison/prerelease

\_\_\_Probation and Parole

\_\_\_St. Peter’s Hospital

\_\_\_Salvation Army

\_\_\_Voc-Rehab

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

personal

Have you experienced violence in any form since you turned 18? YES NO

If yes, did you get any counseling? YES NO

Do you currently feel safe? YES NO

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you a single head of household? YES NO

Do you have a service animal? YES NO

Have you ever served in the military? YES NO

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you receiving benefits? YES NO

Enrolled Tribal member? YES NO

vehicle

Do you own your own vehicle? YES NO

Do you have auto insurance? YES NO

Do you have a driver’s license? YES NO

If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSING

Are you homeless or about to become homeless? YES NO

Where did you sleep last night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you signed up for Helena Housing Authority? YES NO

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your current living situation (where are you living, for how long, circumstances leading up to now) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMPLOYMENT AND INCOME**

Do you have the ability to work? YES NO  
If no, please explain: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently employed? YES NO

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours do you work each week? \_\_\_\_\_\_\_\_\_ What is your hourly pay? \_\_\_\_\_\_\_\_\_\_

What job skills do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have other sources of income? YES NO

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| --- | --- | --- |
| Other Source of Income | **🗸** | Amount You Get Monthly |
| Social Security |  |  |
| SSI |  |  |
| SSDI |  |  |
| Unemployment |  |  |
| SNAP |  |  |
| TANF |  |  |
| Child Support |  |  |
| Other: |  |  |

**Please check all that apply**

education

Mark your highest level of education, including partial completion.

|  |  |
| --- | --- |
| Highest Level of Education | **🗸** |
| Some High School (please circle the grade) 9 10 11 12 |  |
| High School Diploma |  |
| GED |  |
| Some College or Trade School, no degree |  |
| Some College and a Professional Certification |  |
| Associates Degree |  |
| Bachelors Degree |  |
| Masters Degree |  |
| PhD |  |

Are you currently enrolled in school? YES NO

If yes, what school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on enrolling in school? YES NO

Family Size and income

Please list **yourself** **and all your children whether or not they have been living with you** Please mark if your children are living with you in the appropriate box. Disregard income for those children who are not currently living with you. For monthly income, indicate the gross amount received (gross income refers to the pre-tax amount; include salary, tips, and state assistant.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family  Relationship | Name (First, Middle, Last) | Birthday mm/dd/yy  Social Security Number | Living with  You (Yes or No) | Monthly  Income From  All Sources |
| You |  |  |  |  |
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If your child(ren) is school-aged, what school do they attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the custody and living arrangements (parenting plan, visitation, etc):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is CPS/DPHHS involved? YES NO

If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case worker name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child(ren) be living with you at YWCA Helena? YES NO

Or, do you plan on reuniting with your child/ren while at YWCA Helena? YES NO

Are you currently pregnant? YES NO

If yes, how far along? \_\_\_\_\_\_\_\_\_\_

Are you currently breastfeeding? YES NO

Are you married? YES NO

If yes, to who and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH**

Have you ever been treated for a mental illness? YES NO

If yes, was/is there a treatment plan? YES NO

Please describe treatment plan and who developed/administered the plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently working with a mental health counselor? YES NO

For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_

If not currently, have you worked with a mental health counselor previously? YES NO

Do you have any physical health problems? (seizures, diabetes, etc) YES NO  
 Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any disabilities? YES NO Receiving SSDI? YES NO

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need special accommodations? YES NO

Please explain (ambulatory devices, shower aids, service animal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

legal

YWCA Helena serves women who have had legal system involvement, please be as specific as possible as this will not hinder acceptance into the WINGS program.

