



Young Roots Housing Stability Program Santiam House Application

Young Roots Oregon (YRO) is a culturally specific non-profit organization serving pregnant and parenting peoples ages teen to 24 years old and their children. The mission of YRO is to creatively empower young families to build healthy foundations.

Young Roots Housing Stability Program - Santiam House provides a safe sanctuary in a shared living home with peers for young families. The program is designed to be an empowering and positive experience for young families who have unstable housing to rest, to develop, and to build a sustainable independent future.

DISQUALIFICATIONS

This opportunity is NOT for you if you:

- (a) are younger than 18 years old and older than 24 years old, and/or
- (b) have been convicted of or are under legal review of conviction for sexual assault, arson, and/or any other violent crime.

- Check here to verify that the disqualifications above DO NOT apply to you, and proceed with the application.
- I agree to Young Roots Oregon Conducting a rental background check on me.

Please see the attach example of the Resident Agreement for your understanding of the program's expectations and structure.

For more information or assistance please contact:

Housing Stability Director

Jonathan Eick

(541) 203-3873

jonathane@youngrootsoregon.org

HEAD OF HOUSEHOLD INFORMATION * *Required*

Applicant Full Legal Name* _____

Preferred Names _____

Pronouns* _____

Birth Date* (M/D/YYYY) _____

Age _____

Social Security Number* _____

Address* _____

City, State, Zip _____

Phone Number* _____

Email * _____

Ethnicity* (Select all that apply)

- Hispanic/Latinx
- African American/Black
- Native American/Alaskan Native
- Caucasian/White
- Asian/Pacific Islander
- Multi-Ethnic
- Other _____

Gender _____

REFERRAL

How did you hear about this program? _____

Who Referred You? _____

Phone Number _____

Email _____

HOUSEHOLD INFORMATION

Are you Pregnant?*

- Yes, Due Date _____
- No

Child #1 - Information:*

Full Name: _____

Date of Birth (m/d/y) _____

Do they live with you?

- Yes
- No

Child #2 - Information:

Full Name _____

Date of Birth (m/d/y) _____

Do they live with you?

- Yes
- No

Partner/Co-parent*

Do you have a Partner/Co-Parent?

- Yes
- No

Partner/Co-parent Name: _____

Partner/Co-Parent Birth Date (m/d/y): _____

Does your partner/Co-parent live with you?

- Yes
- No

Do you have a court-recognized parenting plan in place?

- Yes
- No

Is there a restraining order or custody order?

- Yes, please provide a copy to the program supervisor.
- No

Have you been diagnosed with a disability?

- Yes
- No

Does any of your children have a diagnosed disability?

- Yes
- No

If yes, do you or your children have any accommodations needed for housing based on your diagnosed disabilities? _____

CURRENT HOUSING

What is your current living type?*

- Rent (Apartment, house)
- Private home (Own, Friends, Family)
- Shelter
- Transitional housing
- Car
- Houseless
- Other _____

City/County* _____

Are you on the lease or rental contract within your current residence?

- Yes, how long have you lived there (months and years)? _____
- No
- Does not apply

If you are currently housed, what is your reason for wanting to transition to the FamilyRoots program? _____

Is there anything else you want to share about your current living situation?

Have you worked with other housing organizations or agencies? (HUD, Jackson Street, CSC, Chance, Other)

- Yes
- No

If yes, please provide the following information

Name of Organization/Agency _____

Name of who you worked with _____

Contact info: Email _____

Phone _____

EDUCATION

What is your highest level of education completed?*

- Not Completed High School/GED
- High School Diploma/GED
- Some College Classes
- Associate Degree/Trade Certificate
- Bachelor's Degree

Are you currently in School?*

- Yes, School name.
 - High School - Name _____
 - Trade School - Name _____
 - College - Name _____
 - GED Studies - Name _____
- No

Have you had education accommodations for the following needs (check all that apply):

- Dyslexia
- ADHD
- Autism spectrum
- Other: _____

Are you interested in furthering your education or workforce skills training?

- Yes
- No
- Maybe

What are your education goals/interests? _____

EMPLOYMENT

Are you currently employed?*

- Yes
- No

If yes: Name of current employer(s) _____

Current Position _____

Average Hours/Week _____

Start date (m/d/y) _____

Estimated Net (take home) income per month _____

Are you interested in finding a job/new job?

- Yes
- No

Job interests/ Skills

FINANCIAL INCOME & RESOURCES

Are you enrolled in SNAP (Food Stamps)?

- Yes. \$ _____
- No
- I would like help to get SNAP benefits.

Do you receive TANF benefits?

