

suspected of use

APPLETON

PROGRAM APPLICATION

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

OSHKOSH

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

☐ Men's ☐ Men's Email: mvargas@appletoncots.org Fax: 920-734-4732 Email: jnieman@appletoncots.org Drop box/Mail: 819 S. West Avenue | Appleton, WI 54915 Mail: 1158 N. Koeller St. | Oshkosh, WI 54902 Questions? Call 920-416-2491 Questions? Call 920-515-2808 ☐ Women's ☐ Women's Email: inieman@appletoncots.org Email: sstarke@appletoncots.org Fax: 920-831-6593 Drop box/Mail: 1003 W. College Ave. | Appleton, WI 54915 Mail: 2501 Harrison St. | Oshkosh, WI 54901 Questions? Call 920-843-7269 Questions? Call 920-416-2491 **COTS Program Fees: Security Deposit - \$100 Monthly Program Fee - \$285** Referred by ______ First Middle Initial Other Names/Aliases Used Date of Birth _____Social Security Number _____ Phone Number_____Email Current Address __ Street Citv State ZIP 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: o A supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare motels, congregate shelters, and transitional housing for the mentallyill) o An institution that provides a temporary residence for individuals intended to be institutionalized; or o 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

☐ Committed to participating in COTS' programs, working with COTS staff, and setting up/working toward

individualized goals as agreed upon with the COTS staff

COTS, Inc. Application

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Name:	⊔ Yes ⊔ No	Do you require speci	al accommodations?					
□ 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? 2. 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 ZIF Name: Relationship: Phone: Phone: Address: Street City State ZIF	□ Yes □ No	If yes, are you able to	care for yourself?					
□ 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. □ Yes □ No Do you have any special conditions of probation/parole? If yes, explain: □ Phone number □ 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? 2. How would you want to achieve at COTS? a. What goals do you want to achieve at COTS? □ Phone: ist three references (previous landlord, counselor, probation officer, employer, etc.): lame: Relationship: Phone: address: Street City State ZIF lame: Relationship: Phone: Phone: address: Street City State ZIF lame: Relationship: Phone: Phone:	⊒ Yes □ No	Does someone help	care for you (Clarity Care, etc.)?					
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By signing, I verify the above information is accurate to the best of my knowledge, and I request to boossidered for the COTS, Inc. program. I give permission for COTS, Inc. representatives to obtain a	elease infor	mation to/from the re	ferences listed above regarding	my application to COTS, Inc.				
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