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**

* **Women’s**

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

* **Men’s**

Email: jnieman@appletoncots.org

Mail: 1158 N. Koeller St. | Oshkosh, WI 54902

**Questions? Call 920-416-2491**

* **Men’s**

Email: csommerfeldt@appletoncots.org

Drop box/Mail: 819 S. West Avenue | Appleton, WI 54915 **Questions? Call 920-809-8434**

**COTS Program Fees: Security Deposit - $100 Monthly Program Fee - $285**

Referred by

Name Last First Middle Initial

Other Names/Aliases Used Date of Birth

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

# COTS, Inc. Application Page 2

|  |  |
| --- | --- |
| * 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:

Rev Aug.. 2023