

Agency Use Only:  
Date of Intake:  
Steadfast Team Member:  
Date of Interview:

# Steadfast Resident Application



Directions: Please note, this is a long application. Please just do your best. We are happy to complete any information in the interview that you couldn't find or couldn't get through. We can schedule an interview as long as page 1 is completed.

Preferred Name:		Birth Date:
Full Legal Name:		Age:
Social Security Number:		<input type="checkbox"/> Full <input type="checkbox"/> Approximate/Partial <input type="checkbox"/> I don't know
Referring Agency(if applicable):		
Best Contact Phone:	What is your Primary or Preferred language? :	
Current Mailing Address (if you have one):		
Last permanent address:		
Where did you stay last night?		
Where are you currently sleeping on most nights?		
How long have you been there?		

Are you safe there? If you feel comfortable, please say why or why not:

How long can you stay?

What are some personal strengths you would bring with you to Steadfast?

What do you like best about yourself?

What Sexual Orientation do you identify with?:

- Straight/Heterosexual
- Gay
- Lesbian
- Bisexual
- Asexual
- Questioning/Unsure
- I prefer not to answer
- My Answer: \_\_\_\_\_

What Gender Identity do you identify with?:

- Cis Male
- Cis Female
- Transgender Male
- Transgender Female
- Questioning/Unsure
- I prefer not to answer
- A gender other than singularly female or male (nonbinary, Intersex, genderqueer, Non-conforming, genderfluid, pangender, agender, culturally specific gender)

What are your pronouns?

What racial identity best describes you? (Check all that apply)

- Black, African-American, or African
- Asian or Asian American
- White
- American Indian/Alaskan Native/Indigenous
- Native Hawaiian or Pacific Islander
- My Answer \_\_\_\_\_
- I don't know
- I prefer not to answer

What Ethnicity best describes you?:

- Hispanic/Latin/Spanish
- Non-Hispanic/Non-Latin/Non-Spanish
- My Answer \_\_\_\_\_
- I don't know
- I prefer not to answer

Marital Status:

- Single/Never married
- Married
- Divorced

Do you have any children?

- Yes
- No

If yes, do you have physical custody? (Please note that Steadfast is not intended for families and we do not provide housing for children under 16.)

- Yes
- No

If you do have children, are you currently in compliance with child support and other family court orders? (Please note that this is something Steadfast will require within 90 days of intake.)

- Yes
- No

Is this your first time being without housing?

- Yes
- No

Total length of time you have been without housing: \_\_\_\_\_ Years \_\_\_\_\_ Months

Number of times you have had to sleep on the streets/in a shelter in the past three years, including today.

- Never
- 1 time
- 2 times
- 3 or more times
- I don't know
- I prefer not to answer

How long were you in your last place to live?:

- 1 night or less
- 2 nights to 6 nights
- 1 week or more, but less than 1 month
- One month or more, but less than 90 days
- 90 Days or more, but less than one year
- One year or longer
- I don't know
- I prefer not to answer

Approximate date you lost a stable place to live : \_\_\_ / \_\_\_ / \_\_\_

Have you ever served in the US Military?  Yes  No

Do you have Health Insurance?

- Yes
- No

Current **HEALTH** insurance coverage (name of company/plan):

\_\_\_\_\_

How is this insurance provided to you? \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Policy or Group

Number: \_\_\_\_\_

Anticipated end of coverage:

Current **DENTAL** insurance coverage (name of company/plan):

Policy #:

Anticipated end date of coverage:

Current Primary Dentist:

Office Address:

Phone #

Known Dental Needs:
Date of last dental appointment:

Current <b>VISION</b> insurance coverage (name of company/plan):		Policy #:
Anticipated end date of coverage:		
Current Eye Doctor:	Vision Center:	Phone #
Glasses? Contacts? Other Needs:		Eye Medicine?
Date of last vision appointment:		

Do you have a primary care clinician who manages your medical concerns?

Yes  
 No

Provider name:

Provider Phone Number:

Provider Address:

Do you have any concerns about a medical/physical health problem or disability at this time?

Yes (or don't know)  
 No

Please describe:

  
  

Approximately, when was the last time you saw a doctor or other healthcare clinician? (Month and year if known): \_\_\_\_/\_\_\_\_

What did you see them for (if known)?

Do you have any allergies? Please describe.

Do you need to carry an epipen?

- Yes
- No

Have you been diagnosed with any chronic (treated or untreated) health conditions that impacted your daily living?

Do you need any accommodations to live well? Please provide details, if you can:

Are you up to date on your vaccines? (COVID, Meningococcal, Tdap, Flu, HepA, HepB, MMR, Tetanus, VAR, other)

- Yes
- No
- I don't know

Current Medications:

Medication	Dosage	Prescribing Dr.	Purpose	Is this a Controlled Substance?

Have you had a Drug and Alcohol assessment completed in the last 90 days?

- Yes
- No

Do you use any substances not prescribed by a Medical Doctor?