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| --- | --- | --- | --- | --- |
| Charge | County, State | Date | Outcome (incarceration, probation, fines, etc) | Date Resolved |
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Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any unresolved legal charges YES NO

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have legal representation? YES NO

Representing attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled sentencing date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

Are you on probation or parole? YES NO

Name of Parole/Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

How long have you been on probation/parole? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you paying fines or restitution? YES NO

How many hours of community service: \_\_\_\_\_\_\_\_\_\_\_ Amount of fines/restitution: \_\_\_\_\_\_\_\_\_\_

Alcohol and Other drugs

Are you currently dependent on alcohol and/or other drugs? YES NO



Other addictions, not alcohol or drugs: examples; work, sex, money: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you experience withdrawal symptoms when you stop using? YES NO  
What are your symptoms (seizures, DT’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently experiencing withdrawal symptoms? YES NO

Have you attended **inpatient** chemical dependency treatment? YES NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Treatment facility | City, State | Entry Date | Discharge Date | Still Attending? | Did you complete? | If no, why? |
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Have you attended **out-patient** chemical dependency treatment? YES NO

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| --- | --- | --- | --- | --- | --- | --- |
| Treatment facility or Provider | City, State | Entry Date | Discharge Date | Still Attending? | Did you complete? | If no, why? |
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Have you ever experienced life difficulties or problems because of alcohol or other drugs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone ever expressed concerns about your use of alcohol or other drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend AA or NA? YES NO

Are you working with an Addiction Counselor? YES NO

Or Have you worked with an Addiction Counselor in the past? YES NO  
If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Plans**

Are your family members supportive of your sobriety at this time? YES NO

Why do you want to come to YWCA Helena? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why are you seeking treatment at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark the number that best describes your readiness to change your life:

1 being I do not want to change and 5 being I will do whatever it takes

1 2 3 4 5

Do you have a long-term sobriety plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check all that apply:

\_\_\_ Signed up for IOP/OP

\_\_\_ Created a plan with Probation Officer

\_\_\_ Started GED

\_\_\_ Searching for employment

\_\_\_ Signed up for SNAP, Medicaid, etc

\_\_\_ AA or NA groups

\_\_\_ Working with or signed up with an Addiction Counselor

\_\_\_ Working with or signed up with a mental health counselor

\_\_\_ Applied for housing

**STATICAL INFORMATION**

|  |  |
| --- | --- |
| Racial Identification | **🗸** |
| American Indian/Alaskan Native |  |
| Asian |  |
| Black/African American |  |
| Hispanic |  |
| Native Hawaiian/Other Pacific Islander |  |
| White |  |
| American Indian/Alaskan Native & White |  |
| Asian & White |  |
| Black/African American & White |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial |  |
| Preferred Not to Answer |  |

Please make a checkmark in the appropriate box. In some cases, you may need to place a checkmark in more than box. Public use of this information will not be connected to individuals and is YWCA Helena population statistics only.

|  |  |
| --- | --- |
| Relationship Status | **🗸** |
| Single |  |
| In a Relationship |  |
| Married |  |
| Separated |  |
| Divorced |  |
| Widowed |  |
| Medical Information |  |
| Physical Disability |  |
| Developmental Disability |  |
| Chronic Health Condition |  |
| HIV/AIDS |  |
| Would you like information or assistance on any of the following? |  |
| Mental Illness |  |
| Alcohol Abuse |  |
| Drug abuse |  |
| HIV/AIDS and related diseases |  |
| Developmental disability |  |
| Physical disability |  |
| Sexual Assault |  |
| Legal Services |  |
| Accessing SNAP and other Assistance |  |
| Financial Education |  |
| Domestic Violence |  |
| Other (please specify) |  |

|  |  |
| --- | --- |
| Where did you sleep last night? | **🗸** |
| Non-housing (street, park, car, etc.) |  |
| Emergency shelter |  |
| Transitional housing |  |
| Psychiatric facility\* |  |
| Substance abuse treatment facility\* |  |
| Hospital\* |  |
| Jail/prison\* |  |
| Domestic violence situation |  |
| Living with relatives/friends |  |
| Rental housing |  |
| Other (please specify) |  |
| Could be kicked out of where you are staying in next 14 days without a place to go? |  |
| Housing History |  |
| Have you been without a home 4 or  more times in the last 3 years? |  |
| Age Ranges |  |
| 17 and under |  |
| 18-30 |  |
| 31-50 |  |
| 51-61 |  |
| 62 and over |  |

References

Please provide three (3) references. Some examples of references include employers, case managers, counselors, landlords, co-workers, and teachers.

Name: Phone

Address: City and State

How does this person know you? How long?

