



# PROGRAM APPLICATION

Date Received: \_\_\_\_\_  
 Contact Date 1: \_\_\_\_\_  
 Contact Date 2: \_\_\_\_\_  
 Interview Scheduled: \_\_\_\_\_

Please indicate the program to which you are applying and return the completed application to the appropriate program accordingly.

## APPLETON

## OSHKOSH

**Men's**  
 Email: mvargas@appletoncots.org Fax: 920-734-4732  
 Drop box/Mail: 819 S. West Avenue | Appleton, WI 54915  
**Questions? Call 920-515-2808**

**Men's**  
 Email: csahotsky@appletoncots.org Fax: 920-257-4491  
 Drop box/Mail: 1062 N. Koeller St. | Oshkosh, WI 54902  
**Questions? Call 920-205-6128**

**Women's**  
 Email: kpingel@appletoncots.org Fax: 920-831-6593  
 Drop box/Mail: 1003 W. College Ave. | Appleton, WI 54915  
**Questions? Call 920-843-7269**

**Women's**  
 Email: csahotsky@appletoncots.org Fax: 920-257-4491  
 Mail: 2501 Harrison St. | Oshkosh, WI 54901  
**Questions? Call 920-205-6128**

**COTS Program Fees:**

**Security Deposit - \$100**

**Monthly Program Fee - \$285**

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