- Yes
- No

If you answered Yes above, please answer the following questions:

Please indicate what substances, how you used them, and frequency of use:

Substance (i.e. Marijuana, Cocaine, alcohol)	How you use Substance (i.e. Snort, inject, smoke, oral, other)	Duration of Use (number of months/years)	Frequency of Use (How often you use such as # of times per week or month)

Are you currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, anxiety, vomiting, etc.? (Please describe specific symptoms and consider immediate medical evaluation):

Do you have a history of overdose (e.g., loss of consciousness, needing medical intervention)? Please describe and specify substance(s):

Have you ever been told by a physical or mental health clinician that you have a mental health problem or brain injury? Please describe: (e.g., diagnosis, date, and type of injury, if known)

Are you currently in treatment, or have you previously received treatment, for mental health or emotional problems? Please describe: (e.g., treatment setting, hospitalizations, duration of treatment)

Do you have a mental health care provider?

- Yes
- No

If yes, would you be willing to sign a release of information with your provider so that Steadfast can support your treatment efforts? (This does not impact approval of your application)

- Yes
- No

Are you willing to engage in Mental Health treatment, if you are not already?

- Yes
- No

Are you employed?  Yes  No

If employed, type of employment?

- Full Time
- Part-Time
- Seasonal/Sporadic/Day Labor

Hours Worked Last Week \_\_\_\_\_

Where? \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Are you looking for work?

- Yes
- No

What barriers, if any, do you have to become employed?



Have you had income from any source in the last 30 days?

- Yes
- No

Please indicate the source of income and approximate amounts below:

Source (examples Earned income, SSDI, SSI, TANF, Alimony, Gifts, etc. ):	Monthly Amount (Net):

Have you received any non-cash benefits in the last 30 days?

- Yes
- No

If yes, Please indicate the Source and the Amount:

Source (i.e. SNAP, DSS, Ready by 21 benefits, etc.)	Amount

Are you currently a student?

- Enrolled and Attending school regularly
- Enrolled and Attending school irregularly
- Graduated from high school/Obtained GED
- Dropped out

- Suspended
- Expelled
- Enrolled and attending higher education (post high school)

Last grade completed?

- 5th grade or below
- Grade 5-6
- Grade 7-8
- 9th – 11th Grade
- 12th Grade
- GED
- School program does not have grade levels
- Some college
- Associates degree
- Bachelor's degree
- Graduate degree
- Vocational certification
- I don't know.

Do you or Did you ever have an Individualized Education Plan (IEP) in school?

- Yes
- No

Are you able to provide documentation of your IEP, if needed?

- Yes
- No

Have you ever been convicted of a crime?

- Yes
- No

Please describe the nature of conviction(s):

If yes, were you convicted within the last 6 months?

- Yes
- No

Are you currently on probation?

- Yes
- No

Probation officer's name and phone no.:

\_\_\_\_\_  
Probation end date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently on parole?

- Yes  
 No

Parole officer's name and phone no.:

\_\_\_\_\_  
Parole end date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently involved in the juvenile justice system?  Yes  No

Have you ever been a ward of the juvenile justice system?  Yes  No

If yes, number of years:  Less than 1 year  1 – 2 years  3 – 5 or more years

Are you currently in Foster Care through the State of Maryland?

- Yes  
 No

Have you been in Foster Care in the past?

- Yes, \_\_\_\_\_ # of years  
 No

Do you have a valid driver's license?

- Yes  
 No

Do you own a vehicle?

- Yes  
 No

If Yes, Is this vehicle registered in your name?

- Yes  
 No

Do you have vehicle insurance?

- Yes  
 No

Do you have any driving infractions? If so, please describe:

\_\_\_\_\_  
In case of an emergency, who would you like us to contact?

Name:  
Best Contact number:  
Address (if known):  
Relationship to you:

What are your top three goals/priorities that you want to work on at Steadfast?

1.

2.

3.

How do you hope that Steadfast will provide support for you?

What qualities are most important for you in a home?

Are you willing and able to set goals and work towards independent and stable living with Steadfast staff?

Yes

NO

Is there anything else you would like us to know?

Thank you for taking the time to complete this application!

Please submit to [info@steadfastmd.org](mailto:info@steadfastmd.org). We will contact you to schedule an interview and proceed with next steps.

If you have access to the following documents, they will help us proceed with processing your application more quickly. **Please include as much as you can or only what is applicable.** You can scan and email documents with your application or provide physical documents at your interview.

- Birth Certificate\*
- Maryland ID/Passport\*
- Social Security Card/Permanent Resident Card/Visa\*
- Proof of income\*
- Immunization records
- COVID-19 Vaccination Card
- Current Insurance cards/Medicaid Cards
- IEP Documentation
- School Transcripts\*
- Applicable and current Court orders
- Recent psychosocial and/or psychiatric evaluations (within 6 months)
- Recent Drug and Alcohol Assessment (within 90 days)
- Referral Letter from a Referring Agency

\*If you are unable to furnish these documents because of immigration status or lack of access, it will not hinder your ability to apply to Steadfast.

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this application, you are acknowledging that the information provided in the application is true and correct to the best of your knowledge. Any attempt to intentionally provide false information is grounds for potential disqualification from Steadfast services.