Name: Phone

Address: City and State

How does this person know you? How long?

Name: Phone

Address: City and State

How does this person know you? How long?

**Applicant Statement**

My signature below certifies that all information on this application is true, correct, and complete to the best of my knowledge, and contains no willful falsifications or misrepresentations. I authorize the YWCA to contact my present and past employers and the references listed above to obtain information deemed appropriate to consider my application for the WINGS program. **I agree to take a drug test, paid for by the YWCA, before being accepted into the WINGS Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

fair housing logo

Thank you for taking the time to fill out this application

ACE Survey

**While you were growing up, during your first 18 years of life:**

Top of Form

1. Did a parent or other adult in the household often or very often…

Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt? Yes No

2. Did a parent or other adult in the household often or very often…

Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Yes No

3. Did an adult or person at least 5 years older than you ever…

Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? Yes No

4. Did you often or very often feel that …No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other? Yes No

5. Did you often or very often feel that…You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No

6. Were your parents ever separated or divorced? Yes No

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No

10. Did a household member go to prison? Yes No

Number of Yes answers:

**RESILIENCE Questionnaire**

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. I’ve heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. When I was a child, neighbors or my friends’ parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

1. I believed that life is what you make it.

Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled “Definitely True” or “Probably True”?) \_\_\_\_\_\_\_ Of these circled, how many are still true for me? \_\_\_\_\_\_\_

http://acestoohigh.com/got‐your‐ace‐score/ 2

Head Trauma History

Please put “Yes” or “No”

H = Hit on head

Have you ever:

\_\_\_\_ Been hit in the face or head? With what?

\_\_\_\_ Has your head been slammed into a wall or another object?

\_\_\_\_ Been pushed so that you fell and hit your head?

\_\_\_\_ Has anyone ever shaken you?

\_\_\_\_ Have you ever been strangled or choked, or had anything else that made it hard for you to breathe?

\_\_\_\_ Have you ever had an injury to your face, head or throat in any other way?

\_\_\_\_ Have you ever been in a car accident?

If yes:

\_\_\_\_ Has anything happened more than once?

E = Emergency room treatment

\_\_\_\_ Did you ever go to the emergency room after hitting your head? Why?

If yes:

\_\_\_\_ Did they ask whether you had been hit on the head or say that they suspected that you had a head injury or concussion?

\_\_\_\_ Did you think you got all the treatment you needed?

If no:

\_\_\_\_ Was there ever a time when you thought you should go to the ER after an injury to your head, but didn’t go?

L = Loss of consciousness

\_\_\_\_ Have you ever lost consciousness or black out as result of a hit to the head or being choked?

P = Problems

\_\_\_\_ Have you been having trouble concentrating or remembering things?

\_\_\_\_ Are you having trouble finishing things you start to do?

\_\_\_\_ Have people told you that you’re not acting like yourself?

\_\_\_\_ Have you been having trouble doing what you need to do at work, school, or home?

\_\_\_\_ Are you having mood swings that you don’t understand?

\_\_\_\_ Has it gotten harder for you to function when you’re under stress?

S = Sickness

\_\_\_\_ Have you had any physical problems since your partner assaulted you? What kind?

\_\_\_\_ Do you have any recurring headaches or fatigue?

\_\_\_\_ Have you had any changes in your vision, hearing, or sense of smell or taste?

\_\_\_\_ Do you find yourself dizzy or experiencing a lack of balance?

**YWCA OF HELENA**

**Inter-Agency Authorization to Release Information**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release and

(Name of Participant)

exchange of information to the YWCA of Helena.

2. Information Requested from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency/Department Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. General participation information is requested, including but not limited to, progress reports, enrollment, attendance, participation, other (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I authorize the YWCA of Helena to obtain confidential personal, employment, medical, financial and other pertinent information for the purpose of facilitating service delivery to my household. The YWCA of Helena will use the acquired information solely for the purpose directly connected with the administration of the YWCA of Helena. It does not authorize release to any other person or agency without further consent. This authorization of release of information will be in effect for one year from the signatory date or until my case closes, whichever is longer. I understand I can revoke this consent in writing at any time. I understand I have a right to receive a copy of the release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Participant) (Date Signed)