

## YWCA UTAH RESIDENTIAL SELF-SUFFICIENCY TRANSITIONAL HOUSING PROGRAM

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1. **Fill out application completely** with requested documentation. Incomplete applications cannot be processed.
2. **Have referring worker complete Agency Referral Form.**
3. **Return application packet** to the YWCA Receptionist at 322 East 300 South Salt Lake City, UT 84111 or fax it to (801-355-2826)

The YWCA's RSS program is a 24-month transitional housing program that offers room, board, and supportive services to single women who are homeless because of domestic violence. The program provides an opportunity for residents to live in a safe, supportive environment while participating in individual case management and psycho-educational group services to work toward independence and success with independent living situations.

### Criteria for Participation:

- Applicant must be a female who is at least 18 years of age without primary custody of dependant children while in the program..
- Applicant must be homeless due to recent domestic violence.
- Applicant must have the ability and desire to become self-sufficient and end the cycle of domestic violence.
- Applicant must be able to occupy a single room and to share common areas. Applicant must be able to participate in activities of daily living without assistance as well as be able to monitor her own medication(s). The supportive services of this program do not include therapy or medication management.
- Applicant must demonstrate ability to pay program service fee. The base fee is 30% of income/month . This fee is re-evaluated every year and may be increased at that time. The applicant must also pay an initial month fee as a security deposit.
- Applicant must agree to comply with program rules and regulations and the YWCA mission.
- Applicant must demonstrate the ability to live with a diverse population of women and to respect different lifestyles and choices.
- Applicant must be willing and capable of actively participating in the RSS program services.
- Applicant must complete and submit a program application and requested documentation for consideration.

### **Submission Checklist:**

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(Applications will not be processed without everything on the checklist submitted.)

Please include a copy of the following:

\_\_\_\_ Copy of all **income verification** in the form of:

- printed statement of assistance from DWS
- "Employment Verification" form faxed directly from employer to YWCA.
- unemployment or disability assistance printout

\_\_\_\_ Copy of **picture ID** for all adults in the household

\_\_\_\_ **Agency Referral Form** (completed by worker at referring agency)

\_\_\_\_ **Completed RSS application** (No blank questions or White-Out please.)

### AGENCY REFERRAL FORM

I hereby request and authorize the below named referral source to release information to the RSS Program pertinent to my current social, drug, medical, and psychological situation for purposes of eligibility determination.

Applicant name: \_\_\_\_\_ (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**This portion must be completed and signed by the worker in the applicant's referral agency. Acceptable referral sources include: shelter workers, licensed therapists, substance abuse counselors, DCFS workers, FJC guides or school counselors.**

Referral Agency: \_\_\_\_\_  
*Agency Name* *Phone*

Referred by: \_\_\_\_\_  
*Referring Individual Name (please print)* *Title/Position*  
\_\_\_\_\_  
*Signature* *Referral Date*

Referral Source: please answer the following questions in complete, descriptive sentences, then submit form with application or fax to (801) 355-2826 (ATTN: RSS Program Director)

1. Please describe the family's domestic violence situation and timeframe of incidents:

2. Please describe the family's current living situation:

3. What services has your agency provided this family?



**Name of abuser**

<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>
<i>Current Whereabouts</i>		

**Income Information:**

What is your total monthly income? \$\_\_\_\_\_

What is your current source(s) of this income?

- Employment income
- SSI/SSDI
- Unemployment benefits
- General Assistance
- Other: \_\_\_\_\_

Do you currently have the funds to pay the deposit and the first month's fee? [ ]Yes [ ]No

Are you currently employed? [ ] yes [ ] no

Are you willing and able to work, attend school or job training, or volunteer while you participate in this program to increase your self-sufficiency? [ ] yes [ ] no

**Background information:**

Please list any arrests/convictions, along with dates, that will appear on your criminal history/background report. (You may be required to submit court papers or police reports.)

\_\_\_\_\_

\_\_\_\_\_

**Physical/Mental Health Information**

Do you have physical or mental health conditions that trouble you chronically? [ ] yes [ ] no

If yes, please explain:

Are you currently seeing a counselor/therapist? [ ] yes [ ] no

Therapist Name \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_