- Yes
- No
- I would like help receiving TANF benefits.

Do you have a Family Coach with Self Sufficiency? If yes, Please provide their name.

- Yes, name _____
- No

Please mark any of the following that you have currently in place and active: *

- Checking Account
- Savings Account
- Bills
- Credit Card Debt
- Other Debt
- Debt to family/friends
- Money owed to you
- None of the above

*Please fill out all regular income sources and how much you expect to receive each month.

Please include Snap Benefits. (paycheck, TANF, child support, FAFSA, unemployment, SSI, Other, etc.)

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Total per month \$ _____

Note: Each Resident is responsible for paying \$100/month in rent at the Santiam House. Young Roots Oregon will save this money and residence are able to receive this money back after they exit the housing program.

Will you able to pay the required rent for the Santiam House?

- Yes
- No
- IDK

CHILD WELFARE

Have you ever been in foster care or have been in state custody as a child? *

- Yes, state _____
 No

Have your children ever been in foster care or been in state custody? *

- Yes
 No, go to the next section.

If yes, is the child welfare case currently open?

- Yes
 No

If yes, please provide your caseworker's name and contact information.

- Caseworker's Name _____
 Caseworkers Phone _____
 Caseworkers Email _____

Please provide your family Safety Plan when you submit this application.

SUBSTANCE USE HISTORY

Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus--sometimes called an addiction--on using a certain substance(s) such as alcohol, tobacco, or other psychoactive substances, to the point where their ability to function in day-to-day life becomes impaired. People keep using the substance even when they know it is causing or will cause problems.

Repeated substance use can cause changes in how the brain functions. These changes can last long after the immediate intoxication wears off. Intoxication is the intense pleasure, euphoria, and calm that is caused by the substance; these symptoms are different for each substance. With continued use of a substance, tolerance can develop, where someone may require larger amounts in order to feel these effects. Additionally, discontinuing use can lead to symptoms of withdrawal and intense cravings to return to use, often experienced as anxiety.

- American Psychiatric Association

**Note, identifying with SUDs does not disqualify you from Young Roots Oregon services. The FamilyRoots program you are applying for is a substance-free space, only allowing consumption of tobacco or vaping by legal-age residents.*

Do you identify as having Substance Use Disorder (SUD) or relate to any of the conditions described by SUDs? *

- Yes
- No

If yes, are you in a recovery program for SUDs or want support connecting with a recovery program?

- Yes
- No

If you use tobacco or vape and are not 21 or over, are you able to withhold from your tobacco or vaping use while onsite? *

- Yes
- No

Note, Vaping and tobacco products, along with any other inhalant delivery systems when on site are to remain in their owner's lock box, never to be shared by other residents.

There is **NO** marijuana or alcohol use or possession of substances while onsite no matter the age of the resident. Are you willing to withhold from the use of legal substances while onsite? *

- Yes
- No

Note, reasonable accommodation can be made for medical marijuana with a physician's note.

LEGAL HISTORY

Have you been legally convicted of violent behavior at any stage of your life? *

- Yes
- No

If yes, please explain how you have learned how to handle/resolve conflict in non-violent ways.

All applicants are required to participate in a background check. Are you willing to participate in the required background check? *

Yes

No

Have you ever been affiliated with a gang? *

Yes

No

STRENGTHS & GOALS

List 3 things you like about yourself *

1. _____

2. _____

3. _____

What are your strengths? *

1. _____

2. _____

3. _____

What things would you like to improve about yourself? *

1. _____

2. _____

3. _____

What do you want to learn from the FamilyRoots Housing Development program? *

Why would you be a good fit for this program? *

What are your housing goals? *

1.

2.

3.

If you are placed on the waitlist or not accepted, what are your plans for housing? *

Please include any additional information you would like to consider as your application is reviewed.

REFERENCES *

Please list two SERVICE AGENCY references (for example: mentors, program staff, caseworkers, teachers, or probation officers) who can discuss your qualifications for this program. DO NOT include friends, family, or peers. You may include the person who referred you (professionals only) and Young Roots Oregon staff.

Reference #1:

- Full name _____
- Relationship to you _____
- Phone Number _____
- Email Address _____

Reference #2:

- Full name _____
- Relationship to you _____
- Phone Number _____
- Email Address _____

SIGNATURE *

Sign your name below (print, if electronic).

By signing, you authorize Young Roots Oregon to contact the above references to obtain information that is pertinent to your acceptance into the FamilyRoots Housing Development Program. Your signature also confirms your statement that all information provided in this application is true and accurate to the best of your knowledge.

Signature _____

Date _____