

COTS, Inc.
Program Application

Men's Program

913 S. West Ave, Appleton WI 54915
Phone: 734-3609 Fax: 734-4732

Women's Program

1003 W. College Ave, Appleton WI 54914
Phone: 831-6591 Fax: 831-6593

Name: _____
Last First MI Date of Birth Soc. Sec. #

Address: _____
Phone # Street City How long

Employer: _____ Date Started: _____ Hourly Wage: _____ Hours per week: _____

Please circle if you receive: SSI SSDI Unemployment What is your total monthly income? \$ _____

Are you a Veteran? Y N

Are you on Probation/Parole? Y N Agent's Name: _____ Phone # _____

Check the criteria items below, which apply to you.

- Homeless as defined by HUD*
- Ability to pay \$360 upon move-in (\$260 for program fees and \$100 on a security deposit)
- Employed or have a legal source of income (ongoing ability to pay \$260 program fee each month after first two months)
- Willing to remain alcohol/drug free while in the program and willing to submit to screening if suspected of use.
- Willing to set up and work on individualized short/long term goals agreed upon with COTS staff

** a. An individual that lacks a fixed, regular, and adequate nighttime residence; or

b. An individual that has a primary nighttime residence that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare motels, congregate shelters, and transitional housing for the mentally ill);

2. An institution that provides a temporary residence for individuals intended to be institutionalized; or

3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

This term does not include any individual imprisoned or otherwise detained under an Act of the Congress or a State Law.

List 3 references such as previous landlord, counselor, probation officer, family member, employer, etc.

1. Name _____ Relationship _____ Phone _____

Address _____
Street City State Zip

2. Name _____ Relationship _____ Phone _____

Address _____
Street City State Zip

3. Name _____ Relationship _____ Phone _____

Address _____
Street City Zip

By signing this I verify the above information is accurate to the best of my knowledge and request I be considered for the COTS, Inc. Program. I also give permission for COTS, Inc. to obtain and/or release information to/from the above references regarding my application to COTS, Inc.

Signature: _____ Date: _____