



PROGRAM APPLICATION

Date Received: _____
 Contact Date 1: _____
 Contact Date 2: _____
 Interview Scheduled: _____

Please return the completed application to the appropriate program

Men's/Veterans/Young Adults Email: rsorenson@appletoncots.org Questions? Call 920-809-8434
 Fax: 920-734-4732 Drop box: 819 S. West Avenue | Appleton, WI US Mail: P.O. Box 1645 | Appleton, WI 54912

Women's - Appleton Email: jjanness@appletoncots.org Questions? Call 920-843-7269
 Fax: 920-831-6593 Drop box: 1003 W. College Avenue | Appleton, WI US Mail: P.O. Box 1645 | Appleton, WI 54912

Women's - Oshkosh Email: rschweitzer@appletoncots.org Questions? Call 920-475-8341
 Fax: 920-831-6593 Mail: 2501 Harrison St. | Oshkosh, WI 54901

COTS PROGRAM FEES

	Program Name <i>(please indicate the program to which you're applying)</i>	Security Deposit	Monthly Fee (first year)
<input type="checkbox"/>	Men	\$100	\$285
<input type="checkbox"/>	Veterans	\$100	\$285
<input type="checkbox"/>	Women – Appleton	\$100	\$285
<input type="checkbox"/>	Women – Oshkosh	\$100	\$285
<input type="checkbox"/>	Young Adults (18-24)	\$100	\$285
<input type="checkbox"/>	Single mothers with young children	\$100	\$285 (plus \$25/child)

Referred by _____

Name _____
 Last First Middle Initial

Other Names/Aliases Used _____

Date of Birth _____ Social Security Number _____

Phone Number _____ Email _____

Current Address _____
 Street City State ZIP How long

Employer _____ Date Started _____

Hourly Wage _____ Hours per week _____

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

Please check the items that apply to you:

- Homeless as defined by HUD:
 - An individual that lacks a fixed, regular, and adequate nighttime residence; or
 - An individual that has a primary nighttime residence that is:
 - 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)
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - 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
- Able to pay the program fee and security deposit upon intake
- Employed or have a legal source of income (ongoing ability to pay monthly program fees)
- Committed to remaining alcohol/drug free while in the COTS program and willing to submit to screening if suspected of use
- Committed to participating in COTS' programs, working with COTS staff, and setting up/working toward individualized goals as agreed upon with the COTS staff



- Yes No Do you require special accommodations?
- Yes No If yes, are you able to care for yourself?
- Yes No Does someone help care for you (Clarity Care, etc.)?
- Yes No Have you stayed at COTS before? If yes, when? _____
- Yes No Are you a veteran? If yes, what branch? _____
- Yes No Are you on probation/parole? If yes, please provide agent name and phone number.
Agent name: _____ Phone number _____
- Yes No Do you have any special conditions of probation/parole?
If yes, explain: _____
- Yes No Do you have any pending court cases or warrants?
If yes, explain: _____
- Yes No Are you under a civil commitment (mental health, etc.)?
If yes, for what/with whom: _____

Please answer the following questions to further the interview:

1. Why do you want to live at COTS? _____

2. How would you be a good COTS community member? _____

3. What goals do you want to achieve at COTS? _____

List three references (previous landlord, counselor, probation officer, employer, etc.):

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State ZIP

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State ZIP

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State ZIP

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

Signature: _____ **Date:** _____