Trinity Outreach of Tampa Bay

Residential Application Form

Thank you for your interest in our transitional housing program. The personal interview should in no way be interpreted as automatic acceptance into the program. The purpose of the interview is to determine if the candidate is truly ready to receive help and determine how we can best meet their needs. Our program is for a minimum of nine months and capacity is very limited. Because of this the following established requirements must be met prior to consideration for an interview.

1. Potential candidates must have the 'gift of desperation'. There must be a desperate urgency for change and they must be willing to do whatever it will take to achieve it. This will involve following the rules of our program without debate. An example of some our rules are: all new residents will have to go through a probationary period, no cell phones are permitted, no social media, no smoking and visitation is at our discretion.
2. If you are just looking for housing please contact the housing authorities, we are not a shelter but a transitional program. The difference is that residents commit to a required mandatory program schedule, striving toward transformational changes to their lives through spiritual growth, education, life skills and mentorship. Shelters tend to provide housing for a housing crisis, but do not have a mandatory program requirement.
3. We are currently not equipped to house women with sole custody of their children; however, we do allow visitation of children at specified times and locations.
4. We are not equipped to deal with serious mental health cases. Anyone that requires continuous supervision with danger to self, others or currently abusing prescription, illegal drugs or heavily sedated is not a suitable candidate for our program.
5. We do accept people on medication or receiving medical assistance, however each situation will be reviewed on an individual basis.
6. We require candidates to be completely sober from drugs or alcohol at least one week prior to interview.
7. No tobacco products of any kind are allowed in the program because of the correlation between alcohol, drug and tobacco addiction. One of the goals of the program is to overcome all self-destructive addictions.
8. We are a faith-based organization devoted to the teaching and application of Christian beliefs.
9. Our programing is customized for each individual, so each individual case may be dealt with differently.
10. We are committed to the peaceful and healthy reunification of families.

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Applicant Information

(Please write in block letters and blue/black ink)

Date of application: _____
(month/day/ year)

First Name: _____ Last Name: _____

Address: _____

_____ _____
City State Zip Code

Phone: _____ Email: _____

Date of Birth: _____ Marital Status: _____
(month/day/ year) (Single/married/divorced/in relationship)

Children: YES ☐ NO ☐ No: of children: _____

Do you currently have physical custody of your children? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ How many? _____

If yes, please explain: _____

_____

List any addictions that you have:_____

_____

Length of time clean:_____

Are you currently a smoker? YES ☐ NO ☐

List all medications that you are taking and what for _____

_____

_____

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List all sources of income:_____

_____

_____

Education

High School: _____ Address: _____

From: _____ To: _____ High School Diploma: YES ☐ NO ☐

College: _____ Address: _____

From: _____ To: _____ Diploma / Degree: YES ☐ NO ☐

General Information

Desired move in date: _____

How did you hear about us? _____

Have you been on our website and read about our program? YES ☐ NO ☐
(www.trinityoutreachtampabay.org)

What do you expect to get from this program?_____

_____

_____

_____

_____

_____

References

Trinity Outreach of Tampa Bay

Please list three references that have known you for a minimum of 2 years or more (they cannot be a family member):

Full Name: _____ Relationship _____

Address: _____

Phone: _____ Email: _____

Length of relationship: _____

Full Name: _____ Relationship _____

Address: _____

Phone: _____ Email: _____

Length of relationship: _____

Full Name: _____ Relationship _____

Address: _____

Phone: _____ Email: _____

Length of relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release from this program.

Signature: _____ Date: _____